

ePistle

CMDA.org/CMM

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Pearl

“...the work that God wants to do here in Burundi is not just at the hospital, but it's in my heart, and in my kids' hearts, and in my marriage, and in my interactions with my teammates. And maybe the most important thing He's doing through my work in Burundi, in the end, is changing my own heart, not necessarily the hundreds of C-sections I've performed.” – Rachel MacLaughlin, MD

Introduction to this Issue

Beyond the consuming attention of COVID-19, the theme for this edition of *e-Pistle* is cross-cultural kids. Children who spend significant time in another culture find their adult perspectives shaped by those formative memories. Some of you have grown up in cross-cultural settings and most of you currently live outside the U.S. You personally experience the daily challenges and joys of cross-cultural life. Some of you are raising kids and know first-hand the powerful dynamic they bring to your experiences and ministry.

Our children, ages five, two-and-a-half and five months upon arriving in Kenya in 1980, did not have a choice. They followed the call of God with us. Our baby proved to be an immediate key into the hearts of Kenyans. Our daughter melted the hard heart of a national teacher who despised Christians and had just birthed a child out of wedlock. Our son endeared himself to Ugandan refugee neighbors through his friendliness and asking good questions. Our families quickly became best friends.

Cross-cultural children have been described as prototypical international citizens of the future. Their experiences can help us all grow up out of a pervasive ethnocentrism. With increasing international travel and a progressively diverse U.S. culture, we have the opportunity to discover Christ alive and at work in many cultures. Global cultural mixing can enrich us personally and nationally.

Over the years, Ruth and Dave VanReken have played a major role as leaders for CMDA and CMDE conferences and other mission training events. Ruth co-authored the “bible” on cross cultural kids, [*Third Culture Kids—Growing Up Among Worlds*](#). She suggests that third-culture kids (TCKs), missionary kids (MKs) and cross-cultural kids (CCKs) have the stories and experiences to help build bridges across the chasms of conflict between races and nations.

I pray this issue of *e-Pistle* encourages you where you are.

– Judy Palpant, Editor

A Mother’s Plea



CMDA’S WEEKLY DEVOTIONS

by Al Weir, MD

“Train up a child in the way he should go; even when he is old he will not depart from it” (Proverbs 22:6, ESV).

Janice died last week. I had visited her daily in the hospital until her discharge but was unaware of her death at home. During her stay, in spite of her suffering, her chief concern was for her son and daughter who were not walking with

the Lord. I promised to pray faithfully for them, and I do. Today, when I discovered her death and called her husband, he reminded me how their two kids came to be. Many years ago, when radiation was needed to cure her malignancy, I advised Janice to consider having her ovaries moved out of the field of radiation, so that someday she might conceive. She agreed; her malignancy was cured; the children are now grown and beautiful and wandering away from Jesus.

God's going to save those kids. God's going to "grab hold" of them somehow and watch them fall in love with Him. Certainly, they have the choice to turn Him down, but that's not going to happen. He brought them to life through the miracle of science, through the direction of a doctor who loves His Lord, for a mother who suffered and prayed for them all of her life. God's going to grasp them in His arms of love, even if they turn away, and deliver them into the arms of their mother, who is waiting desperately for them in heaven.

God's got them and will bring them home.

Life doesn't make sense otherwise.

Does it?

Dear God,

Help me make her prayers come true.

Amen

Reminder – Two Surveys

Your Perspective Sought on Conscience Freedom, Life Issues and Women's Health

Survey Deadline: June 30, 2020

CMDA is providing U.S. government and international health agency officials with perspectives from faith-based health professionals and institutions working around the world.

The goal is to demonstrate to what degree faith-based health professionals incorporate and depend upon the freedom to apply faith principles in their work, especially as it relates to conscience and life issues.

By educating government officials about your perspective on these issues, we aim to advance laws and policies, both in the U.S. government and in international bodies, that protect both human life and religious freedom.

Here is the link to the survey. We are so grateful for your help! <https://www.surveymonkey.com/r/WomenLifeFreedom>

ICMDA Mapping for Faith Based Hospitals and Health Centers

Dr. Peter Saunders is looking for your help in compiling a list of faith-based hospitals and health centers. You should have received a request about this in early June. If you have not had a chance to share information about your own place of service as well as others, please go to <https://icmda.net/mhdp/> where you will find the survey.

A Process Not to Be Rushed or Dictated

by Michaela Briggs

This Memorial Day, we grilled Chinese shao kao (kebabs), our comfort food of choice, with my son and his wife. He has been back in the U.S. since 2010, after spending most of his life in China. He's beginning to feel comfortable in his white-on-the-outside skin, but it was a long process that could not be rushed or dictated.

When he came back, he was trying to "fly under the radar" and hide his MK identity. It led to such frustration and negativity that college became an impossibility. He came back to China for a year, though, and realized he LIKED his Chinese past, and he also found value in it.

He still preferred minority status at work and in relationships, feeling more peace with people older and of different race or nationality than with peers. He went on to marry a woman from a tribal group in India whom he met during his return to China, and their daughter reflects his multiculturalism.

Despite his struggles, my son loves his international upbringing, as do his two sisters who also cherish their friends from all over the world, their extensive travel experience and their broad worldview. They understand communism, world religions, poverty and persecution first-hand.

Still, one daughter feels disconnected with her past self and wonders what happened to that international girl. She finished graduate school and works in the healthcare field but has difficulty connecting with coworkers and often feels like an imposter with her patients. It is getting better with experience, but the discomfort remains.

The other daughter is working and studying in a small town where God is teaching her contentment. In the four years she's been back in the U.S., she's felt at home only once during a trip to Chinatown in New York City. Her husband, another MK, gave her a necklace with the word "home" in Tibetan script so she could feel connected to the village in which she spent nearly half her childhood. She's had to overcome a critical spirit against American provincialism and adjust a judgmental attitude toward peers who live for college sports and shopping sprees.

She broke down her readjustment into the following six stages:

One: Numbness, because of loss and complete life upheaval.

Two: Irritation toward family members as transition begins with desire to evolve into a different person.

Three: "The hate stage" for everything about her unfamiliar home country.

Four: Grief for loss of her past.

Five: Appreciation of new surroundings and people.

Six: Acceptance, so that the past brings less sorrow and the present is a time of rebuilding confidence, community and self.

God has been gracious to bring each of my MKs to stage six. But the speed and completeness with which they arrived there has depended on how open they were to allow Him to work in their lives and how Biblical their thoughts and actions were in the process. Thankfully, He who began a good work in them was faithful to bring it to completion and continues to do so.



Michaele Briggs served with her husband Doug in Yunnan, China from 1995 to 2018 where she taught ESL and homeschooled her three children. She received a master's degree in cross-cultural ministry from Dallas Theological Seminary in 1991. She and her husband currently reside in North Carolina where she serves in the Chinese fellowship of her local church and spends as much time as possible with her first grandchild.

Every Child Is Unique

by Rachel MacLaughlin, MD

In December 2009, just a few weeks before Christmas, my husband and I bundled our 7-month-old-daughter into her car seat and flew halfway around the world to begin working at a missionary hospital in Kenya. I had always known I was called to spend my life doing medicine overseas, but once I became a mother, many things became harder. In those early days, I often felt more than just a twinge of guilt as I thought about how my choices and my calling were causing my daughter, and later all three of my children, to somehow be giving up all the good things in life including fewer opportunities, fewer options and fewer normal growing-up experiences. It was okay for me to give up some things, but I already had my chance at a normal childhood. How could I deny her the same?



As the years have passed, however, I think less and less about the life my children have given up because anything “given up” pales in comparison to the blessings bestowed upon us. My kids are getting a chance to grow up surrounded by a community of people who love and support them. They can run barefoot through the grass to a great school 30 seconds away where my teammates provide quality education. They get to visit unique countries and have unusual experiences. But most importantly, they are able to see first-hand the world is a very big place full of many different people speaking many different languages but all of whom are made in the image of God. They have already seen the world is full of hard, painful realities...babies and mothers who die, kids who go to bed hungry, violence as a way of life. They can see that our lives are so very privileged in some ways, although challenging in others. And I hope they have seen what it looks like to walk with God through good times and hard times into the fray of the world as their father and I have. I pray they don't take for granted the gifts we've been given nor the calling to be responsible with those gifts.

I think many times what we're looking for as parents is a set of rules we can follow to get a desired outcome. This goes for parenting in the U.S. just as much as parenting overseas. We want the best for our children. We want them to thrive and grow because of good decisions on our part. I want my children to grow up loving Jesus with all their hearts, willing to follow Him into the hard places if that is where He's calling them. I often sit and wonder how best to achieve that. Should I encourage my kids to play more with the local Burundian school children? Should I push them to learn and speak more French? Is it okay when they want to sit on the couch and read books all day? Should we take them to more village churches? Do they always have to shake everyone's hand in a room? Each child is different. God created my children in a special way and placed them in a special context.

There are no strict rules to follow, and, regardless, the outcome does not depend on my actions. I once jokingly asked an older missionary friend why God didn't make it easier for us to just always know the right thing to do. In her wisdom, she responded that our lack of answers leads us back, again and again, to Jesus. To lay our burdens and hopes and questions

and frustrations down at His feet. Our uncertainties lead us to deeper communion and relationship with the Lover of our souls, which is the most important thing after all.



Rachel was a third-year medical student the first time she decided to attend the Global Missions Health Conference (GMHC) in Louisville, Kentucky. Little did she know sitting across the aisle from her in the very first breakout session was the man who would, two years later, become her husband. Eric (a family practice physician) and Rachel (an OB/Gyn) have now been married 13 years. Nine of those years have been as full-time medical missionaries, first in Kenya and now for five years in Burundi. They have three children, all born on different continents.

Raising CCKs

*by Mike Chupp, MD,
FACS CEO CMDA*

I spent the better part of two decades in a medical missionary community in Kenya watching dozens of missionary kids (MKs) grow up. As you can see in the pictures, my wife Pam and I had four of our own. We landed in Kenya in 1996 (top picture on the right) when our son Steven was nearly three and Melody, our oldest daughter, was 10 months old. Along the way, we added two more daughters, born at Tenwek Hospital.

In 2016 we permanently returned to the U.S. so I could take on a leadership role at CMDA's national headquarters. The bottom picture on the right is of our gang of four MKs in 2017: Steven (26) is now a U.S. Army Ranger; Melody

(24) works as a personal trainer; Kayla (20) just got married and is in her final year of nursing school; and Ashley (18) graduates from high school this month.

Memorable cross-cultural kid statements made by or about our kids:

Steven at age six: *"Dad, what's wrong with these kids from America who come to visit? They don't know what 'playing story' is or how to do it?"* ("Playing story" was the Tenwek MK version of make believe.)

Steven at age eight during a visit to the U.S.: *"See dad, I told you, America isn't as good as Kenya...they make you pump your own gas here."* (Gas station attendants in Kenya always pump the fuel for you while you wait.)

Kayla's teacher in fifth grade in Michigan: *"We have come to call your daughter 'Kenya Kayla' because every day she talks about Kenya and pulls out her Kenyan flag to display on her desk. She really loves Kenya!"*

Ashley at age 16, crying openly in the Nairobi International Airport immigration line in 2017, our first return trip to Kenya after moving to CMDA in Bristol, Tennessee: *"It's totally not fair, Dad. I am NOT going to check the box that says I'm a tourist. I was born here!"* (I had to physically take the form from Ashley and check the box "tourist" myself.)

Melody at age 21: *"Kenya is a whole lot like Narnia to me now, Dad; you know, Lucy and the wardrobe? I know it's a place that is real, where the years of my childhood and youth were almost magical. Right now, though, it seems like a place that is out there, beyond the wardrobe, and I can't get back there in the way I did before. I know that someday, if I do go back to Kenya, it's going to be a very different place."*



Over the years, Pam and I have observed advantageous, as well as challenging, aspects of missionary kids' lives. We fully recognize that the impact of growing up overseas for our kids in a large missionary community differed from families who worked in remote areas or in an urban environment.

Advantages for Our MKs

Simplicity marked our way of life in Kenya. We had the freedom to emphasize family activities. Together we could do community outreach. We often played games as a family and with other families.

In fact, the other families at Tenwek played a crucial role in our children's lives. They were part of the "village" helping us raise our MKs. There was a great give and take among us. All of our kids developed strong relationships with missionary aunts and uncles that continue to some degree, years after leaving the field. Since Pam and I weren't blessed with every spiritual gift or life skill, it was of great value for our kids to see how other strong, committed Christian parents provided discipline, accountability, rewards, etc. On the other hand, the other MKs watched as we parented our foursome.

My children were probably also more in touch with what I did professionally every day, often asking me to tell them how I "helped people" in surgery that day at Tenwek. They sometimes asked to go with me into the hospital and occasionally wanted to see me doing my work and interacting with patients.

Our kids are more globally minded in some respects and able to see some of the American cultural traits that other nationalities find relationally shallow, insincere or even obnoxious.

Challenges for MKs and Their Parents

Our biggest parental disappointment, after nearly 20 years in missionary service, is the absence of strong family ties between our kids and our extended families. Because of the separation over time and distance, their grandparents, aunts, uncles and cousins are not close to them. Our parents did make short visits to see us in Kenya, but our siblings never did due to cost and distance.

We are hopeful today for younger families that the virtual world we now live in can be leveraged to enhance family relationships with those we leave behind for the sake of the call.

As they finished their lives in Kenya and transitioned to the states, each of our kids struggled with their identity. Most MKs adjust well eventually, but it doesn't usually happen in just the first year of college back in the U.S.

All four of our kids feel it was an incredible and wonderful opportunity to have grown up in East Africa and would not trade their years as MKs for anything.

What do we wish we had done differently?

That is a frequent question we get asked by prospective or new missionaries in orientation sessions at CMDA.

Pam and I are obsessive compulsive planners. We like looking ahead five or 10 years down the road. We spent too much time discussing these matters together as well as with our children. Home school? Boarding school? Online school? And what about the timing of our upcoming homeland ministry assignment? These discussions proved to be unhelpful, even nonproductive.

Over time, Pam and I changed, and our kids did as well. We all learned to relax in God's timing and to remember

Solomon's wisdom in Proverbs 16:9: "In his heart a man plans his course, but the Lord determines his steps" (NIV 1984).

Door Opens During Epidemic in India (1919)

"It (love) always protects, always trusts, always hopes, always perseveres."

—1 Corinthians 13:7, NIV 1984

Notice how well Evie and Jesse obeyed this exhortation, especially the part about persevering. It took many years to earn the trust of the people God sent them to, but it paid off! People began to see the love God had given this couple for them, and they finally understood.

Pray for the Holy Spirit to give today's missionaries sacrificial love for those they go to so that they will experience God's love, and be drawn to Him.

Their first child, Paul,* was born in 1914, and Evie soon found that having a baby made it easier for her to teach the women. And Evie had delivered a "man-child," a sign of divine approval. Evie's heart went out to the women. It was they who suffered most from disease and social injustice.

Evelyn Brand wrote that her husband was a constant marvel, —"not only a saint, but a genius." The hill men gladly accepted his wisdom and help, but not his religion. Nevertheless, resistance began to crumble, and by the early 1920s, over 30 people had accepted Jesus as Savior.

In 1919, a great influenza epidemic struck. The local Hindu priest and his wife, who had so opposed the Brands and their religion, became very ill. They both died, but not before he declared, "Jesus is Lord." Just before their death, they gave their baby girl to Evelyn. The hill people saw Evelyn nurse the baby and were deeply moved. The door to the hearts of the hill people was finally ajar!

Though Jesse Brand died of black water fever in 1929, his dream survived. Evelyn determined to carry the gospel forward; she often walked 25 miles a day to reach a hill village. For over 50 years, until her death in 1974 at 95 years of age, she continued her ministry to the hill people.

— AL from ["Granny Brand, Her Story," by Dorothy Clarke Wilson, Christian Herald Books, 1976.](#)

From Global Prayer Digest, September 3, 2010 (<http://www.globalprayerdigest.org/issue/day/Jesse-and-Evelyn-Brand-Continued2/>)



*Paul Brand grew up in India until he was sent to boarding school in England at the age of 11 (eleven). He was a CCK/MK who was educated at the University of London and became a pioneering physician/surgeon in the field of leprosy.

Following is a delightful vignette about his early school days in India:

His mother was an ingenious teacher. She even made lessons not too unbearable, and Paul, unlike Connie, was no avid student. Seated at the round table with sums to do or a composition to write, Connie would perform her work diligently while Paul sat staring through the window.

"Come," said Mother one day. "I know where you'd like to be."

After that he did his sums sitting high in a tree in the little copse at the left of the house. When he finished, he would drop them down to Mother, sitting on the ground below. If they were wrong, he had to climb down and get them, re-ascend,

and start over again. For years this was his school room. – Dorothy Clarke Wilson in [Ten Fingers for God—the Life and Work of Dr. Paul Brand](#)

Resources for Raising MKs

“In the third edition of the groundbreaking global classic, [Third Culture Kids](#), Ruth E. Van Reken and Michael V. Pollock, son of the late original co-author, David C. Pollock, have significantly updated what is widely recognized as the TCK Bible. This new edition emphasizes the modern TCK, the impact of technology, cultural complexity, diversity and inclusion, and transitions. It also features new advice for parents and others for how to support TCKs as they navigate work, relationships, social settings and their own personal development.”

—From the publisher’s review of book

Here are two images from [Mission Training International](#) to give language and vocabulary to common experiences overseas. Their “yay duck” and “yuck duck” analogy is the paradox (PAIR OF DUCKS) lesson of living cross culturally, recognizing that those two emotions really go hand in hand many days and learning to recognize/embrace them for what they are. Also, the transition bridge beginning in your home culture and feeling settled then unsettled as you prepare to move, with chaos in the middle, followed by re-settling and finally being settled in your host culture. We have referenced that chaos bridge many times.

Listen to this [GMHC breakout session by entitled: Marriage, Family and Missions- Joys, Challenges and Pitfalls: Reflections from those who have walked the road before.](#)” It is moderated by Dr. Jeff Leman. His wife Janet, along with their mentors Lynn and Jim Henderson, also participate. Only Jeff has a good microphone but persevere, even though the voices of the other three are harder to hear. It is chock-full of good stuff and well worth it.



Christianity Today Article – March 2020

[Christians, Let’s Flatten the Curve But Remain a ‘Religion for the Sick’](#)

Physicians reflect theologically on three unique Christian contributions to COVID-19 preparations.

Indeed, it is interesting that the coronavirus gets its name from a spiked ring of proteins on its surface that resembles a crown, hence the title of “corona.” In many ways, the coronavirus is revealing the crowned heads we already worship: —health, self-protection, medicine. Our global, sustained attention to COVID-19 demonstrates that which we look to out of anxiety, control, and fear.

Of course, we know that Jesus wore a different crown—one that calls us to worship not out of anxiety or control but out of a love that drives out all fear. That crown doesn’t make this coronavirus moment any less serious; however, it does tell us where to cast our anxieties, who to comfort, and which thorned crown to remember.

[Read the full article by clicking on the blue link above. While this was written and published early on in the pandemic, it is an excellent article and relevant for health care workers everywhere.](#)

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Each is a fellow of the [Theology, Medicine, and Culture Fellowship](#) at Duke Divinity School. The views expressed are those of the authors and do not necessarily represent the opinions or policies of the institutions they represent.

Training Opportunities

Medical Missionary Training

If you will soon be going to the field for the first time as a new medical missionary, this training is for you. It focuses on many of the non-medical issues you will face as a medical missionary. So come spend three-and-a-half days with others who are at a similar point in their preparation and learn from those who have been there and done that. The training will take place August 13-16, 2020 at CMDA national headquarters in Bristol, Tennessee. To learn more and register, visit <https://cmda.org/events/2020-new-medical-missionary-training/>.

Global Missions Health Conference

I hope you are excited about this year's Global Missions Health Conference that will again be held at Southeast Christian Church in Louisville, Kentucky on November 12-14, 2020. To learn more and to register, visit www.medicalmissions.com/gmhc. This will be the 25th anniversary of the conference, so you won't want to miss it.

Teaching Healthcare in a Global Setting

As with many courses scheduled this year, this course scheduled for September and mentioned in the last *e-Pistle* will not be held as planned due to covid 19. Faculty hope to record the sessions and make them available online later in the year. Watch for updates as the course goal to train faculty who teach healthcare professionals here or abroad would be undoubtedly helpful to many teaching in PAACS or other residency programs or at medical schools and hospitals.

Covid-19 Orientation for Frontline Healthcare Providers in the Acute Setting

This free, online, open access course is designed to educate and prepare frontline healthcare workers for patient care amid the COVID-19 pandemic outbreak. It includes information about healthcare worker protection, care of the COVID-19-positive patient, and the activation and utilization of the global healthcare community to combat the pandemic. It can be accessed at <https://sites.google.com/nursesinternational.org/projects/resources/covid-19-orientation>.

North Dakota Public Health Training Network – Online

The North Dakota Public Health Training Network (NDPHTN) offers cost effective, on-demand, practice-based public health education to the public health workforce worldwide. Public health training provides the church with additional tools to sustainably meet the physical needs of people and expand evangelism potential. The NDPHTN provides special curricula opportunities and scholarships for missionaries and potential indigenous leaders. To date, students from 81 countries have enrolled in more than 16,000 NDPHTN sessions covering subjects such as public health leadership and management, community engagement, public health policy, global health, immunization strategies in addition to practical epidemiology and timely topics like COVID-19 public health strategies and basic concepts. The NDPHTN curricula was developed by Dr. Terry Dwelle, former North Dakota State Health Officer and medical missionary to East

and Central Africa and a founding director of the NDPHTN. Every course is approved by the National Board of Public Health Examiners for Certified Public Health (CPH) credit. For more information on the NDPHTN public health training program for missions, visit <https://www.ndphtn.com/contact>.