



# Center for Medical Missions

*A ministry of Christian Medical & Dental Associations*

## **March 2013**

Welcome to this issue of Your Call. If you are like most people, you are anxious for spring and warmer weather. I am more than ready, but then I remember that when it is 90 degrees I am complaining about it being too hot. Still it is nice to see the daffodils and the flowering trees remind us that spring is almost here.

Thank you! Thank you! Thank you! About a dozen of you took the time to share your thoughts about what a medical missionary mentoring relationship might look like. It would have been good to hear from more, but since everyone shared about the same thing, I believe we have a pretty good idea of what a mentee might desire. Will you please pray that I, and a couple others who have expressed interest in helping develop a mentoring program, will actually find the time to plan? My schedule is already too full, so it is hard to think of taking on something else, but I realize this is important. So I will appreciate your prayers.

Scott Reichenbach is making progress updating our international rotation handbook. Since he is doing this as a volunteer, I have not asked him for a target date. But as soon as it is ready, I will let everyone know. It will be a bigger and better handbook when Scott finishes as he is thoroughly researching everything. I am so grateful for his help!

Remember that you can always reach [Daniel Tolan](#) or [myself](#) if you have questions.

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## Where the Battle is Won ... Or Lost

by Rev. Stan Key

"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 7:18, NIV). 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?

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### **Orientation to Medical Missions**

Our Orientation to Medical Missions Conference is quickly approaching. I believe we have the schedule prepared and all the speakers identified for the conference scheduled for July 25-29, 2013. This session will be for WMM Post Residents and missionaries under appointment by Christian Health Service Corp. We expect to host a second conference, either on the days immediately before or after the conference. We will make that decision within the next week or two. If you plan to be in the field by July 2014, this will be your opportunity to participate in an orientation course designed specifically for new medical missionaries. Previous participants would tell you that if at all possible, you should participate in this conference. We have purposefully designed it for both the medical missionary and his/her spouse.

This year the conference will be held at Jubilee Retreat Center in Abingdon, Virginia. That's just up the road from Bristol. This will allow everyone to stay in the same place, facilitating fellowship and saving lots of driving time to and from the hotel to CMDA's headquarters. You can find more information at [www.cmda.org/orientation](http://www.cmda.org/orientation). If you are interested in participating in a conference, please let me know right away. You can email me at [susan.carter@cmda.org](mailto:susan.carter@cmda.org).

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### **Turbocharging Community Health - Part 3**

by David Stevens, MD

Continued from February

5. If You Haven't Measured It, You Haven't Done It - What have you really accomplished through your efforts? That is a huge question you, and especially present and prospective funders, want to know. Are your investments in planning and execution bringing dividends? How big of a dividend? What is working and what is not? What do you need to change to make what is not working actually work?

So what do you measure? You need to decide that first. What are the key indicators to show that you are lowering morbidity and mortality? What things need to happen to demonstrate that you are successful in making your target populations healthier?

If people build and use pit latrines, studies show there is a decrease in parasite infestations, diarrheal disease and other problems, so you may want to measure that. If a family has a clean water source they consistently use, they will be healthier and have fewer visits to the clinic or hospital. As a result, you will decrease the cases of dehydration from gastroenteritis, so you may want to measure that. Those are just examples, but whether you are starting a program or enhancing one, you need to determine your key indicators to show you are accomplishing your goals.

Though we were anxious to hit the ground running with our program, we made sure we took the time to complete a crucial task first. We conducted a survey of 600 homes to determine our baseline. We partnered with a U.S. university to ensure the validity of our survey instruments and to subsequently do an objective analysis of our data. To avoid surveyor bias, we hired local teachers during their school break to go house to house to collect the information. When we finished, we had great objective data that wasn't available from other sources on subjects like immunization rates, latrines and a host of other health behaviors we planned to target.

We trained the teachers to administer the survey correctly. How should they ask the questions to ensure each family understood? We asked them to visually confirm the information they were given if at all possible. If they were told the family had a latrine, they needed to verify if it was truly there and if a path was worn from the hut to the toilet. They should examine each child's "Road to Health" immunization card to verify their immunizations, see if the family had a raised fireplace, check if they were boiling their water and much more. We wanted good data to show where we were so we would clearly know our successes and failures in bringing change to the community.

We then followed up by completing surveys of 2,000 homes every three years after the program was underway, but we did it with a new twist. We divided those homes into three groups. The first group included homes where our community health helpers had been teaching and helping their neighbors. The second group included homes with no community health workers, but the homes were located adjacent to where we had been working. We were looking for spillover from families who had been impacted and then influenced their neighbors who didn't

have CHHs. The last group of homes we surveyed was some distance away so it had no program influence. Was our baseline changing over time from other influences?

All of this took time and money, but we built the cost into our funding proposal. The results were more than worth our efforts. We had concrete data to guide our efforts and our funders clearly saw the return on their investment. In fact, the data was so dramatic to USAID that the American ambassador visited the program. Some of the programs we visited before we started our program visited us to learn our methods. Established outreaches and those planning to start programs came from many countries to see our techniques.

Over time, surveys show change, but a snapshot every three years is not enough. You also need to measure effort and change every month to measure your progress, identify problems and motivate your staff and volunteers.

It is no different than when you were in school. When the teacher told you that certain information was going to be on the exam you studied and learned it. When a paper was going to be 30 percent of your grade, you focused on doing it well. The same is true with your staff and volunteers, so ask them to report regularly.

What indicates effort? These questions help answer that question, but you may think of others. Are they visiting new homes? Are they revisiting families to teach new concepts? Are they sharing the gospel? Are they working to make their home healthy as a good example?

You also want to measure change because effort is not enough. A CHH may be working hard but is ineffective. That is a red flag to their supervisor to spend time with them to find out why. Is it their communication technique? Are they teaching the lessons wrong? Are they rushing their engagements? Are they not accepted in their community for some reason?

You will likely have more interventions than you can reasonably ask your volunteers to report on. What are the most important ones for improving health? What are your funders most interested in? Our program had 25 teaching focuses, but the primary purpose of our funding was community distribution of family planning supplies because Kenya had the highest population growth rate in the world at that time. We made sure we did enough measurements in this area to fulfill our obligation to our donor. We then looked at the behaviors causing the most morbidity and mortality and measured those indicators as well. For

example, having a clean water source obviously fell into that category. On the other hand, though we taught about having a "hanging wire" (clothes line) versus drying clothes on the ground where they could pick up scabies mites, we didn't measure that since it was of lesser importance.

For reports to be useful, people need to be able to compare their efforts and results with others. If you got an 80 percent on an exam in school, you were either disappointed or elated based on whether that was the lowest or the highest grade in your class! Measurements need context to have significance, so work out some way to report back to your volunteers and supervisors. We did that with a monthly newspaper that contained the eight or ten most important indicators for each of our health volunteers in a table. We also printed the total for each committee so each of them could compare themselves to others. This also gave us a way to monitor the effectiveness of each supervisor as they compared their health helper and committee results with their colleagues.

As you have success in one area that you are measuring and realize an area you are not measuring is not seeing the change you seek, you can change what you report. You will quickly see new effort and change as your volunteers realign their priorities.

Monthly measurements are the speedometer of your program and periodic surveys are the odometer. Don't attempt to drive your program without them.

There is one other easy way to demonstrate your success. Use the annual statistics from your hospital and/or clinics for the diseases you are trying to ameliorate. If you are focusing on clean water, look at your admission statistics for gastroenteritis and dehydration. If you have a low immunization rate and are trying to turbocharge your vaccination program in children, what is happening with admissions for the diseases you are trying to prevent? Take those yearly numbers and graph them overtime.

You may even want to do some chart audits for a specific disease. Are your measles cases coming from areas where you have been working or areas you haven't reached yet? Statistics powerfully supplement your surveys and monthly statistics.

Yes, all of this takes time but it is worth the effort. It gives you important information to guide your efforts, inform your donors, motivate your team and celebrate your successes.

To be continued next month

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### **May I See Your ID?**

by Judy Palpant

#### **"Remember Whose you are and Whom you serve."--Oswald Chambers**

"Who are you?" our neighbors asked us shortly after our arrival in Lugulu, Kenya, in 1980. "Who sent you? Are you with the U.S. government or are you missionaries?"

Their unexpected, forthright question cast me into Wonderland along with Alice, where she came upon a mysterious talking caterpillar:

*"Who... are... YOU?" said the Caterpillar.*

This was not an encouraging opening for a conversation. Alice replied rather shyly, "I--I hardly know, sir, just at present--at least I know who I was when I got up this morning, but I think I must have been changed several times since then, you see..."

"What do you mean by that?" said the Caterpillar rather sternly. "Explain yourself!"

"I can't explain myself, I'm afraid, Sir," said Alice, "because I'm not myself, you see."

Like Alice, we were in the midst of our own identity crisis. Who were we? On the road trip up the Rift Valley, with each mile, we felt crutches of family, friends and familiar places being progressively knocked out from under us.

Missionaries? Up to that moment, we avoided using the "m" word by saying a Quaker hospital in Kenya needed a doctor. In recent times, the "m" word has not been used at all in Asia or other places where medical workers serve in more covert operations. In those settings, bold labels might jeopardize lives or ministries. But at the time of our arrival in Kenya, the label had fallen on hard times for many reasons, among them the premier of the movie "Hawaii," based on James Michener's book, portraying missionaries in a negative light.

But it's tough to straddle a fence, unless you're a cat. To hold on is exhausting--always fighting the possible tipping point.

The Africans forced the question, like John the Baptist did with Jesus. From prison he sends word to Jesus, asking, "Are you the one we have been looking for?" Jesus answers with pieces of evidence--the blind see, the lame walk, the sorrowful rejoice. This is where we hoped to land--over time people would see Jesus in us--in serving patients in a mission hospital.

But the Africans gave us no probation period. Eyeball to eyeball, like Jesus before Pontius Pilate, who asked, "Are you a king?"

Jesus answered, "It is as you say." Straightforward. (Luke 23).

We were challenged to boldly step over the line and state our intentions. In the Old Testament, Joshua challenged the children of Israel to choose whom they would serve. "As for me and my house, we will serve the Lord," he declared (Joshua 24:15, NASB).

Our answer? "Yes, we are missionaries."

Feeling called of God and committed, we spoke the words. From then on, we could no longer avoid the label. We owned it both as learners and teachers. Prayerfully, we worked to live up to the name and the claim, longing to find the life of Christ in us, the *hope of glory*.

In whatever wonderland you find yourself, some caterpillar will bug you for a label. Whether you feel you can say it or not, be bold and courageous in Christ's calling.