The Center for Medical Mission's *e-Pistle* September 2013

Here it is time for another e-Pistle. With this issue I begin an every other month schedule for the e-Pistle, so the next version will not be until November. I've been happily blessed with much information to share with you. I realize this issue is long but you will definitely want to go through it to find the pearls meant especially for you.

If you are in the states in November, I hope you are planning to attend the Global Missions Health Conference at Southeast Christian Church on November 7-9 in Louisville, Kentucky. Please stop by to see me at the Center for Medical Missions booth which will be located in the center aisle of the main floor exhibit booth. I'm almost certain to be there as I rarely leave the booth during the conference. I hope to greet many of you.

Here's what you will find in this issue:

If I can be of help to you or your ministry, please don't hesitate to ask.
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Cura Animarum
by Rev. Stan Key

Where The Battle Is Won... Or Lost

"You are gods, sons of the Most High, all of you"
(Psalm 82:6, ESV).

Deep within every human soul resides a kingdom where self is sovereign. In this little fiefdom of autonomy, the unholy trinity of me, myself and I reigns supreme. Here, I sit on the throne of my life enacting decrees, making judgments, forming decisions and controlling my destiny. Outside, I must adjust and even submit to the reality of others

and their little kingdoms. But here, within my inner citadel, I'm in control. Not even God will violate the borders of my kingdom within. Biblical psychology calls this inner kingdom "the will." In no other aspect of our being are we more like God than in this capacity to exercise sovereign control. Indeed, as far as this kingdom within is concerned, we are "gods" (Psalm 82:6). The Bible has much to say about the will.

1. **The will is the only thing I really possess.** One day all my earthly belongings will disappear: wealth, talents, health, possessions, etc. Ultimately, the only thing I truly possess is my will.
2. **The will is the only thing God really wants.** The gospel makes it clear that what God really wants is not my money, time or talents. He wants me! He wants my will. This means abdicating the control center of my life so that He can reign uncontested as sovereign Lord. The only thing I really possess is the only thing God really wants.
3. **The will is twisted.** But here's the rub. The moment I begin to discover Christ's intention to rule in my heart, I discover that His will and my will are in conflict. What He wants, I oppose. And what He detests is the very thing I want. The thought of abdicating control strikes terror in my heart. I don't want what He wants! (Genesis 6:5)
4. **The will must be conquered.** Like a wild horse, an untamed soul must be broken. The will must be conquered. Until this happens, I will be like a wild stallion, impressive to watch from a distance perhaps, but useless for God's purposes.
5. **Victory through surrender.** In this battle, victory comes through surrender, not when I get my way but when He gets His! I win when I lose. But surrender is harder than it looks. *"I have the desire to do what is good, but I cannot carry it out"* (Romans 7:18b, NIV 2011). No one abdicates control without divine help. The Good News is that grace can do what I can't. He enables me *to will and to do* what I know I should (Philippians 2:13). But I have to ask for His help. I have to be willing to be made willing!

Friend, who sits on the throne of your life? Ultimately, there are two options and only two: my will be done…. thy will be done. Neutrality is impossible. Not to decide is to decide. What will you choose?

At the Summit *David Stevens, MD, MA (Ethics)*

Most mission organizations doing healthcare outreach have less than 5 percent of their missionaries involved in that type of ministry. SIM is an exception with more than 200 healthcare missionaries, and that number has grown by 25 percent in the last few years.

These same organizations historically have not communicated with each other about their medical mission outreaches. Everyone was out creating or recreating "the wheel" in their type of ministry. Even outreaches in the same country often did not know what

the mission hospitals, clinics or community health outreaches down the road were doing in any detail. The reason? Everyone was too busy to drop by another group's ministry and that group was too busy to sit down and talk with them.

CMDA's Continuing Medical and Dental Education events in Africa and the Far East that started in 1979 have allowed some cross-pollination over meals, but otherwise those attending were busy attending classes or going to spiritual life events. That is why CMDA's Center for Medical Missions started an annual Mission Executive Summit in 2008, inviting leaders from across the U.S. to spend two days each year networking, learning from each other and discussing how to more effectively accomplish the Great Commission through medical missions.

As I write this in early September, I'm on my way back from Charlotte, North Carolina where we just finished this year's summit. We focused a good bit of our time on spiritual ministry and church planting. Some large mission organizations have moved away from medical missions believing their focus should be on church planting and taking the gospel to unreached people groups. If done right, I believe medical missions is one of the best ways to penetrate the 10-40 Window and take the gospel where traditional missionaries have a difficult time finding long-term access.

A total of 17 organizations were represented with 38 executives and physicians in attendance. It was a rich time with presentations, lots of discussion and plenty of networking time. Let me share some highlights that might help you in your own outreaches.

Dr. Vinod Shah, the CEO of the International Christian Medical & Dental Association, shared about his many years leading the Emmanuel Hospital Association, a group of 30 indigenized former mission hospitals in northern India's tribal areas where they reach Hindus and Muslims. Through his teaching and the discussion that followed we learned:

- It is not about evangelism but about **transformation**. It is not about how many people that raise their hand or pray a salvation prayer but about how many people become disciples of Christ.
- To be effective, a **system** has to be established in both institutional and community programs. As much or more planning and effort needs to be put in to developing a clear mission, vision, value, measurable goals and strategies for your spiritual outreach as for your medical outreach. Personnel and money must also be allocated to make sure you are accomplishing what you set out to do. This includes regular assessments of your program's effectiveness. For example, a system could include services daily in different parts of the hospital, a 24-hour call schedule for chaplains to deal with crises, chaplains making rounds on every ward and a follow-up program for seekers in the community.
- **Visit other mission medical ministries** and learn from their spiritual outreach successes and solve their problems in your own facility.

- **Train, train and train** some more for every level of personnel in your outreach – chaplains, doctors, nurses, auxiliary personnel and the administration. Teach the "why" and the "how" of effective ministry.
- **Partner** with church planting non-governmental organizations and your local church in ministry. In India, they provide housing in or close to the hospital compound for national missionaries and have them work alongside their chaplain. They especially use them in follow-up of those converted to disciple them, get them incorporated in a local church or establish a new house church.
- **Teach** your church planting/follow up people skills that will help them to be acceptable in the community. They have taught these church planters health skills including elementary physical diagnosis and then had them consult with a doctor at the mission hospital by cell phone for advice and get a prescription for the patient. This opens doors for the gospel.
- With difficult to access groups like Hindus and Muslims, they have broken the ice with **interventional prayer strategies** where they pray for a person who is sick, that someone will find their lost cow or that God will help a village to find water as they drill a water well. As people see prayers answered, they are drawn to the gospel.
- **Measure results** so you can see progress or change strategies.
- Formally **train your chaplains**. Just because someone is a pastor doesn't mean they know how to be a chaplain. If possible, have it done in a place that already has a successful chaplaincy program. It was noted that Tenwek Hospital has a chaplaincy school for Africa.

That wasn't all that was addressed. There was lots of discussion about better preparation for new medical missionaries beyond what their mission organizations give them to specifically help them with the challenges of healthcare outreach. A task force has already outlined 25 areas where training is needed and a white paper is being prepared to circulate among organizations. There was a consensus that CMDA needs to lengthen and broaden its missionary orientation training beyond its present three-and-a-half day format.

Will Rogers, who runs the Global Missions Health Conference, video conferenced with the group and described many of the new medicalmissions.com features. Check it out. Working with Service Reef, a whole new component is coming online this year that will allow "one stop shopping" for students and graduates who want to go on short-term medical mission trips. I encourage you to feed stories from your blogs, prayer letters or Facebook to this site. It will widely broaden your impact.

We asked Trans World Radio representatives to share and demonstrate their **"Hospital Radio" programs** and the technology to use them. Using excellent radio programs from their huge library of resources, they have put together numerous two-hour a day CD/DVD packages that can be played through the loud speaker system, individual "pillow speakers" or over a low wattage FM transmitter into the hospital. Each program is short and often done in a story format. Some are targeted toward children while others are geared toward adults, and they cover a wide range of interests from health

topics to farming and from raising children to Bible stories. At low cost you can add a wonderful new facet to your spiritual and patient ministry. The programs have received rave reviews from their hospital beta test sites. For more information and to get access to this valuable resource, contact Bill Mial, who created and heads the project.

And much more…

God has used this summit to improve and expand medical mission outreaches around the world through the Mission Executive Summit. The Center for Medical Missions looks forward to continuing to host these annually in the years ahead.

Things You Should Know

Engineering Ministries International (EMI) - A Christian ministry that designs facilities that serve the poor in developing countries. These facilities (including hospitals, orphanages, schools, clean water projects and more) directly impact communities by meeting physical needs and communicating God's love in a practical way.

MSAADA Architects - A Christian company that provides design, engineering and construction oversight support internationally. They have lots of experience designing hospitals in tropical areas

One Hundred Fold creates technology to reach the unreached. They build websites, phone systems, mobile apps, security devices and whatever else is needed to communicate the gospel. They help other ministries use technology to reach new people and follow up with those who receive Christ. Of special interest might be the Cloud phone project.

Solar Energy Charger for Your Phone - A recently started Solar Energy Company sells a solar charger that will charge cell phones and other electronic devices. The solar charger will be very beneficial for health workers traveling abroad in remote areas who may not have access to electricity all of the time. The charger is the size of a book and weighs less than a pound. It attaches easily to a backpack or bag and is very durable.

Mr. Collins, the owner, spent several years in the Peace Corps in Honduras and knows how difficult it can be to maintain communication in remote areas of the world. You can learn more about this solar charger at www.cieforsolar.com. The solar charger normally retails for $79.99, but Mr. Collins is willing to sell them to CMDA workers for $49.99. joecollins9@gmail.com

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Educational Opportunities

Free Online CME: http://www.mededcafe.com/page/7/Frequently-Asked-Questions

Missionary Medicine for Physicians: Offered by EQUIP International in Marion, North Carolina on October 23-27, 2013. It is expected to offer 24.75 AMA PRA Category 1 Credits. www.equipinternational.com/training-courses/physicians.htm

Samaritan's Purse International Health Forum is a weekly health forum and webinar hosted by Samaritan's Purse. The webinar is designed for participants to stream in live and engage in didactic presentations and discussions involving international health related topics in a relaxing and friendly environment. Each week the webinar hosts a different speaker who is a field health expert to facilitate the discussion. The discussions are quite varied in terms of subject matter, but involve all things relevant to international health, from treatment of infectious and noninfectious disease processes, to health promotion and prevention, just to name a few. The purpose of the webinar is not exclusively educational in nature, but rather to promote engagement and collaboration amongst numerous Christian organizations. The webinars are recorded, which enables participants to listen to the sessions at their own convenience. Each weekly webinar begins at 12 p.m. (Eastern Standard Time) Wednesday, and lasts for one hour. Everyone involved in international efforts promoting the health sector is welcome to get involved in this engaging and stimulating international health forum. To get involved, submit your name, medical specialty and email address to medresponse@samaritan.org.

Meetings Concerning Education in Missions

PRIME (Partnerships in International Medical Education)
In advanced countries, medical services focus on the mechanistic and technical as markers of high quality care; majority world countries often seek to follow this example.

But how, in any society, can the compassionate care and gospel of Christ be integrated into therapeutic and preventative healthcare practice, whatever the resources at hand? What paradigm is used when we deliver, model and teach about patient care? How does our thinking and engagement with patients map on to their physical, emotional, spiritual and social needs in a way that promotes their most effect healing and their experience of God's love?

PRIME invites you to join them for the Global Missions Health Conference Pre-conference event where in interaction sessions we will look at the concept and practicalities of delivering whole person medicine – wherever you work. The conference will be November 6-7, 2013, beginning at 2 p.m. on the 6th. If interested, please contact PRIME at admin@prime-international.org.

For Those Involved in Global Primary Care and Family Medicine Ministry
At the last four Louisville Global Missions Health Conferences, a number have been

learning about each other's involvements in global primary care and family medicine at a Thursday early afternoon "pre-meeting." We wanted to consider ways to be of service to one another and the needs of primary care/family medicine service and education around the world.

This year will be different. In collaboration with In His Image, the Institute of Family Medicine will be officially *launching their new collaborative ministry and website – Medical Education Missions*- which can be found at: www.medicaleducationmissions.org. You will find links to other groups interested in educational aspects of medical missions. The main thrust of this new network will be to establish an affiliation of *ministry career coaches* to encourage and advise (at first) residents and practicing physicians in their call to be of service as mentors and disciplers in a cross-cultural context. To borrow from Dr. Neil Thompson, we want *to be there for* **I**nformation, **C**ommunication, **E**ncouragement, **I**nspiration, **N**etworking and **G**uidance. Come and share your interests and needs for such a service.

This meeting will be held Thursday, November 7 at 1 p.m. in the Education Building of Southeast Christian Church. Visit the information booth inside the main doors to find out which room. We'd like to hear from any additional groups that work with primary care or family medicine development in underserved and majority world contexts.

For more information and/or to RSVP, please contact Bruce Dahlman at bdahlman@aimint.net

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An Open Letter to Medical Missionaries

By Phil Thornton
Global Impact Missions

Over the past several years, it has been my privilege to work with medical personnel who are serving on the mission field or are in preparation for going to the mission field. These experiences have allowed me to gain some insight into the concerns which medical professionals face every day, whether overseas or here in the U.S. What follows is my response *(as a cultural anthropologist, theologian and missionary)* to the dilemmas which challenge doctors, nurses, dentists, physical therapists, etc. who have responded to God's call upon their lives for cross-cultural service.

The pressure point which surfaces repeatedly in talking with medical personnel is "time." There is never enough of it to meet the demands of the job! And what is true in the U.S. is even more dominating in the missionary context! How much time should a doctor spend with a patient? Should all "spiritual issues" be delegated to national staff while medical personnel focus strictly on physical needs? Or should missionary doctors, nurses, etc. willingly enter into discussion of spiritual needs with a patient? Certainly, the physical needs alone of so many are overwhelming. These stresses are very real, so I do not make the following observations and suggestions lightly.

In the United States, doctor and patient "face time" is driven by the dollar. Insurance companies and healthcare corporations ration the time doctors spend with patients. Time indeed is money. In contrast, a medical person arrives at his or her overseas assignment and suddenly their time is no longer controlled by money but rather by the tremendous need. The line of people waiting for medical care snakes out the door and down the road. How can they all be seen before nightfall? How can physical and spiritual needs be met in this environment? The pressure produced by need in the missionary context is at least equal to if not greater than the pressure produced by money in the secular context.

Granting the reality of both scenarios (i.e., the doctor/patient relationship controlled by *dollars* or by *need*), let's consider a third option. Instead of allowing time or need to dictate, can we allow the *Holy Spirit* to be the controlling factor? Give me a chance to explain before you react too strongly.

Every believer, no matter how weak, how imperfect or how immature his/her Christian experience, still has the indwelling of the Spirit.

Romans 8:9 (NLT)
But you are not controlled by your sinful nature. You are controlled by the Spirit if you have the Spirit of God living in you. (And remember that those who do not have the Spirit of Christ living in them do not belong to him at all.)

Scripture tells us that the Holy Spirit is there to guide us in every detail of our lives.

Galatians 5:25 (NLT)
Since we are living by the Spirit, let us follow the Spirit's leading in every part of our lives.

Rather than be driven by overwhelming need, is it not possible to give the Holy Spirit a chance to lead you when it comes to the amount of time you spend with a patient? Can we let His wisdom prevail?

I am not arguing that all "practical" concerns be set aside such as the seriousness of the problem you are facing in a patient. Certainly a patient with a superficial wound might not demand your time (spiritually or physically) as one is fast approaching death's door! But I am suggesting that, as missionaries who have been called to share the Good News of God's salvation, let's keep the leading of the Holy Spirit very much in the forefront of our decision-making!

I am not unaware that your colleagues (national and missionary) may raise eyebrows if they feel that you are not carrying your fair share of the patient load. Don't be afraid to share with them what you are doing and why, even if they do not wholly share your convictions. You are not trying to produce guilt in them for what they are or are not doing. Rather you are simply sharing with them how God is leading you to carry out your ministry.

Two further questions: If you do sense the prompting of the Spirit to move beyond the physical to the spiritual needs of a patient, *are you willing to do so* and *are you prepared to do so*? As I have listened to conversations among medical personnel, I have noticed a close connection between these two. In other words, if a doctor or nurse or dentist has confidence in their ability to wrestle with the spiritual needs of a patient, they are much more willing to go there. The implications of my observation are obvious. Being a missionary doctor/nurse, dentist, etc. requires knowledge in more than medicine. This thought may be disconcerting given the amount of time you have spent in medical training alone. But in many ways it is not unlike any other missionary who goes to the field with a "specialization" (and most missionaries do these days).

In Kenya, missionaries talk about the big five: the elephant, the lion, the Cape buffalo, the leopard and the rhinoceros. Using the big game analogy, I propose the following as the **big 5** for medical missionaries.

1. Medical training. This you will have. You will bring to the field a high level of expertise in medicine. It is likely that your skills will be far greater than the nationals with whom you work. There will be the challenge of learning which medicines are available to treat what problems and what procedures will need to be modified due to the lack of equipment, and, yes, you will face medical issues you would probably never see in the U.S. But you are well prepared and your knowledge and creativity will stand you in good stead.

2. Cultural understanding. Cross-cultural training has probably not been a part of your education prior to your mission assignment. Yet, knowing the local culture will be critical to the success of your medical practice. How they "see" the world in which they live (i.e. *worldview*), how they think (*ways of thinking*), what their body language is saying (*ways of acting*), how they interact with you and others (*ways of interacting*), how they make decisions (ways of making decisions).the list of cultural issues is long, but these issues are critically important as you, the doctor, nurse or dentist, interact with the patient. Cultural knowledge will give you more flexibility and confidence when addressing both the physical and the spiritual issues of a patient.

3. Spiritual discernment. Is the patient's problem caused by disease or are they in bondage to demon harassment or possession? Is the patient telling you the whole story? Are they telling you the truth? If not, why not? What is the real reason for their visit to the doctor? Are they trapped in a worldview of fatalism (the gods willed it this way)? Do they really understand your questions or the instructions you have just given them? Will they use the medicines you have prescribed correctly? The words of A.W. Tozer are very apt here:

"Among the gifts of the Spirit scarcely one is of greater practical usefulness than the gift of discernment. This gift should be highly valued and frankly sought as being almost indispensable in these critical times. This gift will enable us to distinguish the chaff from the wheat and to divide the manifestations of the flesh from the operations of the Spirit."

4. Biblical knowledge: Time in the Scriptures is absolutely necessary for our own spiritual wellbeing and for rendering spiritual counseling to a patient. As issues arise for which you do not have an answer (and they certainly will), use them as the launching pad for digging deeper into the Bible for an answer. Just as you turn to your medical books for instruction concerning a medical procedure, do the same with God's Word concerning spiritual issues. Don't hesitate to become a "theologian," *".a worker who does not need to be ashamed, rightly dividing the word of truth"* (2 Timothy 2:15, NKJV). And never forget, the Holy Spirit who prompted you to open the spiritual door with that patient is the same Holy Spirit who will give you wisdom as you walk through that door. Christ Himself was dependent upon the Holy Spirit for power to perform the duties of life.

Luke 4:18-19 (NLT)

"The Spirit of the LORD is upon me, for he has anointed me to bring Good News to the poor. He has sent me to proclaim that captives will be released, that the blind will see, that the oppressed will be set free, and that the time of the LORD's favor has come."

Let His anointing be your guide and sufficiency!

Acts 10:38 (NLT) *And you know that God anointed Jesus of Nazareth with the Holy Spirit and with power. Then Jesus went around doing good and healing all who were oppressed by the devil, for God was with him.*

5. Spiritual wisdom. Knowing the "answer" to a spiritual problem and knowing how and when to deliver that message in a culturally appropriate way is a matter of wisdom. As I have said, some of this "wisdom" comes from a careful study of the local culture. But much of the wisdom you will need to treat both spiritually and physically will come from a supernatural source. But God's promises are clear:

James 1:5 (NKJV)
If any of you lacks wisdom, let him ask of God, who gives to all liberally and without reproach, and it will be given to him.

Proverbs 3:5 (NKJV)
Trust in the LORD with all your heart, And lean not on your own understanding;

As you serve Him in the places where He places you in this world, my prayer for you is that God will give you that which He gave to Solomon:

1 Kings 4:29 (NKJV)
And God gave Solomon wisdom and exceedingly great understanding, and largeness of heart like the sand on the seashore.

Wisdom, great understanding and a largeness of heart.

God will never present you with a "problem" in your ministry for which He will not equip you to respond in accordance with His will.

Another area of great concern which I have frequently heard in your conversations is that of "priorities." With the demands created by so much need, how do I balance my time? How do I avoid burnout? How do I protect my relationship with my spouse and family? How do I foster good relationships with national coworkers? These are not questions easily answered, nor will the answer I provide be satisfactory to all. God created us to be "in relationship." I believe the order of importance of those relationships is as follows:

1. **Your relationship with God:** If this is not carefully cultivated, all other relationships will crumble under the pressures of the mission field. Guard and nurture it carefully!
2. **Your relationship with your spouse and children:** The greatest missionary work we will ever do will be in our homes. Husbands, love your wives (and wives your husbands) and remember that even *"If (you) speak in the tongues of men and of angels, but have not love, (you) are a noisy gong or a clanging cymbal. And if (you) have prophetic powers, and understand all mysteries and all knowledge, and if (you) have all faith, so as to remove mountains, but have not love, (you are) nothing. If (you) give away all (you) have, and if (you) deliver up (your) body to be burned, but have not love, (you) gain nothing. Love is patient and kind; love does not envy or boast; it is not arrogant or rude. It does not insist on its own way..."* (1 Corinthians 13:1-4, ESV). And if I could add to Paul's list, even if you perform medical miracles for thousands, and do not show love for your spouse and children, *you gain nothing*. Carve out uninterrupted time for your family!
3. **Your relationship with national coworkers and national church personnel.** You may be surprised that I have included this above relationship with your patients, but remember, long after you are gone from the field, these national workers will still have their hand to the plow. Spend time with them. Teach them. Love them. Disciple them. Consider the words of an old Chinese philosopher, Lao Zu, spoken 700 years before the time of Christ.

   Go to the people. Live with them. Learn from them.
   Begin with what they know. Build with what they have.
   And when the work is done and task is accomplished,
   The people will say, we have done this ourselves.

4. **Your relationship with patients.** The doctor-patient relationship has been and remains a keystone of good care. That relationship is the means by which important data is gathered, diagnoses and plans are made, compliance is accomplished and ultimately healing is achieved. With the demands of so much need, it is tempting to depersonalize medical care. Yet, we know that culturally appropriate medical care is a very personal thing. Some detachment may be necessary. At least, it is likely that has been a part of your training. **BUT** keep the

door of compassion open and empathy with your patient alive. Keep your medicine every bit as much high touch as high tech.

Remember, in the final analysis, God has not called you to be a success, but to be faithful. Your ultimate goal as you stand before the throne is to hear these words, *"Well done, good and faithful servant..."*(Matthew 25:21, ESV).

Two final thoughts.

May I suggest that your daily prayer be the same as that of Solomon:

2 Chronicles 1:7-10 (NKJV)
On that night God appeared to Solomon, and said to him, "Ask! What shall I give you?" And Solomon said to God: "You have shown great mercy to David my father, and have made me king in his place. Now, O LORD God, let Your promise to David my father be established, for You have made me king over a people like the dust of the earth in multitude. ***Now give me wisdom and knowledge, that I may go out and come in before this people.***

And a word of encouragement.

Jeremiah 1:4-8 (NLT)
The LORD gave me this message: "I knew you before I formed you in your mother's womb. Before you were born I set you apart and appointed you as my prophet to the nations. Don't say, 'I'm too young,' for you must go wherever I send you and say whatever I tell you. And don't be afraid of the people, ***for I will be with you*** *and will protect you. I, the LORD, have spoken!"*

Blessings,
Phil

From Susan: Phil does the cross-cultural training at our Pre-field Orientation course for new medical missionaries. He carries a burden for medical missionaries as they seek to serve the less fortunate in cross-cultural settings. He would love to be a resource for you if you have something about which you would like to dialogue. philthornton@windstream.net.

Those Who Stay When Others Leave
By Dr. Ron Koteskey

Imagine the following situation. Carlos and Maria have completed their term of service and are going “home” for at least a year. Their children, Jose and Susi, are reluctantly going with them. At the airport, Peter and Martha along with their two children, Billy and

Betsy, have just told them goodbye and now their whole family is in the car headed back to their home. All four of them are lost in their own thoughts.

- Peter has mixed feelings. Carlos was an effective field director, but he expected everyone to be a workaholic like he was, so the pressure will be off. Unfortunately, Peter now has to serve as field director even though he dislikes administration, and it means he will not be able to spend much time on his ministry to street kids.
- Martha is happy. She majored in accounting but has not had a chance to do much of it because Maria was field treasurer. Now Martha will be able to use her skills.
- Billy is sad. Jose was his best friend, and now he will be almost the only boy there.
- Betsy is relieved. Susi teased her and made fun of her much of the time, and now Susie will not be around to do that.

People usually think about the effect of goodbyes on the people who are leaving. However, such goodbyes also have a variety of effects on those who remain. Some effects are positive, but others are negative. This brochure is about the negative effects on those who stay.

What does the Bible say about those who stay?

Acts 20 and 21 describe several goodbyes, and three of them report the effects on those who stayed. Here is what happened to those who stayed when Paul said goodbye to the leaders of the church at Ephesus (Acts 20:36-38).

- They all wept.
- They embraced him.
- They kissed him goodbye.
- They grieved because he had told them they would never see his face again.
- They escorted him to the ship.

Later Paul spent a week with disciples in Syria, and here is what happened as he said goodbye to those who stayed (Acts 21:4-6).

- They urged Paul not to go on.
- The disciples, their wives and their children escorted Paul out of the city.
- They all knelt on the beach to pray.
- They said their goodbyes and returned home.

Still later Paul spent a number of days with Phillip and his family in Caesarea. When Paul was about to leave, here is what the people staying there did (Acts 21:12-14).

- They pleaded with Paul not to go on.
- They wept and broke Paul’s heart.

- They finally gave up and said, “The Lord’s will be done.”

Note that parting was very difficult for those who stayed. They asked Paul not to leave, and often wept as he left. Parting was certainly not easy for those who remained in the Bible, and it is often not easy today.

Who stays?

Of course, many people stay when missionaries leave, but here are some of the most common ones that have to stay.

- Family members at “home.” Retired missionaries may have difficulty when their TCK children and grandchildren leave to serve in another culture.
- Colleagues at “home.” Missionaries serving at headquarters may find it hard watching friends leave for service in other countries.
- Colleagues in host country. Missionaries who have to stay when others transfer to another part of the country, another field or leave for their home ministry assignment.

Children may react differently to being “left behind” than adults do. Adults usually understand why others leave, but young TCKs may react negatively when their best friends are suddenly taken from them. If adults explain it by saying that God has called the other family to another place, the children may blame God for it.

Parents need to remember that nearly half a century ago Elizabeth Kubler-Ross found that those, including children, who experience grief may deny the loss, become angry about it, try bargaining to prevent it or become depressed before they accept it. These are all normal reactions to loss.

What happens to those who stay?

Whenever a missionary on the field leaves, a new system or structure will emerge. If the departing missionary was the leader who represented the agency in the country, someone else will have to take that place. If that person was responsible for finances, someone will have to become treasurer.

Even if the departing missionaries did not hold “official” positions, they held positions in the social structure of the field. This means that remaining people will find themselves in new roles even if they would rather not assume those roles.

- Some may find themselves “promoted” to administrative positions even if they do not want to be leaders.
- Others may find themselves assigned positions they are not “qualified” for, such as being treasurer when they have no financial training.
- If the person who left was a bubbly extrovert who loved to plan parties, which of the remaining people (all introverts) will play that role?

- If the agency wants to continue the ministry the departing missionary originated, and everyone else has their own ministry, who will take on that new ministry? The list can go on and on.

What are the effects on those who stay?

Those who stay may be delighted to see a workaholic field director gone or they may have feelings of loss and grief when an encouraging one leaves. The range of negative emotions may range from minor disappointment to major depression.

- Disappointment because friends are leaving.
- Loneliness from missing friendly faces.
- Betrayal because friends left though they had said they would stay.
- Anger that they are abandoned by friends.
- Anxiety because those left do not know what to do.
- Grief because of the great loss of their leaving.
- Depression from unresolved grief.

All of these can lead to a very difficult time on the field.

What can be done by those who stay?

Those left behind need to realize that they are going through a transition very much like those who go. They are entering a different situation but not moving to a different place. A good beginning is to build a RAFT like those who leave often do.

- Reconciliation. Resolve any hard feelings between them and those who are leaving
- Affirmation. Tell those who are leaving how much they are appreciated.
- Farewells. Say goodbyes to those who are leaving.
- Think Future. Begin to make plans for what must be done right where they are.

As those who stay build their RAFT, they need to remember that they want to accomplish two things: First, they want to create a way that they can keep in touch with those who are leaving. Second, they want to build a new life with others who remain. In this digital age, developing a way to keep in touch is relatively simple.

- Exchange email addresses with everyone as you bid them farewell. Everyone probably already has these, but make sure.
- “Friend” those who are most important on Facebook or some other social network. That way those who stay and those who leave can post information about themselves and keep up with each other.
- Exchange Skype names with closest friends too so that they can converse “face-to-face” in the future.

As they develop these ways of communicating, both those who stay and those who go must remember that many of these relationships will become more distant as they all build new lives with those present in the near future.

Second, as they think about their new life with others who remain and new people who come, they begin to develop other relationships. Consider the following items.

- Others who also stayed have many of the same losses and are looking for new friends. Social situations change, so people they already know may become friends and confidants.
- New people may come to the field, and they will be looking for new friends. Those who stay may be able to help them adjust—and make friends while doing that.
- Those who stay may consider the broader missionary "family" in their area including people serving with other agencies.
- They may try new things and doing things in new ways. While doing so, they may make new friends.

Above all, they need to feel free to grieve their losses during this time of transition. This just "comes with the territory" of missionary life, so everyone needs to expect it and make the best of it. As time goes on, new relationships will develop. These relationships will not the same as the old ones, but some may be even better.

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

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