

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

Welcome to this issue of the *e-Pistle*. We've just completed our pre-field training for new medical missionaries, so hopefully the 21 participants will be joining you in the field soon. This class had the largest number of nurses (seven) that I believe we have ever had. We also had a dentist and a physician assistant in addition to the physicians. I want to give a special shout out to those who came to assist. People who are home on HMA are such a huge blessing since most of the presenters have been off the field for several years. Remember, if you would enjoy speaking into the lives of new medical missionaries, I need volunteers two times annually. I already have these lined up for the next class in July but if you will be on HMA in March or July 2018 and would enjoy joining us, I would love to hear from you.

It has been a very busy few weeks (not that that is unusual) but I've had opportunity to collect several resources for you. I'm sharing them with you below.

I hope you will enjoy this issue of the *e-Pistle*. As always, if I can be of assistance, please ask.
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Cura Animarum – If Only I Could See Myself by Rev. Stan Key

The eye is an amazing instrument. With our eyes we have the capacity to see everything in the universe. We can discern shapes and colors and make intricate distinctions with our eyes. However, as marvelous as the eye may be, there is one thing we will never see: ourselves.

God made us so we can see everything but ourselves. To know what I look like, I must have recourse to instruments other than my eyes: a verbal description, a painting, a photo or, best of all, a mirror. I will never "see" myself for who I really am without help.

Why would God make us like this? On the one hand, God tells me repeatedly in His Word how important it is that I know myself and "see" myself for who I really am. Yet, on the other hand, I do not have the ability to do what I am commanded. I may have the ability to see you and who you really are with 20/20 vision. But, myself, I cannot

see.

If only I had a mirror. If only there were some means to help me get an accurate picture of who I really am. Without a mirror I will only be able to guess what I am truly like. Without a mirror, my knowledge of myself will be at best partial, at worst a total delusion.

I have incredible news. God has given us a mirror! In fact, He has made at least three mirrors available to every one of us.

1. The Bible.

God's Word is like a mirror (James 1:22-25). It tells us the sober truth about who we really are and what Christ can really do.

2. The Holy Spirit.

Jesus sent the Spirit into our hearts to help us see the sin, righteousness and judgment in ourselves (John 16:7-11).

3. Brothers and sisters in Christ.

My Christian family and friends often see me far better than I see myself. If only I had the courage to ask them to tell me what they see.... If only I had the courage to take off my mask and get real...

Thank God for the mirrors He has given us. It may take some courage to use them, but I hope today you will avail yourself of the opportunity to take a hard look at yourself. You may be surprised by what you learn in the mirror!

Catching Character

by Dr. Al Weir

"Whatever you have learned or received or heard from me, or seen in me-put it into practice..." (Philippians 4:9, NIV 2011).

A bright young female resident shadowed me in clinic today because she was planning to apply for our fellowship program. After we saw a couple of patients, I asked her, "What makes you interested in oncology?"

I assumed she would speak of some great healing experience of a family member, as many do. She surprised me with her answer.

"My first year as a resident, I was on call when a patient came into the emergency room who was dying from his cancer. Eric, one of your fellows, came to the ER and took care of him. He sat with the man and talked to him. Couldn't do anything to save him, but for two hours he stayed there and comforted him and answered his questions. And then the man died. As I watched Eric's compassion and the peace it brought to that patient's last hours, I wanted to be an oncologist."

Character is caught, not taught.

So much of who I am comes from watching the great men and women whom I have walked beside.

I became a doctor, not only because I loved the science, but because my dad used to take me with him on hospital rounds and drop me off at the nursing station as he visited his patients. I watched his joy at work and wanted that.

I caught God's call as a missionary because I spent time with Dr. John Tarpley and saw the dedication, energy and sacrifice that seemed to flow naturally from his love for Christ. I wanted to live a life like that.

I have a heart for the downtrodden that comes from watching my mother treat all men as good, knowing their badness and refusing to hold it against them.

I am honest because I have watched those who give back when they are overpaid.

I persevere through difficult circumstances because of patients who have held their head up and carried on.

In the future, I will probably sit longer at the bedside of my next dying patient because of Eric's example.

We reach our highest potential as followers of Christ when we surround ourselves with men and women of great character and soak ourselves in the stories of people such as Mother Teresa, Eric Liddell, William Wilberforce and Dietrich Bonhoeffer.

Our character grows in the direction of those we spend our time observing.

Mine certainly has. Whom do I need to thank for the good that is in me?

And the reverse is true. Whose character is growing better because they spend their time observing me?

Dear Father,

Thank you for those who have surrounded me and brought into my life much of the good that I am. Let me be aware of my responsibility to do the same for others.

Amen

Resources

New reading glasses

Restoring Vision – supplying new reading glasses to missions at 35 cents a pair for orders of at least 2,000. For more information, visit www.restoringvision.org. Contact Mark Sachs at mark@restoringvision.org.

Crossing Cultures with Ruth

[Crossing Cultures with Ruth](#) offers kingdom workers encouragement and inspiration as they discern and work out God's call in their lives. The book also provides practical insights based in Nelson's years of Fruitful Practice research into the best means and methods of missionary outreach. Here are just a few of the lessons from the book of Ruth:

- ***Commit to and identify with those you serve***
- ***Cross cultures boldly***
- ***Know how to remain on the field effectively***
- ***Minister out of your own life—and out of your own loss***
- ***Earn your reputation so that it can be spent***
- ***Trust in the Master's partnership and promises***

Compassion Fatigue

<http://www.saritahartz.com/what-missionaries-need-to-know-about-compassion-fatigue/>

[The Resilient Practitioner: Burnout and Compassion Fatigue Prevention and Self-care Strategies for the Helping Professions](#)

The authors are psychologists at the University of Minnesota and this book has lots of resources, references, further reading and includes exercises at the end of each chapter. It's very practical. Most of it is compatible with a Christian worldview, and it recognizes the tension between caring too much and being so self-protective and self-oriented that you're not doing right by your patients. There are lots of insights into the motivations of people in the helping professions and many ideas for how to recognize when you're getting in too deep and how to promote your personal resilience.

Ophthalmoscope/otoscope

Archlight ophthalmoscope/otoscope (<http://arclightscope.com/>). If ordered in quantities of 25 or more by a non-governmental organization, it can be obtained for only about \$10 each.

Do You Have Good Vision?

by David Stevens, MD, MA (Ethics)

I had just returned to Kenya for my second term as a healthcare missionary when I was made acting CEO of Tenwek Hospital. Our first term was only three years long, which allowed the missionaries to stagger "home assignments" and not be as short staffed in the hospital. I say "as" because we only had four to five physicians in our 275-bed hospital that was regularly running above capacity.

At the young age of 34, I was in charge of more than 200 staff members and a hospital with 10,000 in-patients a year. Those weren't the big problems, though. Tenwek only had electricity for 11 hours a day, and buying diesel fuel for the generators to work even that much was consuming 25 percent of our budget. We had less than 10 trained nurses in the hospital. Care was provided by "people off the path" we had trained to be "medicine dispensers" or "ward attendants." I spent my days running from one emergency to another while trying to visit the sick patients filling our wards to overflowing.

Lots of things needed to be "fixed." We had many more problems than solutions. What solutions we had couldn't be accomplished without an extraordinary commitment of time, money and energy. What we needed first was a compelling vision to mobilize that effort.

So I started casting vision to our staff, board and visitors. I told them we were "going to be the best mission hospital in Africa." I said it again and again, every chance I had. We were going to provide the best medical care. We were going to give the best spiritual care. We were going to be the best at changing the healthcare habits of those we served.

Now, to put that last comment into context, half the patients in the hospital were there due to preventable diseases. Kenya had the highest population growth rate of any country in the world. Less than 18 percent of kids were immunized, while fewer than that percentage had a latrine. People got their water from the river, and our hospital wards were full of children dehydrated from diarrhea and vomiting. If we saved their lives, they got the same untreated river water from our faucets that had made them sick at home. Half of our patient deaths were from these preventable diseases.

What is a "vision" and why is it so important?

Your vision is what it is going to look like if you accomplish your mission. It is not a slogan like "Just Do It," "Things Go Better with Coke" or "Think Differently." You have to ask yourself this question: if we ever totally and completely accomplished what our mission statement says, "What would it look like?"

When I first came to CMDA our "vision" was "A Fellowship of Christian Doctors." I went to the board and told them I wasn't—and neither were our members—willing to sacrifice time, energy and money to accomplish "fellowship." Fellowship was a byproduct of what we did, not what it would look like if we accomplished our mission. (We didn't have a good mission statement either, and no one knew what it was because it was more than a page long, but that is another story!)

So we developed a memorable mission statement which read, "CMDA exists to motivate, train and equip Christian doctors to glorify God in their homes, practices, communities and the world." The wording has slightly changed over the years, and today it reads, "CMDA motivates, educates and equips Christian healthcare professionals to glorify God by: serving with professional excellence as witnesses of Christ's love and compassion to all peoples, and; advancing biblical principles of healthcare within the Church and to our culture."

Over a number of years, we also finally honed a clear and compelling vision. If we accomplished our mission, everyone would see, "Transformed Doctors, Transforming the World!" Yes, I will lay down my life for that!

The Bible says in Proverbs 29:18, "Where there is no vision, the people perish..." (KJV). I would add that a mission hospital, community health program or clinic will flounder and ultimately fail, as well, without a vision.

A clear vision informs your decision-making, helps you establish clear goals, determines how you carry out your vocation and contributes to the development of your character. A clear vision statement, as a focus for your life,

one defines what your eulogy will sound like at your funeral. When your mission on earth is completed, how will those you know best sum up your life?

If you haven't, develop your own vision statement and hold your life up next to it as a measuring stick every day. As you lead in healthcare, use it to cast a clear vision to your followers of where you plan to take them. Make it stick by repeating it often and living it out. Today, Tenwek Hospital is a large, well-staffed, tertiary care center with multiple residencies and a vibrant spiritual ministry. I didn't make that happen, God did, but it did start with a motivating vision.

Determine your vision and strive to make it a reality. Don't think small. Ask God what He wants you to do. Then work like it all depends on you and trust knowing it all depends on God.

I guarantee you one thing—it will be an exciting journey!

Opportunities for Faith-Based Organizations Participation in Federal Funding

The Washington office of the Christian Medical Association meets with high-level U.S. officials and members of Congress to listen and advocate for policies and laws that strengthen opportunities for faith-based healthcare overseas. Many of these conversations focus on how the government can accommodate the moral and ethical commitments of faith-based healthcare professionals and institutions in order to take advantage of the extensive healthcare reach and trust with the people offered by the faith community. Based on feedback from our members serving overseas, our representative in Washington, D.C. presents specific, pragmatic strategies designed to help the new administration maximize the potential for government-faith community partnerships. For more information, contact washington@cmda.org.

A Change in the Weather by Judy Palpant

My good friend just left Spokane for Mexico to visit her father. She'll be gone several weeks. When she returns, she hopes to find all the snow and ice melted, dry roads, blooming crocuses and longer, brighter days. May it be so.

I'm left behind and can only imagine her blue true sky and sunshine as I stare out my window at a dreary landscape: piles of old snow and a gray sky.

Some years ago we left for a medical mission trip in early February and returned the end of that same month. Compared to the life and color of Kenya, Spokane's bleak mid-winter depressed me. We'd relished the long days of sunshine there on the equator. Back here darkness fell too soon. My neighborhood was a ghost town. No people bustled here and there as they did along the roads and in the markets of East Africa. No color popped out of the frozen ground. But in Kenya, pansies, daisies, mums and poinsettias all bloomed at once in a single flower bed.

Pondering my plight, I sighed at the prospect of facing yet another dull day. Just then a flock of red winged black birds flew into our sunburst locust tree. For a full half hour they flew and chattered among the bare branches. I watched and wondered. Their visitation cheered and thawed my paralyzed heart. Gratitude gradually warmed and filled my soul. I praised the Creator God and Giver of every good gift.

Those birds never returned. Perhaps our tree looked like a good rest stop on their migration route to some other place. I still savor the memory. Those birds stirred my heart. Their motion and commotion moved me off square one. Caught in a mental loop constantly comparing Kenya and Spokane, they brought a breath of fresh air. I could accept this place called home.

But what about the times when God doesn't send a flock of birds to cheer us? Is the inner person dependent on the outer circumstances? In *Moby Dick*, Herman Melville describes the whale as a mammal that keeps the same inner temperature whether swimming in the frigid arctic waters or the warm waves off the coast of Australia.

How can we do the same—keep our spirits warm and hopeful in the mid-winter when darkness dominates? The canvas is blank. The heart is empty. Light dims. Life slows.

Years ago when homeschooling our kids, we'd pick up a woman from our church once a week and take her on an outing. Ruth lived in an assisted living facility. Though her mind was sharp, she suffered from Parkinson's Disease. For some reason, she was placed in the Alzheimer unit. We'd load a wheelchair in the car so she wouldn't have to walk long distances. How she relished picnics in the summer sunshine. She'd regale us with poems she memorized as a child or tales about teaching the children of the men building the Grand Coulee Dam. Upon returning to the nursing home, I'd push her wheelchair through the doors. She'd always say with a smile, "There's been a change in the weather." Gone the blue sky. Gone the summer breezes. Gone the chatter of children.

Ruth, a veteran adult Sunday School teacher, read Scripture daily. She mended cushions and clothes for the other residents in the facility. Every night, after the nurse pulled her curtains shut, Ruth would get up and open them so she could see the moon and stars. Then she'd crawl back into bed and pray. Like the whale, Ruth's daily choices and routines maintained the steady spiritual temperature of her soul regardless of her circumstances.

I can't command another flock of birds to choose my yard for an hour or two. I cannot engineer such visitations or provisions. But I can open my eyes and relish the frost on the twigs. Accept my limitations imposed by weather or circumstances. Choose to be grateful. Practice nurturing essentials for my spirits—music, poetry, quilting.

The other night I took my 96-year-old mother out on the front porch. Four years ago she came from Colorado where the sun shines and the sky is blue even when it snows. During her transition to life in Spokane, she surprisingly did not complain or compare the climates. Now this is home.

As she breathed in the chilly nighttime air and surveyed the mounds of snow, I asked her, "What are you thinking?" She replied, "For the beauty of the earth. The trees are dressed in beauty. It's so still, you could carry a candle." Yes. I imagined walking out into the darkness holding a candle with a steady flame.

"The spirit of man is the candle of the Lord..." wrote Solomon (Proverbs 20:27, KJV). Though my heart's flame be flickering and nearly out, I pray to the Light of the World to rekindle it. I repeat a prayer by St. Ignatius I've found to be very helpful: "Come Holy Spirit. Thank you for my life. Lord, I want to see. Have mercy on me. Show me the way. Amen."

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Aging Parents by Dr. Ron Koteskey

As you move toward middle age and your children become adolescents, you may find yourself as part of the "sandwich generation," sandwiched between your parents and your offspring. Although your culture holds you legally responsible for your offspring, it may not hold you legally responsible for your parents. However, you feel some responsibility for your parents. After all, they cared for you as a child, and it seems reasonable that, in return, you care for them when they need you. In addition, the Bible commands us to honor our parents.

People who do not cross cultures and travel to another continent face this same issue, but they are not as far away from parents as you are. They are also much more likely to be personally involved. Although some people have always faced the question of determining their responsibility for their aging parents, only in the last century has the majority done so. Not only do more people face this issue, but it also remains an issue for a much longer period of time as life spans increase. Newly retired people commonly have responsibilities for parents who are in their 80s and 90s.

Although there are no easy answers to the questions arising about aging parents, knowing what to expect can help you give some forethought to what you might do. Following are some of the usual phases people move

through as they age in Western culture. Some people pass through all these phases with years spent in each; others may skip many of them due to accident or sudden serious illness. We could list six possible phases.

Enjoying freedom

Although there is no particular age at which people in our culture are considered to be "old," retirement is often the time when people begin to be treated as older, as "aging." Retirement often begins when people are in their 50s, increases in the early to mid 60s and a large majority of people are retired by the time they are 70 years old.

Most people find that the early years of retirement are wonderful. After an initial adjustment period in which either or both spouses may say something like, "I married you for better or worse, but not for lunch," couples find they enjoy the freedom from set schedules and the time of being together. These people are often called the "young-old," a time defined by attitude and activity rather than by chronological age. With Social Security, pensions and other benefits, they usually have enough money to do things they want. As long as they have their health, they are involved in life.

During this phase, they have few responsibilities other than to cheer them on through the 10, 15, 20 or more years it lasts. Some people may need a little help finding a "vocation," something they feel called to do. However, most become involved in such things as volunteering, becoming involved with grandchildren or even becoming a "finisher," involved in missions. If they have not already done so, you may encourage them to do the following:

- Make a will.
- Appoint a healthcare surrogate.
- Make a living will.
- Appoint durable power of attorney.
- Make funeral arrangements.

Beginning reflection

Sometimes this phase comes suddenly, such as with a serious illness or financial loss. However, it more often occurs internally, with no one else even being aware of it, such as when people realize they really aren't the men or women they used to be. It may occur when a close friend or a sibling dies, leading them to face their own mortality in more personal ways.

During this phase, even very successful people may begin to think their lives have been worthless, and they may become depressed. Just when they most need to talk about it with others, they may begin to withdraw.

Unfortunately, many parents and children have never engaged in serious conversation. If you have not done it before, this is a good time to begin talking about important questions and issues in life. You can be of real help to your parents in opening up these areas by:

- Visiting with them.
- Bringing news about others.
- Asking tactful questions.
- Encourage life review by
 - Asking for autobiography.
 - Asking about old photographs.
 - Having them draw pictures of places they have lived.
 - Asking about their spiritual journey.

Losing a Spouse

There is nothing more devastating than losing a spouse. This loss phase requires more readjustment than any other event in a person's life. It is often more difficult for men than for women, primarily because men do not socialize as well.

Since most married couples do not die at the same time, you will probably face the loss of one parent yourself as you help the other parent work through his or her grief. Since this is the greatest loss anyone faces, it usually takes many months, even years, to be ready to "get on with life." Be patient.

During this time you may have to help solve various problems that arise:

- Can your mother maintain home and car?
- Can your father cook and clean?
- What if the survivor sells the home?
- What about remarriage?
- What about entering a retirement community?
- What about moving in with you?

These questions, and many more, will need answers. You, your spouse, your children and your siblings and their families will all be impacted by the answers.

Reversing roles

If the surviving parent does not die suddenly, the day will probably come when you go to visit, and he or she will have a list of things for you to do. You switch from being the one being helped to the one giving the help—and your parent switches to the one receiving the help, often very difficult to do.

Both of you want the aging one to be as independent as possible and make as many decisions as possible. As you increasingly become the caregiver, it is good to repeatedly ask yourself several questions.

- How much should I do?
- How much can I say?
- Am I doing any good?
- What about my spouse and children?

In the three phases previously considered, there was always something you could do with the hope that things would get better. As your roles reverse, more and more you realize that things are not going to get better. They only get worse. One thing to remember is that no matter how you answer the questions above as things get worse, you are likely to feel guilty, even though you are not guilty of anything. If you are in your passport country caring for your parent, you are likely to feel guilty. If you are overseas, you are as likely to feel guilty.

Probably the most important thing you can do during this phase is to help your parent answer such questions as these:

- What good am I?
- How can my life have any meaning?

As you do this, remember that our society has no good answer to these questions. These questions have answers only in a thoroughly Christian worldview. Our modern problem-solving approach to life comes up short, but meaning is found in God and His love for us as persons He made in His image.

Becoming dependent

When role reversal is complete, you may find that your parent is now dependent on you for help with such routine maintenance functions as getting into and out of bed, bathing, dressing and eating. When this time comes, the goal of independent living is out of the financial reach of most families, especially missionary families.

Whatever is done next is best as a family decision with the parent and all surviving children present. This meeting should have a mechanism for everyone to be able to express his or her position. All possible options must be considered. If the family has enough money, the person may be able to stay at home, with someone hired to care for him or her at all times. However, if that is not possible, there are several options:

- Someone move in with the parent.

- The parent move in with the family of one of the children.
- A home in a retirement village where people are on call to give assistance.
- An assisted living facility where the person does some care for himself or herself in a room alone, but where meals and medications are prepared by professional staff.
- A nursing home where skilled nursing care is available 24 hours a day.

By this stage, Alzheimer's and other dementias are rather common, and the parent may not even realize what is happening. During the last few years of her life, my own mother was cared for by her children and grandchildren, but she referred to them as "the people who work here." Though she did not want to be put in a nursing home and was cared for by family, her Alzheimer's was at a stage where she did not even realize it. One must not let guilty feelings reign in such a situation.

Saying Goodbye

This last phase is usually a short one. People often find that facing death in a few days or weeks is quite different from facing it in the abstract "future." Most people prefer to die at home with friends and family around them. Some want to talk about their impending death.

This is the time of facing the final enemy, and no one wants to do that alone, sick and tired. This is the time for all to be available, gather around and say goodbye.

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

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