

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

Welcome to this issue of the *e-Pistle*! I hope you find information that is useful to you and your ministry as well as some encouragement.

I heard from a special friend this week. She suggested that I start the *e-Pistle* with Rev. Key's thoughts, so I thought I would. I enjoy all his articles but this one might be extra challenging. What do you think?

Dr. David Stevens continues sharing some of the principles he learned about community health and development ministry. Judy Palpant shares observations and thoughts following a recent visit to Kenya, and Dr. Koteskey shares some thoughts about managing money.

In between, I share the responses I received to last month's question about EMRs, and I ask for new responses to a question raised by a sending agency. I've also again included information about CMDE's consultation service which medical missionaries may access at md2ndopinion@aol.com.

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Enjoy

susan.carter@cmda.org

Cura Animarum

by Rev. Stan Key

Of all the excuses people offer today for unbelief, none is more common than this: *How do you expect me to believe in a God who is silent and invisible? If only He would show Himself to me, then I'd believe. The problem is His absence, not my unbelief!*

A few months ago *The Washington Post* tried an experiment. The editors arranged for the world-renowned violinist Joshua Bell to play in a Washington, D.C. subway station. He wore jeans, a T-shirt and a baseball cap. He stood near a trash can not far from the turn-stiles. He placed the open violin case at his feet and tossed in a few bills and coins to prompt the morning commuters to pause, listen and give.

Only three days earlier, Bell played to a sold-out crowd in Boston's Symphony Hall. In that setting people were willing to pay big money for the sheer privilege of hearing him play. Average tickets went for \$100. But a Washington Metro station is not where one expects to find a maestro. And who has time to enjoy music while rushing off to work?

That morning, playing his \$3 million Stradivarius violin, Joshua Bell serenaded the streaming masses with Mozart and Schubert. No crowds gathered. No one applauded. Few people even seemed to notice. After 45 minutes of a virtuoso performance, about \$32 had been placed in his case.

The purpose of the experiment, explained the editors of *The Washington Post*, was to discover whether beauty would transcend the banal setting and the inconvenient time of a subway station. Alas, it didn't.

When Jesus came, He did not make His appearance at a symphony hall. Born in a barn, raised by village peasants and trained as a carpenter, Jesus simply was too ordinary for most people to notice. Yet the music He played was like none the world had ever heard.

No, the problem of unbelief today is not the absence of the Master but rather the petty distractions of those who pass by. We are too busy, too stressed and too focused on ourselves and our concerns to notice who has stepped into our subway! The melody He is playing is simply drowned out by the noise of our mundane routines.

Friends, Jesus always comes in ways we don't expect and at times that seem inconvenient. Yet no one plays music like His! This week, break free from the tyranny of the urgent. Disengage from your mundane preoccupations long enough to listen. Maybe, just maybe, the melody of grace will enrapture your soul!

"He who has ears, let him hear" (Matthew 13:9, NIV 1984).

Helpers of Health - Section X: Community Health and Development

by David Stevens, MD

Continued from April

4) Your Success Depends on the Quality of the Leaders You Choose – Your job will be incredibly harder or much easier depending on the leaders you choose and train. The

first personnel you pick are your Community Health Supervisors. You may have a pool of formally trained nurses or other professionals to choose from. We didn't. We started with a pool of our best "medicine dispensers," local young men we had trained to dispense medications on the ward. We looked for people who were bright, were more spiritually mature than their counterparts and showed a propensity to learn.

We talked about the problems we were seeing at the hospital and the causes of those problems. Did they see these problems in the villages where they lived? Were they interested in helping save people's lives by teaching them better health practices? We warned that they would have to work very hard, but we would teach them how to do their job well.

We didn't promise them more money. We let them know we were happy with their work in the hospital; they could continue in their current position and would probably be promoted over time. We didn't want our new supervisors to choose to join us for the wrong reasons. We weren't offering them a different job. Instead, we were offering the opportunity to join our community health family and to change their world. We wanted them to sense that God was calling them to this endeavor, so we prayed with them and asked they seek God's will in their decision.

Our first three supervisors were very committed to the idea, but had no experience or knowledge to do the job we needed them to do. It was up to us to turn them into extraordinary leaders and to teach them on the job the same lessons we were learning on the job. That meant spending time together letting them watch what did, how we taught, the methods we used to develop trust and how we worked to reveal our servant hearts. We demonstrated leadership and then began to edge them into increasing leadership responsibilities.

We held them accountable not only with a job description but also with clear standards of performance. How were they going to know they were doing each item of the job description well? As their supervisors, what measurements showed us that they were meeting all of their responsibilities? We set up one-on-one evaluation times on a regular basis and clearly let them know what they were doing well and what they needed to improve on.

We invested a great deal of time in them supplying knowledge as well as modeling every aspect of what we wanted them to do. As they made progress, we morphed our methods. We sat down with all of the supervisors every morning before they headed out the door to the community and asked each to answer some simple but broad questions:

- What went well yesterday? What progress are you seeing in those you supervise?
- What problems did you have? What didn't go well?
- How can you solve these problems?

We let each individual answer and then threw the most perplexing problems out to the other supervisors for input. We taught them to work as a team, help each other out and share what they learned with others. As much as possible, we didn't prescribe solutions. We wanted to teach our young leaders how to solve problems by planning concrete steps to deal with them and then finding out how their plan worked. We even listed major problems on plastic sheets hanging on the wall to remind us to follow-up in future sessions.

I can teach someone all the reasons to exercise, demonstrate how to use various exercise machines and share knowledge on how to do reps; however, until they actually get on the machines and workout, they won't strengthen a muscle. The same is true in leadership training. You have to give those you are mentoring ever-increasing leadership responsibilities as they develop. You have to be there on the sidelines coaching and teaching them how to solve problems, motivate people, take risks, deal with discouragement and become a coach themselves. It is all about replication as you train leaders to train leaders for your community health committees and health helpers.

As I look back now years later, I'm so glad I invested in these young men and the other workers who later joined them. Not only were they one of the keys to our success, but they each are now in major leadership positions in other spheres of life. Some are chiefs or assistant chiefs, others have positions in the national church and some have been successful in politics. More importantly, they changed their communities through their faithful service and leadership. That is a wonderful return on our investment.

Leadership training is a journey, not an event. It is a demonstration, not just an education. It is learning to influence others, not merely having position over them. It is building trust, respect and admiration.

To be continued

Report from Responses to Request for Help - EMR

Thank you to everyone who responded to the question about electronic medical records. Here is the report I sent to the doctor who asked for assistance.

We had more responses to my question about EMRs than I would have guessed. Rather than try to distill the information, here is each response as received. The very first one I received made me smile. Quite simply it said, "Run the other direction - don't walk, RUN." The rest of the responses were probably more helpful.

Response 1

We have developed our own but it is based on the software at openemr.org. Not a great resource but a starting point. Ours is about 75 percent complete and does registration, patient stats, allows the doctor to see patient history, do diagnosis, prescribe labs and

meds and prepares info for weekly reports to the government on trends in the local health environment.

The financial side is being performed by Quickbooks Pro 2012. It is very complete and allows us to forecast, budget, run thousands of reports, handle the point of sale and pharmacy and other inventories.

We still have not figured out how to import from our system to QB on the fly so we don't have to enter the patient info twice, for registration and then for billing.

I hope this helps some. I plan to make ours available to other places once completed. It is written in PhP and MySQL but for now it is only in Spanish.

Response 2

I have been looking around and have started to play with and pilot OpenEMR for our Family Practice. (<http://www.oemr.org/>) We've only got a few weeks experience entering data and I am not yet using nearly all of its features, but I am beginning to like it. I've had a couple of computer folks (non-medical) check it out and they say it looks very versatile, well made, etc. I found reviews at <http://sourceforge.net/projects/openemr/reviews/> but as of yet have not talked to anyone personally who has used it for a while. Looks like the support community is alive and quite active (good sign). It's free, open source, fully adaptable and accessible through the web browser (so can be used on any device that can open an IP address. You'll probably need a geek helper to get it set up and adapted for the way you like it, but you can use it right from the download after playing with it for a couple of hours.) It can be run from a single computer or used across a large network. Scheduling, patient management, charts, email, scripts, place to scan in other data, billing (U.S. adaptable), able to meet the current U.S. health info system standard (which isn't important here in Albania), etc.

Watching a couple of these videos will give you an idea...

http://open-emr.org/wiki/index.php/OpenEMR_4.1_Users_Guide#Frequently_Asked_Questions_.28FAQ.29

(Second email) Today we started looking into a second program called GNU Health. It too is quite powerful, apparently even appropriate for major hospitals to use. It's a bit hard to test out because it runs on a special (linux or something) and we can't figure out how to install it. The tech guy is coming tomorrow to help me get a look at it. It is free-ware, too. <http://health.gnu.org/screenshots.html>

Response 3

Our hospital has been working on electronic data for some time. We have registration, billing, pharmacy, accounting. We have not implemented lab and clinical record due to the higher level of complexity.

The programmer I am working with could possibly post a demo online, with English prompts.

Response 4

1. Clinic Solution

The EMR system we are currently using (<http://www.softlinkmedical.com.hk/>).

Very simple solution and fairly easy to use, bilingual. Pretty inexpensive.

Usually Clinic Solution is installed on a single clinic server with lots of terminals in the exam rooms, but can be networked between clinics - we didn't do it this way though for security and simplicity reasons. So no online needed or internet.

Basically it's a fancy but very simple medical front-end to several Access databases, so it's simple to backup, simple to install/uninstall, but it doesn't do much other than keep a simple record. Everything is typed in, etc. They charge a per-user annual fee. They make their money on hospitals that are using it, so clinics are small potatoes.

2. EMR-lite: Finally there's a really neat EMR-lite (free!) that's out for the iPad called DrChrono - www.drchrono.com. I've looked into using it for small collections of orphanage records, etc. in the past but haven't played with it lately.

3. Open EMR notes:

We tried Practice Fusion online EMR, but our internet connection can be slow at times and it displays the wrong date because their computers are on U.S. time. I'm looking at getting Open EMR up and running now, but haven't completed the installation.

OpenMRS is going to be most useful to a big program that has to manage large numbers of patients, keep coded information and report on outcomes to funding agencies like Gates foundation, or research or government programs. Most of the patient care events seem to be captured on paper as they are pretty standard things like TB or HIV programs. The data is then captured into OpenMRS. Setting up a system is a "non-trivial" activity and no one is providing a "turnkey system" that can just be installed and used.

For Family Physicians, for our needs in primary care, I think that OpenEMR is a better solution. We downloaded a 900mb virtual server image and this runs inside a free VMware Player - so it can be hosted by a Mac or a Linux or a Windows computer - then all the other computers on the network just point their browser (any kind of computer, any kind of browser) at that location and bingo! You have instant electronic records. You only need one fast computer as the server and all the others can be cheap old slow ones as long as they can run a web browser. Look at the screenshots at <http://www.sunsetsystems.com/node/8>

It is compatible with double byte languages and has a number of European languages pre-installed. We are just starting to test the program. Next week I hope to do some consultations with it and I will let you all know how it works.

4. Practice Fusion: Looks like a great, flexible program, but didn't work with slow internet connection and was all internet-based.

Response 5

Kijabe Hospital and CHAK are developing an open source HMIS /EMR program for use in developing world contexts.

Response 6

The leader of WorldWide Labs has worked with someone to develop a EMR program for developing countries as well. It might be more laboratory specific, but it would be worth checking out. <http://www.wvlab.org/COMPUTERSERVICES.html>

If you would like to follow-up with any of these, just contact me at susan.carter@cnda.org and I will put you in contact.

MD Second Opinion

Every few months I include this reminder of the generous consultation service offered by our CMDE Commission. Mrs. Mary Jane Jewell graciously passes along an enquiry from the field to the volunteer consultants who offer their opinions regarding your difficult cases. There is only one requirement to participate and that is that the enquiry originates outside the U.S. in a medical mission setting. If you have questions and can include x-ray and/or lab results, you can send them to md2ndopinion@aol.com. Mary Jane will forward them to appropriate consultants. Please make note of this so that you will have it when needed.

Will You Share Your Perspective?

Recently a sending agency asked what it could do to help their medical missionaries feel supported in their ministry. The answer was, "Create a statement that highlights how medical missions is strategic and fits into the agency's overall ministry objectives."

Since we bring together leaders of mission sending agencies each year, we are curious to hear how you would respond to that same question. **What could your sending agency do to make you feel more supported in your medical ministry?** Would you take a few minutes to share how you would respond to this question? We expect your insight will help us become better advocates for you and your ministry.

Also, if you are already satisfied with your sending agency's support, specific to your medical ministry, we'd love to hear what it is they do that leads to your satisfaction. Please respond to susan.carter@cnda.org. Thanks for sharing your thoughts.

Digging at the Roots—Recent Stories from East Africa

by Judy Palpant

“Who believes what we’ve heard and seen? Who would have thought God’s saving power would look like this? The servant grew up before God—a scrawny seedling, a scrubby plant in a parched field” (Isaiah 53:1-2, MSG).

A lot can change in six weeks away from home visiting East Africa.

Our youngest granddaughter in utero grew three inches and gained seven ounces, while our personal possessions lost weight as thieves pilfered a few of our treasures. February’s bleak midwinter removed its crystal coat and the river rose with the hint of warmth. No buds outside, but a tall house plant in our living room put out a new shoot. After a dozen years standing alone, it added a three foot sapling companion.

Six weeks in East Africa after six years away presented more chances to observe transitions and growth. In the interval since 2006, we had regular contact with our friends in Kenya and Uganda by email. We prayed and sent school fees. In our absence, people and their circumstances changed. This past February we dodged potholes and goats in an effort to reach and re-connect with many of our African friends.

Among them was a gangly, inquisitive 12-year-old who we remembered as a shy first grader, now a delightful conversationalist.

His younger brother, a toddler in 2006, sprouted into a surprisingly observant host for an 8-year-old.

“Have more rice, Auntie Judy?”

“Uncle Sam, you need an afternoon rest.”

Their exuberant, gregarious mother was launched into boarding high school by our East African Christian community in the early 1980s. In those six years, she strayed from her faith and even her family to some extent. We exchanged letters. Prayed--hoped to keep some common ground. The journey through marriage and motherhood brought her back to her roots. She succeeded in her career as a secondary school teacher. Recently, her church honored her for outstanding work with Sunday school children.

But not all our African rendezvous proved so heartening. In 2006, another young lady was in middle school. Our monthly sponsorship over the next six years kept her in a school uniform—an important gift to any African girl. In the end, that was not enough.

Calamities piled one upon another. Her father, our dear friend, died. After graduation, she felt cursed. No job materialized. She turned prodigal. Asking her mother for her Christmas chicken, she left home and ran away with a neighbor's son.

On our February visit, we talked sitting side-by-side on low three-legged stools. In one arm she cradled her hungry five-month-old son as he nursed. With the other hand, she held a large rainbow-striped umbrella to shade us.

"My favorite photo of you is when you were three, sitting on the front of your dad's bicycle," I reminisced. "You were both happy."

"I miss him," she said quietly.

We talked about the mother-daughter relationship. With a stick, I drew simple lines in the dry red soil—telling her of our hopes for her as I drew a straight line. But a circuitous line illustrated the reality of her life. Without a proper wedding, she was joined to the neighboring family. As the only one with an education, she was now expected to put food on the table for all eight of them. She is enslaved, her growth stunted.

We believe there is still redemption to be discovered in her future, but the story currently stands in stark contrast to that of her 11-year-old brother. In recent months, Ugandan and Kenyan Christians joined hands to get this fatherless boy into a good boarding school. He's prospering. The very children his deceased father previously mentored during the early 80s have taken on the responsibility to sponsor and nurture this sapling.

These new twists and turns prove heartening one minute but despairing the next. As in the Advent story, Mary collected and treasured up the scene with the shepherds—their stories, the joy and wonder. Some days later, she put Jesus into Simeon's arms. He prophesied that a sword would pierce her heart. It did.

Love always puts significant valuables on the line. Tensions exist between hope and despair, for better or worse, in sickness and health. The risk of birth should not make us overly cautious or tentative. It's a shot at the abundant life, but predictably requires a tolerance for pain. Watching some children flourish only partially mollifies the observation that others are choked by the weeds.

It has been said that there are various kinds of risk. Some risks we can accept, even afford to take. Other risks we cannot. But investing in the education and growth of young people compels us. It's a risk we cannot afford not to take.

We would like to be a personal gardener, pruning and shaping lives. But this is not the way of the Incarnation or the gospel. We follow Jesus into the chaos of a life. We bear the burdens—watching, waiting and praying for this Ultimate Change Agent to breathe life, rekindle motivation and restore vision. These are precarious positions—no easy answers, no formulas, no instant rescues. We dig at the roots. The scrawny seedlings of

today can become “...oaks of righteousness, a planting of the Lord, for the display of his splendor” (Isaiah 61:3, NIV 1984).

Six weeks? Six years? In the meantime, we hold on to the three things the apostle Paul says remain: faith, hope and love.

Managing Money

by Dr. Ron Koteskey

Imagine these situations: some of the other missionaries on your team make reservations at a five-star hotel for the whole group going to the conference. When you question staying in such an expensive place with lodging at a fraction of the cost across the street, they point out that your agency is paying for it so it is no problem.

When back in your host country dining out, others want to eat at a very expensive restaurant with lots of “atmosphere.” You think about the little cash you have left at the end of the month for food for your own family and suggest a more modest restaurant. They say not to always be so concerned about money, that you can’t really enjoy things when you are.

In a committee meeting deciding on a new building, other missionaries vote to borrow the money and begin right away even though your field has only about one-tenth of the funds, and getting more is unlikely. They say build now; pay later. You suggest building without borrowing. They chide you for your little faith, saying that people will give when you begin.

Can some general principles be applied in all situations, or does each instance have to be considered individually? Does it make a difference if agency funds, your expense account or your personal funds are involved? What about designated versus undesignated funds? Let us consider these questions.

Agency Funds: Designated

When people have donated money for a particular project, such as building a hospital or student scholarships, there should be no question. The only ethical thing to do is to spend all of that money on the project for which it was given. Anything else is dishonest.

Agency Funds: Undesignated

Sometimes the home office sends funds to a group serving in another country and tells that group to use the money where most needed. If the home office specifies one person to make decisions about the funds, he or she is the one to make those decisions. However, the home office often leaves it up to a committee or even everyone serving in that country to decide how the money should be used. Then everyone is

responsible for the decisions made. When this is the case, a variety of things may occur such as:

- Competition for funds
- Pet projects promoted
- Personal power used
- Interpersonal problems

When this is the case, those present must develop a way to make decisions between such things as:

- Saving versus borrowing
- Faith versus presumption
- Cost versus quality
- Simplicity versus luxury
- Spending versus investing

People have different values on such things, and many hold those values dear. Some people may become quite angry when the group as a whole makes decisions that violate their values.

The best way to make such decisions is to come to a consensus through extended discussion and prayer. However, if such consensus is not reached, each agency should have a way of making group decisions, such as Roberts Rules of Order (older editions available online). Though the procedure of making motions, seconding them, discussing them and then voting on them may seem tedious, this formal procedure is often needed. Then when the decision is finally reached, everyone must abide by the decision and not grumble or agitate.

Ministry Expense Accounts

Most agencies have an account in which funds are available for missionaries to use for projects and people they serve. Each missionary is responsible for how the money in that expense account is used. This is analogous to the wealthy man described in Luke 19. In that passage, each person was given money to manage and was held personally accountable for the results.

We often refer to this as “stewardship” in which the steward is the manager of money. A steward is literally a sty-ward, the ward (keeper) of the sty (pen) of someone else’s animals—the wealth of people in biblical times. He was the one to manage the wealth of another.

Missionaries today should understand this with little difficulty because many people out of their passport cultures for several years at a time give someone power of attorney. This person (steward) can then do such things as deposit money, write checks and

manage financial portfolios (if they have investments) while the missionaries are out of the country.

Although most people do not do it formally, Stanley Tam, Founder and President of U.S. Plastic Corporation, formally and legally made God the owner of his business. In 1955 while in Columbia, he sensed that God wanted him to be an employee, so he now works for God and receives a salary like any other employee. Millions of dollars of profits have been administered by a foundation whose purpose is to establish churches in third world countries.

Though you may not legally become an employee of God, you are in fact the steward of the money given for His work as you invest it in people and projects in countries other than your own. You should always keep that attitude, an attitude of managing God's money.

Personal Salary Account

With our Western emphasis on individualism and private property, we tend to think that the money paid to us for our work is "ours," that we are responsible to no one for how we spend it. However, we must remember that everything belongs to God, and we are stewards of whatever we have here on earth. We do have control of it, but as stewards managing the money He has given to us.

Like the stewards in Matthew 25, we are all given different amounts of money to manage. Some of us have enough to meet our needs and much left over to spend in other ways. Others of us have barely enough to live on. God expects all of us to be good stewards of whatever He has given us whether ours is twice what others have—or whether ours is half of what others have.

Certainly we are to use the money to care for ourselves and those in our family. We are to use it for the needs of our family, including the need for recreation and leisure. God does ask us to give at least a tithe of this money to Him, but He also appreciates an offering as well. We must remember that God counts money quite differently from the way we do. When Jesus commented on the woman who gave two small coins out of her poverty, He said that she had given more than those who had given large amounts of money out of their wealth. God looks at how much people have left. The question is not how much of our money we give to God, but how much of God's money we keep for ourselves.

For many years, R. G. LeTourneau (founder of LeTourneau University) lived on 10 percent of his income and gave away 90 percent to Christian work, especially missionary efforts in Africa and South America. We may comment that we could do that with his income, but even when his business was in financial jeopardy, he continued giving his sacrificial pledges to Christ's work.

Personal Gifts

You may be thinking that personal gifts given to us are certainly ours, not God's. There is no indication in the Bible that this is the case. We are stewards of whatever we have whether it is given to us because of our work or whether someone gives it to us as a gift. The same principles apply.

From the beginning, human beings have been stewards of God's property. In the early chapters of Genesis, Adam and Eve were placed in the garden to till and keep it. All of creation was God's and they were to care for it.

For a more complete treatment of this topic as well as other topics, please visit www.missionarycare.com. Also please let your non-medical colleagues know about these free resources.

Center for Medical Missions

PO Box 7500

Bristol, TN 37621

423-844-1000

www.cmda.org/cmm