

Doing Member Care Well

Perspectives and Practices From Around the World

Edited by Kelly O'Donnell



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Contents

Foreword	vii
Preface	ix
Introduction: To the Ends of the Earth, to the End of the Age	1

Part 1: The Member Care Context

1. Going Global: A Member Care Model for Best Practice <i>Kelly O'Donnell</i>	13
2. Developing a Flow of Care and Caregivers <i>David Pollock</i>	23
3. Christianity at 2000: Changes Today, Challenges Tomorrow <i>Todd M. Johnson</i>	33
4. Humanitarianism With a Point <i>John L. Amstutz</i>	37
5. Commemorating the Witnesses to the Faith <i>John Paul II</i>	41

Part 2: Regional Issues and Insights

Section 1: Asia

6. Challenges and Care for Asian Missionaries <i>Gracia Wiarda</i>	47
7. MK Education and Care: Lessons From Asia <i>Polly Chan</i>	61

Section 2: South Asia

8. Care for Christian Workers in India: Dark Obstacles and Divine Opportunities <i>K. Rajendran</i>	77
9. Field Care for Asian Missionaries in South Asia <i>Ab Kie Lim</i>	87

Section 3: Africa

- | | |
|--|-----|
| 10. Member Care for African Mission Personnel | 95 |
| <i>Naomi Famonure</i> | |
| 11. Member Care in North Africa: Finding Life in the Desert | 109 |
| <i>Anke Tissingh</i> | |
| 12. Mobile Member Care Team/West Africa: Our Journey and Direction | 117 |
| <i>Darlene Jerome</i> | |
| 13. Member Care Development in South Africa | 127 |
| <i>Marina Prins and Braam Willemse</i> | |
| 14. Tumaini Counselling Centre: Ten Years In/From East Africa | 137 |
| <i>Roger K. Brown and Shirley M. Brown</i> | |

Section 4: Latin America

- | | |
|--|-----|
| 15. Awakening Pastoral Care in Latin American Missions | 147 |
| <i>Christopher Shaw</i> | |
| 16. Pastoral Care From Latin America:
Some Suggestions for Sending Churches | 157 |
| <i>Pablo Carrillo Luna</i> | |
| 17. Preparing to Persevere in Brazilian Missions | 163 |
| <i>Márcia Tostes</i> | |
| 18. Holding On to the Good:
A Short Experience for Emotional Debriefing | 171 |
| <i>Eslly Carvalho</i> | |

Section 5: Arabic World

- | | |
|--|-----|
| 19. Ministering Wisely in the Middle East:
Christian Service Under Pressure | 177 |
| <i>Naji Abi-Hashem and Anneke Companjen</i> | |
| 20. Doing Member Care in Red Zones:
Examples From the Middle East | 193 |
| <i>Raymond Hicks</i> | |

Part 3: Providing and Developing Member Care**Section 1: Master Care**

- | | |
|--|-----|
| 21. Jesus Christ: The Heart of Member Care | 209 |
| <i>David Huggett and Joyce Huggett</i> | |
| 22. Joy and Sacrifice in the Lord | 223 |
| <i>Ajith Fernando</i> | |

Section 2: Self and Mutual Care

23. Giants, Foxes, Wolves, and Flies: Helping Ourselves and Others 237
Kelly O'Donnell and Michèle Lewis O'Donnell
24. Sexual Purity in Missions 249
Ken Williams
25. Surviving War as a Caregiver: A Personal Account 257
Paula O'Keefe

Section 3: Sender Care

26. Best Practice Guidelines 269
Code of Best Practice in Short-Term Mission—Global Connections, UK
Code of Best Practice in Member Care—Evangelical Fellowship of Canada
27. Care and Support of Local Staff in Christian Humanitarian Ministry. 277
John Fawcett
28. Administrative Guidelines for Remaining or Returning 289
Laura Mae Gardner
29. Reinventing Missionary Commitment 295
Kath Donovan and Ruth Myors
30. Running Well and Resting Well: Twelve Tools for Missionary Life 309
Kelly O'Donnell and Michèle Lewis O'Donnell

Section 4: Specialist Care

31. A Guest in Their World 323
Karen Carr

■ *Pastoral/Spiritual Care*

32. Pastoral Encouragement: Seven Letters to Christian Workers 331
Lareau Lindquist
33. Reviewing Personal Spirituality:
Reflections on Work With Overseas Personnel 339
Annie Hargrave

■ *Physical/Medical Care*

34. Helping Missionaries Start Healthy and Stay Healthy. 349
Michael E. Jones and Kenneth Gamble
35. Health and Safety Guidelines for Preventing Accidents 365
InterHealth and People In Aid

■ *Training/Career Care*

36. Career Development for Mission Personnel 369
Gordon Jones and Rosemary Jones
37. Training Asian Counselors for Missionary Care 377
Ron Noll and Barbara Robnert-Noll

- **Team Building/Interpersonal**
 - 38. Building Resilient Teams: The CACTUS Kit 391
Kelly O'Donnell
 - 39. The Potential and Pitfalls of Multicultural Mission Teams 399
David Greenlee, Yong Joong Cho, and Abraham Thulare
- **Family/MKs**
 - 40. Caring for Missionary Families: Applications From the Military 407
Hans V. Ritschard
 - 41. Supporting Expatriate Women in Difficult Settings 419
Annemie Grossbauser
- **Financial/Logistical**
 - 42. A Mindset and Department for Member Care 435
Bruce Swanson
 - 43. The Perils of Pioneering: Responsible Logistics for Hostile Places 445
Steve Holloway and Kitty Holloway
- **Crisis/Contingency**
 - 44. Guidelines for Crisis and Routine Debriefing 457
Debbie Lovell Hawker
 - 45. Human Rights Advocacy in Missions 477
Wilfred Wong
- **Counseling/Psychological**
 - 46. Field Counseling: Sifting the Wheat From the Chaff 489
Leonard J. Cerny II and Dave S. Smith
 - 47. The Cross of Christ in Debriefing and Ethnic Reconciliation 501
Erik Spruyt, Rbiannon Lloyd, and Renée Schudel
- Section 5: Network Care**
 - 48. Developing Member Care Affiliations 515
Kelly O'Donnell
 - 49. Global Member Care Resource List 529
Harry Hoffmann and Kelly O'Donnell
 - 50. Touring the Terrain:
An International Sampler of Member Care Books 551
Kelly O'Donnell
- Index 561

Foreword

Caynumi rejjsishunqui llapan yachacojnícuna cashgayquita, sichu charanquiman cuyapanacuyniquita juc jucnínhuan.

به همین همه خواهند فهمید که شاگرد من هستید اگر محبت یکدیگر را داشته باشید.

Si vous vous aimez les uns les autres, alors tous sauront que vous êtes mes disciples.

Kama mkipendana hivyo, watu wote watafahamu ya kuwa ninyi ni wanafunzi wangu.

你们如果彼此相爱，世人就会认出你们是我的门徒了。

Eğer birbirinize sevginiz olursa, benim şakirtlerim olduğunuzu bütün insanlar bununla bilecekler.

நீங்கள் ஒருவரிலொருவர் அன்புள்ள வர்களாயிருந்தால், அதினால் நீங்கள் என் னுடைய சீஷர்களென்று எல்லாரும் அறிந்துகொள்வார்கள் என்றார்.

En esto conocerán todos que sois mis discípulos, si os tenéis amor los unos a los otros.

Podle toho všichni poznají, že jste moji učedníci, budete-li mít lásku jedni k druhým.

አንትሙ፡ ተፋቀሩ፡ በበይናቲክሙ ። ወበገንቱ፡ ያአምረክሙ፡ ነሉ፡ ከሙ፡ አርዳአዩ፡ አንትሙ፡ አምከሙ፡ ተፋቀርክሙ፡ በበይናቲክሙ ።

Dengan hal ini sekalian orang akan mengetahui bahwa kamu murid-muridku, jaïtu djikalau kamu menaruh kasih sama sendiri.

ἐν τούτῳ γινώσκονται πάντες ὅτι ἐμοὶ μαθηταί ἐστε, ἐὰν ἀγάπην ἔχητε ἐν ἀλλήλοις.

In hoc cognoscent omnes quia discipuli mei estis, si dilectionem habueritis ad invicem.

Alla skall förstå att ni är mina lärjungar, om ni visar varandra kärlek.

بِهَذَا يَعْرِفُ الْجَمِيعُ أَنْكُمْ تَلَامِيذِي إِنْ كَانَ لَكُمْ حُبٌّ بَعْضًا لِبَعْضٍ

Le so aithnichidh na h-uile dhaoine gur sibh mo dheisciobuil-sa, ma bhios gràdh agaibh féin d'a chéile.

По тому узнают все, что вы Мои ученики, если будете иметь любовь между собою.

Ngalokho bonke bayakukwazi ukuthi ningabafundi bami, uma nithandana.

Si nou youn rinmin lòt, lè sa-a tout moun va konnin sé disip mouin nou yé.

너희가 서로 사랑하면 이로써 모든 사람이 너희가 내 제자인 줄 알리라

Se tiverem amor uns aos outros, toda a gente reconhecerá que vocês são meus discípulos.

Եթէ դուք միմեանց սիրէք, դրանով բոլորը պիտի իմանան, որ դուք իմ աշակերտներն էք:

O le mea lea e iloa ai e tagata uma lava o o'u soo outou, pe afai ua outou fealofani.

Als er liefde onder jullie heerst, zal iedereen kunnen zien dat jullie mijn leerlingen zijn.

もしあなたがたの互いの間に愛があるなら、それによって、あなたがたがわたしの弟子であることを、すべての人が認めるのです。

Sapos yupela i givim bel long ol brata, orait bambai olgeta man i save, yupela i disaipel bilong mi.

Агар орангизда муҳаббат ҳукмрон бўлса, сизлар Менинг шогирдларим эканингизни ҳамма шундан билиб олади.

Af því skulu allir þekkja, að þér eruð mínir lærisveinar, ef þér berið elsku hver til annars.

ଆମ ଯୋଗୁଁ ତୁମେ ମଧ୍ୟ ମୋର ଶିଷ୍ୟମାନଙ୍କ ମଧ୍ୟରେ ଥିବୁ, ଯଦି ତୁମେ ମୋର ପ୍ରତି ଯେକାଣ୍ଡେ ଶ୍ରଦ୍ଧା ପ୍ରଦାନ କରୁଥାଅ।

Díí bee diné t'áá'aktso shídahoo'aaahii danohłįigo bił b'éédahózin doo, 'ayóó'áda'ahíínóh'nínígíí bee.

କେହି କିଛି ଶିକ୍ଷା ନିଅନ୍ତୁ ନାହିଁ, କିନ୍ତୁ ସମସ୍ତଙ୍କୁ ମୋର ଶିଷ୍ୟମାନଙ୍କ ମଧ୍ୟରେ ଥିବୁ, ଯଦି ତୁମେ ମୋର ପ୍ରତି ଯେକାଣ୍ଡେ ଶ୍ରଦ୍ଧା ପ୍ରଦାନ କରୁଥାଅ।

Po tym wszyscy poznają, żeście uczniami moimi, jeśli miłość wzajemną mieć będziecie.

यदि परस्परं प्रेमाचरथ, तह्यं नेन सर्वे ज्ञास्यन्ति यद् यूयं मम शिष्या इति ।

G'ouaiagi ad-âqelen irkoul thellam d-țoleba ou, ma thesaâm Imakibba b'ouai ġar aoun.

ଆମ ମଧ୍ୟରେ ପରାମର୍ଶ କରୁଥିବୁ, ଯଦି ତୁମେ ମୋର ପ୍ରତି ଯେକାଣ୍ଡେ ଶ୍ରଦ୍ଧା ପ୍ରଦାନ କରୁଥାଅ।

Daran wird jedermann erkennen, daß ihr meine Jünger seid, wenn ihr Liebe untereinander habt.

ଆମ ମଧ୍ୟରେ ପରାମର୍ଶ କରୁଥିବୁ, ଯଦି ତୁମେ ମୋର ପ୍ରତି ଯେକାଣ୍ଡେ ଶ୍ରଦ୍ଧା ପ୍ରଦାନ କରୁଥାଅ।

Lín nā saⁿ-thiàⁿ, chèng lāng beh tùi án-ni chai lín sī góa ê hāk-seng.

Ant to kiekvienas numanys, jus mano mokĭtinius esant, jei meilę tarp savęs turite.

اگر آپس میں محبت رکھو گے تو اس سے سب جانیں گے کہ تم میرے شاگرد ہو۔

JESUS CHRIST

Preface

Human progress never rolls in on the wheels of inevitability; it comes from the tireless efforts of [people] willing to be co-workers with God, and without this hard work, time itself becomes an ally of the forces of social stagnation.

— Martin Luther King, Jr.

Letter from Birmingham Jail, 1963

This book explores how member care is being practiced around the world. There are guidelines, personal accounts, case studies, program descriptions, worksheets, and lots of practical advice. My goal is to further equip sending organizations as they intentionally support their mission/aid personnel. Like many of us, I yearn to see an ongoing, international “flow of care” directed towards those who compassionately toil as “co-workers with God.” Such care is especially needed for those who seek to make “human progress” in places where complex humanitarian emergencies and social/spiritual needs abound.

This book is primarily intended for Christians: sending agencies/churches and their staff, training institutions, mission leaders and member care workers, and Christians living overseas in any capacity. Nonetheless, caregivers from the “non-faith-based” humanitarian aid and international health care sectors will find much of the content quite relevant. Religious belief and practice, of course, are extremely important factors in providing meaning and direction to one’s life. How well we all know that personal spirituality is often challenged and strengthened as a result of overseas experience. Christian and non-Christian personnel alike often struggle with perplexing existential questions concerning human suffering, traumatic events, and one’s understanding of God. So we have much in common as we look after the well-being and quality of life of staff—both local and international staff—regardless of how we approach spiritual matters. I thus ask those from a non-faith or non-Christian background to keep these perspectives in mind as they interact with the material in this book.

It is simply amazing to reflect upon the many developments in the care of mission personnel over the last 10 years. People have formed member care affiliations in different regions and nations around the world. There are various email networks, web sites, and consultations on member care. The Newer Sending Countries, in general, are becoming more actively involved in member care. And a growing body of literature and service organizations are helping to shape and further establish this field.

The overall result, I would say, has been a balanced, seasoned approach to caring for staff, acknowledging the need for supportive care and nurture, while embracing the reality of sacrifice and suffering. Yet in spite of all the advances, there are still organizations and regions which suffer from a dearth of member care understanding and resources. I would also point out the crying need for a more coordinated effort to focus supportive resources on behalf of personnel working among those groups and regions which have historically been the most neglected by the church's mission efforts.

A book of this scope could never be written or edited by just one person. The field is far too broad and the domains of specialist care far too deep. Accordingly, the book has included over 60 international colleagues who have written on topics within their areas of expertise. I feel so honored to have worked with several of them and to have them include their work in this book. Most of the authors had one to three colleagues review their articles. Hence, many eyes besides my own were able to look over and fine-tune the content. Together, we have scouted out and reported on the current international status of member care. The 50 chapters collectively enable us to both scan and gaze into this growing movement. I invite you now to explore the vast terrain of member care and to see how people all over the world are doing good to mission personnel—and doing it well.

Many people have helped me make this book a reality. I want to thank our staff at Le Rucher for their support and prayers during this book project. Specifically, I would like to thank Erik and Jeltje Spruyt, the Directors, for their encouragement; Renée Schudel, Véronique Guérard, Jan Pauw, and Ida Kouassi for their logistical help; and Henny Pauw, Michèle O'Donnell, Daniel Brill, and Denise Brill for their help with reviewing several articles. My sincere gratitude to our supporters too, many of whom have backed us over the

past 15 years, especially friends at Calvary Community Church in Westlake Village, California, and Calvary Christian Fellowship in Uncasville, Connecticut.

Thanks also to Bill Taylor and Jonathan Lewis with the World Evangelical Alliance (WEA) Missions Commission for embracing this project. Steve Pillinger with Wycliffe in the United Kingdom—a true scribe of the multilingual Messiah—and the library resources at the World Council of Churches in Switzerland were instrumental in putting together John 13:35 for the Foreword. Eric Holloway, Dona Diehl, and Susan Peterson were all involved in creating and revising the main diagram for the book, which is presented in chapter 1, is included on the first page of each chapter, and is artistically portrayed on the book's front cover. In addition, Susan Peterson, in her usual meticulous and competent way, copy edited and did the final formatting for the whole book. And many thanks also to my colleagues who are part of the various regional member care affiliations, especially Dave Pollock with the WEA Global Member Care Task Force, Polly Chan with the Member Care/Asia Task Force, Harry Hoffmann with the Member Care/Europe group, Márcia Tostes with the COMIBAM Pastoral Care group, and Naomi Famonure with the Member Care Track of the Association of Evangelicals in Africa. What a privilege to work together with you!

Finally, I wish to express my deepest thanks to my family, who faithfully persevered with me during the many long days of compiling and editing this tome. Our girls, Erin and Ashling, and my wife, Michèle, were willing to give up many family times in order to see this book come into being. The Lamb and Shepherd, Jesus Christ, is worthy of our tireless efforts. I treasure being His co-workers with you.

*Kelly O'Donnell
Geneva, Switzerland
February, 2002*

Introduction



KELLY
O'DONNELL

To the Ends of the Earth, To the End of the Age

“I can handle the sickness and the poverty,” the mother of four told me as tears welled up in her eyes. “And we are committed to live among this people that we truly love. But I am just not sure if I want my husband to tell me anymore when he receives death threats. Would it not be better if he just kept these to himself?”

There is nothing too glamorous about missions these days—especially missions which target the most historically neglected peoples and places in the world. Like the Muslims and Hindus in the impoverished and conflict-ridden areas of North India. Or the alienated Islamic/animistic Uighur people in the desolate borders of Northwest China. Or the Kurdish refugees who eke out an existence while walking the volatile tightrope between Iraq, Iran, and Turkey. Or in the case described above, in the dry lands of North Africa, where religious and political systems have endeavored to mute the Christian witness for over 1,200 years. Missionaries are committed to going to the ends of the earth to serve such needy people. And member care workers are committed to support them in their efforts as long as it takes, even until the end of the age.

I used to believe that “life was simply difficult,” to paraphrase Scott Peck’s catchy opener in *The Road Less Traveled* (1978). After 15 years of working overseas and observing some of the darker sides of human existence, I realize that these words are an understatement for many. The greater historical reality, the more accurate axiom, surely is, “Life is often traumatic.” The dozens of “wars” that are currently being fought, the estimated 40–50 million refugees, and the countless children that die each year from diseases related to malnutrition give ample testimony to this fact.

Doing member care well helps us do missions well.

This introduction looks at how member care is both a core strategy and a biblical responsibility for all those involved in missions.

In addition to overviewing the book, it defines member care, offers some historical perspectives, reviews missionary attrition, and suggests several future directions for further developing this field.

Close relationships, cooperation, sacrifice, and drawing on additional resources outside the mission community are key for supporting personnel around the world.

It is not that life and missions are always so bleak, of course. Many, many good things are happening! Yet for those of us living in more secure and prosperous settings, the challenge is to counteract our own tendencies to deny or minimize the unpleasant aspects of our global community. We must regularly and soberly acknowledge that there really are large blocks of humankind that dwell beneath the dark shadows of poverty, war, and spiritual bondage: masses of distressed people who do not reside solely in our television sets, newspapers, magazines, counseling offices, or the bracketed-off recesses of our awareness.

As psychologists, my wife, Michèle, and I have been privileged to come alongside and support Christians who have purposefully crossed cultural and language borders in order to alleviate human misery through their compassion and skills, while sharing the hope of the gospel in a sensitive, contextualized manner. In the process, we have met many fine missionaries and member care colleagues, working together with them in several countries and learning from each other. This learning—this multicultural, consolidated learning about survival, health, and growth in challenging mission settings—is recorded in the chapters of this book.

Book Overview

Doing Member Care Well is a compilation of articles and updates on how different organizations and member care workers are doing member care around the world. By “doing” I really mean *providing*, a term that I use which is derived from two central processes of member care: *providing* and *developing* resources. Over 60 authors contributed to the book, from both the Newer Sending Countries (NSCs) and the Older Sending Countries (OSCs). I have been especially committed to include material from the NSCs and to use the book as a way to profile their issues and approaches to member care.

The book has 50 chapters and is organized into three parts:

- *The Member Care Context*—articles on the book’s main model for member care, the flow of care, a missions review, and perspectives on suffering/martyrdom (five articles).

- *Regional Issues and Insights*—articles about mission personnel from Asia, South Asia, Africa, Latin America, and the Arabic World (15 articles).

- *Providing and Developing Member Care*—articles categorized in five sections according to the book’s member care model: Master care, self/mutual care, sender care, specialist care, and network care (30 articles).

Many of these chapters overlap in content, a reflection of the way in which member care has developed and is practiced. Hence, several chapters could be easily placed in more than one section of the book. An example would be chapter 41 by Annemie Grosshauser, “Supporting Expatriate Women in Difficult Settings.” The subject matter deals with single/married women’s issues, spiritual warfare, counseling, and work in Asia. Thus, it could be included in the sections on Family/MKs, Pastoral/Spiritual, Counseling/Psychological, and Asia.

There are five “reflection and discussion” items at the end of most chapters. These are important helps for readers to interact with and apply the material. I especially want to encourage readers to select some of the most relevant articles for your setting and then read/discuss them with colleagues.

This volume builds upon several previous books, including *Honourably Wounded* (Foyle, 2001), *Helping Missionaries Grow* (O’Donnell & O’Donnell, 1988), *Missionary Care* (O’Donnell, 1992c), *Too Valuable to Lose* (Taylor, 1997), and *Raising Resilient MKs* (Bowers, 1998). It also builds upon various special journal issues dealing with member care, such as the *International Journal of Frontier Missions* (October 1995), the *Journal of Psychology and Theology*,

(1983, 1987, 1993, 1999), and the *Indian Journal of Missiology* (October 1998). These materials, when added to the dissertations/theses and the many articles from journals/conference proceedings, form a substantial body of knowledge which has significantly shaped this emerging field of missions. (See chapter 50 for an annotated listing of a number of member care books from around the globe.)

Although most of this written material has come from OSC authors, there is a steady stream of materials—mostly articles—coming from NSC regions. This book includes some of these articles, most of which are usually available only at the regional level, as well as new articles by both NSC and OSC authors alike. My goal is not to produce a comprehensive compendium, but rather a selective sampling of helpful member care perspectives and practices. The result, I believe, is a truly international work, filled with updates and practical applications, which is relevant for personnel from different organizations and different nations. As a whole, the book is a reflection of the many intertwining facets and faces of the growing field of member care.

I wish that there were more space for other fine articles, from NSC and OSC authors, from the field of human resource development, and from the experience of the Catholic and Eastern churches. It could be that the way forward is to share these and other articles through an international member care journal, both hard-copy and online. The field is broad, there are many practitioners, and we need some new forums for regularly sharing important news and ideas.

Some More Distinctives of *Doing Member Care Well*

In addition to the NSC and international emphases in developing this book, I was also guided by the idea of the non-primacy of any single specialty domain for member care. Mental health has an essential role, as do medical care, logistical support, personnel management,

and pastoral nurture. Hence, this book intentionally includes material from a variety of member care colleagues, including pastors, personnel development specialists, church leaders, physicians, psychologists, and missionaries themselves. Further, many authors not only share about their respective topics, but they also add a personal touch as they share their hearts for mission personnel, national Christians, and the unreached.

Another distinctive of the book stems from my concern that any good movement, such as the international member care field, can stagnate or become “institutionalized.” To avoid or at least help minimize this process, I have long sensed a need to incorporate new voices and fresh input for member care from both inside and outside the evangelical missions community. I thus earnestly endeavored to launch into and learn from new areas as I prepared this book, pushing the usual borders of member care into several additional realms:

- The international health care communities and non-government organizations in the humanitarian aid sector.
- Spiritual warfare as it relates to the personal life and ministry of member care workers as well as to mission personnel.
- The member care needs of nationals/locals who are the focus of missionary service.
- Applications from personnel programs within the military.
- Emphases on human rights and religious liberty advocacy.
- Trauma care and contingency management approaches.
- Information from the field of human resource development.
- Perhaps above all, a balanced perspective on the cost of missions, including martyrdom, informed by 2,000 years of the church’s sacrificial commitment to take the gospel compassionately to the unreached.

There is one final feature which marks this book. Perhaps I am saving what I think is the best for the last! It is the five-sphere

model of care that has been used to categorize the 30 articles in Part 3 of the book. This model is described in detail in chapter 1, and it is reproduced on the first page of each chapter. It is also artistically represented on the cover of the book (embedded in generic motifs from different macro-cultures). I believe this model reflects a close approximation of a truly *trans-cultural tool* (one which is relevant across organizational and cultural boundaries) as well as a *trans-conceptual tool* (one which is relevant across member care philosophies and member care programs). It reflects the breadth of member care (e.g., the five spheres of care discussed in this book), as well as the depth of skills needed to provide specialist services well (including character and compassion in addition to competence). Over the last two years, the model has been reviewed and adjusted by several colleagues around the globe. It also appeared in two issues of *Evangelical Missions Quarterly* (January and April 2001). Does it meet up to its trans-cultural and trans-conceptual aspirations? Time will tell. Undoubtedly, though, it will be built upon and further contextualized in the days ahead.

There are, then, several core, intertwining distinctives of the book. These include the international platform for the NSCs and OSCs to share their experiences; the pooled wisdom from a wide variety of member care practitioners; the refreshing sense of the authors sharing their hearts with us; the timely venture into additional areas of member care which take into consideration current socio-political and historical realities; and a comprehensive model applicable to many settings. The articles collectively provide a clear picture of how the member care field is maturing as an interdisciplinary, international, and indispensable handmaiden to missions.

Background Perspectives for Member Care

The development of member care really has its origins in the biblical admo-

nitions to “love one another” (John 13:34-35), “bear one another’s burdens” (Gal. 6:2), and scores of similar “one another” verses that fill the New Testament (see Jones & Jones, 1995, pp. 160-162). Member care, in this sense, is nothing new. Yet what is new is the more organized attempt to develop comprehensive, sustainable member care approaches to support cross-cultural Christian workers.

I define member care in this way:

Member care is the ongoing investment of resources by mission agencies, churches, and other mission organizations for the nurture and development of missionary personnel. It focuses on everyone in missions (missionaries, support staff, children, and families) and does so over the course of the missionary life cycle, from recruitment through retirement.

Member care is also the responsibility of everyone in missions—sending church, mission agency, fellow workers, and member care specialists. The word “member” implies belonging. So member care includes the sense of community, along with the attendant mutual responsibility for care between those who belong to a group (e.g., a sending organization or colleagues in a specific setting).

Another key source of member care is the mutually supportive relationships which missionaries form with those in the host culture. Whatever the source, the goal is to develop godly character, inner strength, and skills to help personnel remain effective in their work. Member care, then, is as much about developing inner resources within individuals as it is about providing external resources to support them in their work.

At the personal level, each individual must find a balance between the realities of suffering/sacrifice and the normal desires for personal growth/fulfillment. At the agency level, we must harmonize the organizational emphasis on “achievement/task” with the staff needs for “support/member care.” For some, the greatest

stress results from a poor fit between one's background and preferences with the type of agency ethos—the “established way of doing things.” For others, it is from the more common or anticipated stressors, such as cross-cultural adjustment. Different cultures/settings emphasize different aspects of member care too, such as the role of mutual support in a community context or the need for self-support/fortitude for those in demanding or isolated locations.

Some brief examples will give us an appreciation of the significance and diversity of the member care field:

- Doing team building sessions in Central Asia to help a multinational team work through conflict in their goal differences, decision making preferences, and worship style.

- Setting up an interagency missionary health care team in India to provide counseling, medical screening, and consultation to national and expatriate missionaries.

- Encouraging missionary families in Indonesia to avail themselves of local hospitality and to form supportive friendships with at least two national families.

- Running a reentry program for missionary children who will be returning to Europe in order to attend university.

- Inviting two trusted pastors to a missionary center in South America for several days of ministry through Bible teaching and encouragement.

- Meeting regularly for prayer and mutual support as part of a commitment between two missionary couples living in a large city of North Africa.

- Organizing a team of caregivers in Europe to resource a mission agency's annual conference via counseling, seminars, and consultation.

- Offering an informal retreat for “workers” from different Christian aid agencies in a safe and relaxing location outside a war zone in the Middle East.

- Consulting with the missions departments of local churches in NSCs such as Singapore, Brazil, or Nigeria, as they

develop logistical support for their missionaries, including help with visas, children's education, medical insurance, and travel arrangements.

Some Personal Perspectives

A pivotal point in my own member care involvement was at the Mental Health and Missions Conference, held each November in Indiana (USA). This conference has been an oasis of inspiration for me and many others over the last three decades. Here, at a beautiful inn set in a national park, mental health professionals along with missionaries, church/mission leaders, graduate students, and member care workers come together for networking, training, and mutual support. This conference has sparked many a vision to work in member care and has served as a tangible rallying point for this field within the United States. Over the years, many have yearned to see similar gatherings take root in other places of the world—and indeed this is happening!

It was during the 1990 conference when I was most deeply touched. The conference theme that year dealt with intervention models for helping missionaries, and the presentations were excellent. Surprisingly, though, as the conference was drawing to a close, I found myself becoming uneasy. Something was stirring within me which was hard to put into words. By the end of the last presentation, I was able to clarify my sense of unsettledness. It was an awareness that something important needed to be added to the methods and models we were discussing—not just there at the conference, but in the general member care community as well. And then suddenly, from my heart shot out a verbal plea to all of us there: *“We must move beyond the individual, family, and agency approaches to care, and develop a more systematic, global, cooperative approach to providing member care. We must develop a **macro-model** for member care.”*

Shortly after the conference, I began to write down my thoughts concerning

this macro-model—of how to further develop member care globally. In the summer of 1992, I published my ideas in an article for the *International Journal of Frontier Missions* (O'Donnell, 1992a) and in the book *Missionary Care* (O'Donnell, 1992b). I called the article, “An Agenda for Member Care in Missions.” Following are a few excerpts from the final section (O'Donnell, 1992b, pp. 296, 297). These principles continue to have a profound influence on me, and they have guided my work in “proveloping” member care in missions.

■ “The member care momentum in missions today is most heartening. Yet there must be a direction for this momentum: to prioritize and channel member care resources towards those working among the least evangelized.”

■ “Further developing this field is not something to be left up to chance. Neither is it the responsibility of a single conference nor a periodic meeting where member care issues are addressed. Rather, mutual consultation, coordinated efforts, perseverance, and interdependency are to be the guiding principles.”

■ “Member care must keep in stride with current missions thinking and realities. The missions force is rapidly expanding, a fact which is especially true for missionaries from the Two-Thirds World. This expansion must be mirrored within the global missions community by developing appropriate, comprehensive member care programs and services.”

■ “Finally, I am convinced that the time has come to actively pull together the various pockets of member care workers around the world. It is also time to systematically train and mobilize many others for this strategic ministry. And the time is here for anointed leaders to step forward and help steer this field in response to the Lord's direction.”

These visionary comments were neither unrealistic nor without precedent. Cooperative endeavors were and have been on the rise. In fact, this book is a tangible expression of the above aspira-

tions for coordinated efforts, comprehensive programs, mobilization, and leadership which I shared some 10 years ago! To get a better historical feel for some of the member care developments, refer to chapter 48 of this book, as well as chapter 22 in Bill Taylor's (1997) edited work on missionary attrition, *Too Valuable to Lose*.

Will We Depart in Peace or in Pieces? Revisiting Attrition

As a prelude to launching into the 50 chapters of this book, it would be important to summarize some of the major findings of the World Evangelical Fellowship's (WEF—now called the World Evangelical Alliance) attrition study upon which *Too Valuable to Lose* was based. *Doing Member Care Well* is a natural extension of *Too Valuable to Lose*, and together they represent some of the best international sources of information on missionary adjustment and member care strategies.

The Three Ps of Attrition

Basically, the WEF study found the overall annual attrition rate to be 5.1% for the 453 mission societies that were surveyed. When items such as normal retirement and possible transfer to another agency were ferreted out, the bottom line figure becomes 3.1%—attrition that is “undesirable” because it is *premature*, *preventable*, and likely *permanent*. Think of this as the *3Ps of the 3%*, to help remember the findings.

In real person terms, this may mean that over 12,000 missionaries are lost each year out of the global missionary pool of about 425,000 (both Catholic and Protestant) (Barrett & Johnson, 2001). Such undesirable attrition also spills onto others, negatively impacting thousands of family members and friends in the home and host communities.

More Results

So why do missionaries leave the field? In the WEF study, the main reasons were,

in order, normal retirement (9.4%), children's issues, change of job, health problems, lack of home support, problems with peers, personal concerns, disagreement with agency, lack of commitment, and lack of call (4.1%). Note that those surveyed in this study were mission administrators such as personnel directors, rather than the actual missionaries themselves.

Several important comparisons were also made between different groups of missionaries:

- Missionaries from the NSCs (e.g., Korea, Brazil, Nigeria) were a bit more at risk for “preventable” attrition than those from the OSCs (e.g., UK, USA, Australia).

- Reasons for overall annual attrition between NSCs and OSCs were very different. For NSCs, the top reasons were reported to be lack of home support (8.1%), lack of call (8.0%), inadequate commitment (7.3%), disagreement with agency (6.1%), problems with peers (5.7%), and health problems (5.1%). For OSCs, the top reasons were normal retirement (13.2%), children (10.1%), change of job (8.9%), health problems (8.4%), problems with peers (6.0%), and personal concerns (5.2%).

- In general, the larger and older the mission society, the lower the preventable attrition rate.

- Those who worked in their own culture versus cross-culturally had almost the same preventable attrition rates.

- Workers in pioneer/church planting settings had lower preventable attrition rates than those in relief and development settings.

To continue, the most important factor in preventing attrition was reported to be the missionary having a clear call. This was then followed by having a supportive family, healthy spirituality, cultural adaptation, good relationships, pastoral care, and financial provision. Interestingly, a key component of pastoral care was the “regular communication” that occurred for field workers, which was rated even

higher than pastoral visits or pre-field training (which are also very important).

Some Suggestions

How can we best make use of these findings? And how do we reduce our attrition rates? This is where “the rubber meets the road” and what *Too Valuable to Lose* and *Doing Member Care Well* are all about. There's no way around it: We in missions must commit ourselves to more comprehensive, culturally sensitive approaches to sustain and nurture our personnel over the long haul. This means we must prioritize time and finances for our personnel. It also calls for serious reflection on our member care approaches, mutual consultation on developing our care, and participative reviews of the quality of life for/by our mission personnel.

Who will do all this care? Leaders (church and mission) who make time for their people. People like personnel development specialists, field directors, pastors, strategy coaches, and cross-cultural trainers, who are available to support and further equip our workers. And finally, colleagues and friends—you and me—whose mutual encouragement provides the backbone for effective member care programs.

The findings from the WEF study, along with the material in this book, highlight the need for sending groups to support mission personnel in these ways:

- Clarify and grow in the sense of call.
- Prepare realistically through good pre-field selection and training.
- Cultivate their walk with the Lord.
- Stay connected with supportive friends and family.
- Care for their children's educational and developmental needs.
- Improve interpersonal, conflict resolution, and ministry-related skills.
- Raise finances for long-term involvement.
- Maintain good communication with leaders and peers.
- Understand service opportunities and career development possibilities.
- Prioritize language/culture learning.

- Connect with leaders/mentors who can help them negotiate the missions world.

- Receive helpful member care resources during the course of their missionary lives.

- Go through exit interviews/follow-up for greater closure on their missions experience.

Attrition, historically, has been part of the cost the church has paid for penetrating the Enemy's darkness. People in battle are vulnerable and inevitably get hurt. Our weaknesses as people and as sending agencies also make us vulnerable. So let's put attrition in perspective. Whether it be considered preventable or unpreventable, desirable or undesirable, *missionary* attrition happens as we work together to prevent the *eternal* attrition which hovers over the unreached peoples of the earth.

Too bad there is no attrition vaccination. However, discussing the above issues and suggestions with others will definitely help. Why not review the WEF study and a few chapters of the book *Too Valuable to Lose* with your colleagues? It would be good to do this as you are reading through the various chapters of this present book. Keep at it until you find practical ways to apply the material. This will be one of your greatest aids for preventing undesirable attrition!

Future Directions: PACTS

There is a purpose to human history—it is not random—and there will be a conclusion to this age, for the glory of God. God is at work in history to redeem people from every nation, tribe, and tongue (Rev. 5:9-10). Member care, as a service ministry which supports the missions task, is a means to this end.

Developing member care well is a process. We cannot expect, for example, younger sending groups to develop in just a few years what has taken other sending groups several years to achieve. It will take time and toil to “knit the net”—the net of

caregivers, the net of concepts, the net of organizational member care culture, the net of communication, the net of centers/hubs, and the net of consultations. But it is happening!

I believe that there must be an intentional and Spirit-led direction as to how this global member care net is developed. Here are five such directions—PACTS—which will help us to work together and further “provelop” member care. PACTS involve forming close relationships with colleagues as we pursue cooperative tasks with each other.

Pioneering. Is it time to break out of some member care and missions bubbles? Yes indeed! We must go to places with relatively few member care resources. Prioritize those working among the least evangelized peoples. Innovate! Stretch! Help set up interagency member care teams, for instance, in Central Asia, India, or Africa. Sure, it would be challenging, but why not? Or how about helping to connect culturally sensitive member care workers with the many interagency partnerships ministering within the 10/40 Window? For some examples, see chapters 12, 14, and 41.

Affiliations. Bring together member care workers for mutual projects, mutual support, and mutual consultation. Purposefully affiliate! Set up regional or organizational networks of caregivers. Specialists can likewise band together for personal and professional support—physicians in travel/tropical medicine, personnel directors, crisis caregivers, etc. Form short-term teams with members from different agencies or service groups. Encourage their members to track with mission personnel over time. In addition, convene and attend strategic consultations of mission personnel and/or member care workers to discuss ways to coordinate services further. These can be small and informal or larger and more formal. Prioritize these for regions of the world where coordination is still really needed. Africa is a prime example. Finally, consider forming a national or regional member care task force

within your organization or interagency, similar to the various ones that are described in chapters 13 and 48.

Continuing Growth/Care. Member care is an interdisciplinary field, requiring considerable effort to keep abreast of new developments and to maintain one's skills. Prioritize time to read, attend seminars, and upgrade (see the materials listed in chapter 50). Grow! It would be helpful for some to link with a few of the secular umbrella agencies like the World Health Organization and the International Union of Psychological Science as a way to network and keep abreast of current trends (see Pawlik & Ydewalle, 1996). Build connections and bridge gaps between the "faith-based" and "non-faith-based" organizations involved in international health, exchanging information on the management and support of personnel. Some examples would be attending conferences, reading journals, and reviewing the peer support network and psycho-social support program for staff offered by humanitarian aid organizations (see chapters 27 and 35). We must not become isolated by interacting solely with the evangelical community. Also, member care can be a burnout profession. So we must maintain accountability with others, pace ourselves, find ways to "refuel" emotionally, seek God, and practice what we preach!

Training. Resource missionaries and member care workers alike via workshops at conferences. Impart both your skills and your life (1 Thess. 2:8)! Include member care tracks at major conferences. Teach member care courses, seminars, and modules at key graduate schools/seminaries, including the Bible colleges in Africa and India and the missionary training centers in Asia and Latin America. Training in peer counseling, marriage enrichment, family life, team building, spiritual warfare, and crisis intervention are especially important (see chapters 15, 16, and 37 for examples). Further, help mission personnel from both NSCs and OSCs develop member care skills (e.g., by attending the "Sharpening Your Interpersonal Skills" courses that are

taught in many places). Also assist in developing member care programs which are culturally relevant. There could be opportunities to join with groups such as Youth With A Mission and Operation Mobilization, which offer counseling courses in different locations to train their missionaries in helping skills, or the Operation Impact program at Azusa Pacific University, which provides various field-based courses in the area of leadership development.

Special Projects. Based on strategic needs and common interests, pursue some short-term and longer-term projects together. Fill in member care gaps! Some current projects that are being done include maintaining and updating a global referral base of member care organizations (chapter 49) along with a global member care website (www.membercare.org); supporting the efforts of groups such as Trans World Radio's "Member Care Radio," which broadcasts encouraging programs for field workers; doing joint research/articles; and setting up member care hubs/groups in needed areas (e.g., Thailand, Cyprus, India, Africa). Let us be sure to pursue some projects together where we get a bit "dirty"—and take some risks. A cutting-edge example would be to provide supportive services—critical incident debriefing, counseling, reconciliation seminars—to people who have been traumatized by war and natural disasters (see chapters 20, 25, 43, and 47). In short: be proactive; do not reinvent the wheel; pursue God's heart for the unreached peoples; and prioritize time to work on strategic, doable, field-related projects.

Final Thoughts

Doing member care well helps us to do missions well. It strengthens missionaries so that they can effectively love, evangelize, and disciple people groups; endure hardship; and grow as people. It is a pioneering, practical, and deeply personal ministry. Doing member care well is a direct and strategic way to fulfill the Abrahamic Covenant of Genesis 12, along with

both the Great Commandment and the Great Commission. That is to say, God blesses us and thus we bless others, especially those who bring the blessings of God to the unreached.

Tolkein (1965, p. 325) has said it well: "Everything that is gold does not glitter. Not all those who wander are lost.

The old that is strong does not wither. Deep roots are not reached by the frost."

In the world of missions and member care, some of the choicest servants are unheard of, not necessarily professionally trained, and not usually invited to be plenary speakers at conferences. But they are solid gold—they sparkle internally, privately, out of the limelight; and they are sturdy folk, with deep roots in God, putting into practice the biblical call to "love one another." It is not the member care specialists—as important as these are—who are the main practitioners of member care, even though some of them might be leading the member care charge. Rather, it is the missiological equivalent of "the average person on the street"—the missionary on the field. Herein lies the backbone and the future of member care: mutual support and spiritual nurture among missionaries, and between missionaries and the people to whom they are called. We member care workers primarily polish the gold that is already there. May God give us grace to follow their examples of sacrifice. And may we do our part in supporting them in their most holy work, serving with them unto the ends of the earth and until the end of the age.

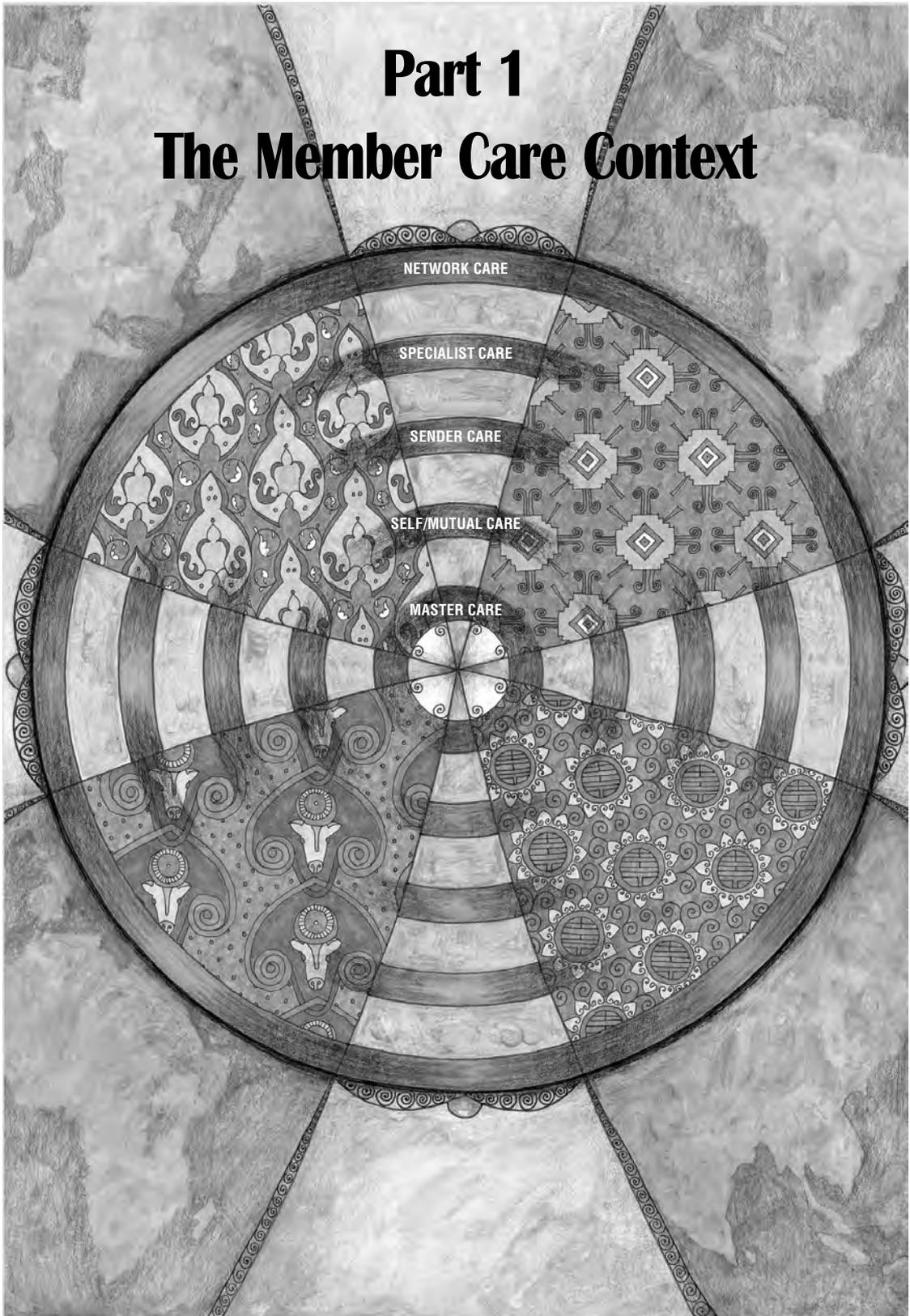
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Portions of this introduction were adapted from "Member Care in Missions: Global Perspectives and Future Directions" (Journal of Psychology and Theology, 1997, vol. 25, pp. 143-154) and "Will We Depart in Peace or Pieces?" (International YWAMer, October 1998, p. 18). Used by permission.

Part 1

The Member Care Context



Going Global: A Member Care Model For Best Practice



KELLY
O'DONNELL

Member care is going international! Over the past five years (1997–2001), for example, interagency consultations on missionary care have taken place in India, Pakistan, Singapore, Malaysia, the Philippines, the Netherlands, Germany, France, Hungary, Côte d'Ivoire, Cameroon, New Zealand, USA, Peru, and Brazil. It is especially encouraging to see caregivers emerging from the Newer Sending Countries and their efforts to develop culturally relevant resources. Email forums, web sites, written materials, interagency task forces, and missions conferences enable these and other member care personnel around the globe to communicate and contribute. The member care field is truly maturing. It is developing as an interdisciplinary and international handmaiden to promote the resiliency and effectiveness of mission personnel, from recruitment through retirement.

Best Practice and Member Care

In this article, we will take a fresh look at the basic contours of care needed in missionary life. The aim is to present a practical, “best practice” model to support mission personnel from different organizations and nations. The ideas that I present are based on the shared, practical experience of many colleagues working in this field. Although the article is conceptual in nature, most readers will find the material easily applicable.

“Best practice” is a term used by many human service organizations. An equivalent term also in use is “good practice.” The term refers to recognized principles and performance standards for the management and support of staff. These principles are written, public statements which are formed, adopted, distributed, and reviewed by several or

Is a user-friendly, transcultural framework possible for understanding and practicing member care? And what are some of the core best practice principles that are relevant across many national and organizational cultures? I launched out to explore these questions, pulling together some of the consolidated learning in this field and calling upon 25 reviewers from around the globe to help refine the resulting best practice model for member care. This model can serve as “a grid to guide and a guide to goad.”

ganizations. Each organization voluntarily signs and holds itself accountable to these principles. Organizations can further adjust the principles according to their settings and ethos. “Key indicators” are also identified which serve as criteria to measure the extent to which each principle is being put into practice.

As an example, consider two of the seven principles from the People In Aid’s (1997, pp. 9, 10, 23) *Code of Best Practice*. A few key indicators follow in parentheses.

Principle 1: The people who work for us are integral to our effectiveness and success.... Human resource issues are integral to our strategic plans. (The Chief Executive or Chair has made a written and public commitment to the Code; the agency allocates resources to enable its managers to meet staff support, training, and development needs.) ...

Principle 7: We take all reasonable steps to insure staff security and well-being. We recognize that the work of relief and development agencies often places great demands on staff in conditions of complexity and risk. (Programme plans include written assessment of security and health risks specific to country or region; the agency maintains records of work-related injuries, accidents, and fatalities and uses these records to help assess and reduce future risk to field staff.)

Best practice per se has been spearheaded by various sources, one of them being the humanitarian aid community. It emerged from the felt need for agreed-upon guidelines to raise the work quality of non-governmental organizations (NGOs) as they provide relief services, relate to one another, and care for their staff—often in stressful/dangerous situations (Leader, 1999; McConnan, 2000). Best practice also arose within the national and international health care communi-

ties, where guidelines for providing health care services were needed, based on research and expert consensus (Beutler, 2000). One example is the *Guidelines for Assessing and Treating Anxiety Disorders* (1998) by the New Zealand National Health Committee. Another is the *Practice Guidelines for the Treatment of Patients With Schizophrenia* (1997) by the American Psychiatric Association.

Best practice is a relatively new term within Evangelical missions, although the underlying emphasis on the quality of care has been part of Evangelical missions thinking and practice for some time. Specific examples would be the emphasis on providing proactive care to all mission personnel (e.g., Gardner, 1987) and the need to develop ethical guidelines for member care practice (e.g., Hall & Barber, 1996; O’Donnell & O’Donnell, 1992). What is new and quite helpful, though, is the emphasis on publicly stating specific commitments to staff care in the form of written principles and evaluation criteria (key indicators), to which a sending agency voluntarily subscribes and is willing to be held accountable. This, in my estimation, is the greatest contribution of the current best practice context to member care in missions.

One example of best practice in missions is the best practice document (consisting of 15 principles and several key indicators) which emerged from the 2000 Roundtable Discussion in Toronto, sponsored by the Evangelical Fellowship of Canada Task Force for Global Mission and the Tyndale Intercultural Ministry Centre (see chapter 26). Another good example is the *Code of Best Practice in Short-Term Mission*, developed in 1997 by Global Connections, the main association for Evangelical missions in the United Kingdom. This code has been embraced by several mission agencies in the United Kingdom. Being a signatory is not an indication of current achievement in meeting the code, but rather of one’s aspirations to fulfill the principles. Table 1 is taken from section 3 of the code (see chapter

Table 1
Field Management and Pastoral Care Principles*

- Clear task aims and objectives and, where appropriate, a job description will be provided.
- There will be clear lines of authority, supervision, communication, responsibility, and accountability. Communication and reporting will be regular.
- Pastoral care and support structures will be established. The respective responsibilities of the sending church, sending organization, host organization/local church, and team leader/job supervisor/line manager/pastoral overseer/mentor will be made clear to all parties.
- Opportunities for personal and spiritual development will be provided.
- Participants will be given guidelines on behavior and relationships.
- With reference to above items, culturally appropriate ways of fulfilling these matters will be sought.
- Procedures covering health care and insurance, medical contingencies, security and evacuation, stress management and conflict resolution, misconduct, discipline, and grievances will be established, communicated, and implemented as appropriate.

* Global Connections, 1997.

26), covering field management and pastoral care.

I see best practice as being rooted in the example of the loving care offered by Christ, the “Best Practitioner” (O’Donnell, 1999a). Our Lord’s model of relationship with us serves as a foundation for our interaction with others and for the best practice principles that we develop for member care (see Figure 1). The middle two dimensions of being comforted and challenged are normative for us and reflect many of Christ’s encounters with disciples in the New Testament. Jesus is both tender and at times tough in His relentless love for us. The extremes on the continuum would represent “worst practice” and do not represent Christ’s relationship with His people. Likewise, they should not reflect our relationship with mission personnel—that is, overly protecting them

and not sufficiently challenging them (coddling) or blaming them for having needs and frailties (condemning). Member care, then, is as much about comfort as it is about challenge. It involves lots of hugs with some kicks (culturally appropriate forms) and lots of affirmation with some admonition (1 Thess. 5:11, 14).

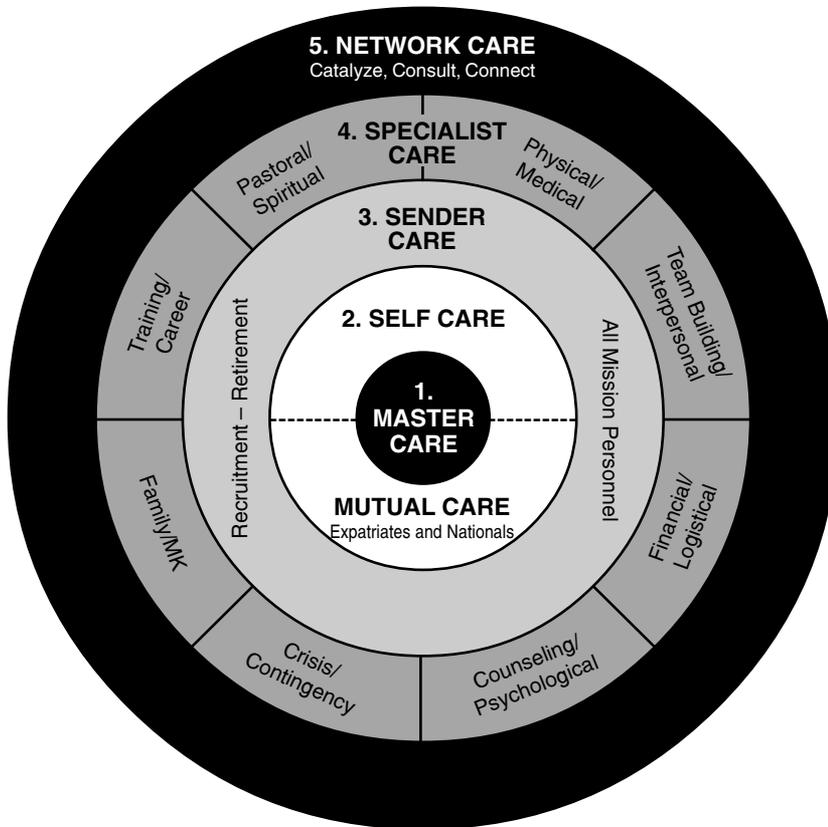
Overview of the Member Care Model

The basic member care model was developed by Dave Pollock and me, with some initial help from Marjory Foyle. It consists of five permeable spheres which are able to flow into and influence each other (see Figure 2). At the core of the model are the two foundational spheres of *master care* and *self/mutual care*. These are encircled by a middle linking

Figure 1
Christ’s Love Relationship With Us: A Foundation for Best Practice

JESUS CHRIST AS BEST PRACTITIONER			
Coddler	COMFORTER	CHALLENGER	Condemner
Placater	PEACE-GIVER	PROVOKER	Punisher
(worst practice)	(best practice)	(best practice)	(worst practice)

Figure 2
A Best Practice Model of Member Care



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sphere called *sender care* and then surrounded by the two outer spheres of *specialist care* and *network care*. Member care specialists and networks stimulate the care offered by the other spheres.

Each sphere includes a summary best practice principle related to the overall “flow of care” needed for staff longevity (Pollock, 1997): *the flow of Christ, the flow of community, the flow of commitment, the flow of caregivers, and the flow of connections*. Note that the flow of care is initiated by both oneself and others and that it is always a two-way street. Supportive care thus flows into the life of mission personnel, so that effective ministry and

care can flow out from their lives. Such a flow of care is needed due to the many cares and the assortment of “characters” in mission life!

The model includes the *sources* of member care, such as pastors from sending churches and mutual care between colleagues, and the *types* of member care, such as medical and debriefing care. Think of it as a tool that can be used by individuals, agencies, service organizations, and regions. The model is a flexible framework to help raise the standards for the appropriate care and development of mission personnel. Use it as “a grid to guide and a guide to goad.” Here is an overview of the

model along with the five best practice principles:

Sphere 1: Master Care

Care from and care for the Master—the “heart” of member care.

■ *From the Master*—the renewing relationship with the Lord and our identity as His cherished children, cultivated by the spiritual disciplines (e.g., prayer, worship) and Christian community, which help us run with endurance and enter His rest (Heb. 12:1, 2; Heb. 4:9-11).

■ *For the Master*—the renewal and purpose that derive from trusting/worshipping the Lord, serving Him in our work, often sacrificially, and knowing that we please Him (Col. 3:23, 24).

Best Practice Principle 1: The Flow of Christ

Our relationship with Christ is fundamental to our well-being and work effectiveness. Member care resources strengthen our relationship to the Lord and help us to encourage others in the Lord. As we serve/wait on Him, He in turn promises to serve/wait on us (Luke 17:5-10; Luke 12:35-40). A “look to God only/endure by yourself” emphasis for weathering the ups and downs of mission life is not normative, although it is sometimes necessary (2 Tim. 4:16-18).

Sphere 2: Self and Mutual Care

Care from oneself and from relationships within the expatriate, home, and national communities—the “backbone” of member care.

■ *Self care*—the responsibility of individuals to provide wisely for their own well-being.

■ *Expatriate, home, and national communities*—the support, encouragement, correction, and accountability that we give to and receive from colleagues and family members (see the “one another” verses in the New Testament—a list of these is in Jones & Jones, 1995) and the mutually supportive relationships that we

intentionally build with nationals/locals, which help us connect with the new culture, get our needs met, and adjust/grow (Larson, 1992).

Best Practice Principle 2: The Flow of Community

Self care is basic to good health. Self-awareness, monitoring one’s needs, a commitment to personal development, and seeking help when needed are signs of maturity. Likewise, quality relationships with family and friends are necessary for our health and productivity. Relationships require work, and they are not always readily available nor easy to develop in various settings. Nonetheless, staff are encouraged to form/maintain close and accountable friendships with those in one’s home culture and in the host culture. Colleagues who love and are loved form a key part of the “continuum of care” needed for longevity, ranging from the informal care offered by peers to the more formal care provided by professionals.

Sphere 3: Sender Care

Care from sending groups (church and agency) for all mission personnel from recruitment through retirement—“sustainers” of member care.

■ *All mission personnel*—includes children, families, and home office staff, in addition to the “primary service providers” such as church planters, trainers, and field-based administrators.

■ *Recruitment through retirement*—includes specific supportive care coordinated by the sending church/agency throughout the life span and significant transitions:

- ◆ Pre-field—recruitment, selection/candidacy, deputation, training
- ◆ Field—first term, additional terms, change in job/location/organization
- ◆ Reentry—furlough, home assignment, returning to the field later in life
- ◆ Post-field—end of service, retirement

Best Practice Principle 3: The Flow of Commitment

An organization's staff is its most important resource. As such, sending groups—both churches and mission agencies—are committed to work together to support and develop their personnel throughout the missionary life cycle. They demonstrate this commitment by the way they invest themselves and their resources, including finances, into staff care. Sending groups aspire to have a comprehensive, culturally relevant, and sustainable approach to member care, including a commitment to organizational development, connecting with outside resources, and effective administration of personnel development programs. They thus root member care in organizational reality and vice versa. Sending groups also solicit input from staff when developing/evaluating policies and programs related to member care.

Sphere 4: Specialist Care

Care from specialists which is professional, personal, and practical—“equip-pers” of member care.

■ *Specialists*—missionaries have a special call, need special skills, and often require various specialist services to remain resilient and “fulfill their ministry” (2 Tim. 4:5).

■ *Eight specialist domains of care*—these can be understood and remembered under the rubric: **PP**actical **TT**ools **FF**or **CC**are. These domains and specific examples are as follows:

- ♦ Pastoral/spiritual (retreats, devotionals)
- ♦ Physical/medical (medical advice, nutrition)
- ♦ Training/career (continuing education, job placement)
- ♦ Team building/interpersonal (group dynamics, conflict resolution)
- ♦ Family/MK (MK education options, marital support group)
- ♦ Financial/logistical (retirement, medical insurance)

- ♦ Crisis/contingency (debriefing, evacuation plans)
- ♦ Counseling/psychological (screening, brief therapy)

Best Practice Principle 4: The Flow of Caregivers

Specialist care is to be done by properly qualified people, usually in conjunction with sending groups. Specialists need to capitalize on their strengths—working within their competencies and maximizing contributions. They also need to capitalize on their “stretches”—going beyond familiar/convenient comfort zones in order to provide services in challenging contexts within professional ethical limits. Specialist services are “investments” which build character (virtue/godliness), competence (cross-cultural/professional skills), and compassion (love/relationships) in culturally relevant ways. The goal is not just care but empowerment—to help personnel develop the resiliency and capacities needed to sacrifice and minister to others. Specialist services collectively include four dimensions of care: prevention, development, support, and restoration. They are essential parts of an effective member care program and complement the empowering care that staff provide each other.

Sphere 5: Network Care

Care from international member care networks to help provide and develop strategic, supportive resources—“facilitators” of member care.

■ *Networks*—the growing body of interrelated colleagues and groups which facilitate member care by serving as catalysts, consultants, resource links, and service providers.

■ *Resources*—the network is like a fluid that can flow into the other four spheres and different geographic regions to stimulate and help provide several types of resources:

- ♦ Sending groups—special member care services/personnel from churches/agencies.

- ♦ Member care affiliations—national, regional, or special task forces, such as Member Care/Europe and Member Care/Asia (see chapter 48 and O'Donnell, 1999b).
- ♦ Consultations/conferences—examples include the national member care consultations in Malaysia and India, the Pastor to Missionaries Conference and the Mental Health and Missions Conference in the USA, and the European Member Care Consultations.
- ♦ Service organizations—see chapter 49, updated from the listing of member care organizations in *Too Valuable to Lose* (Taylor, 1997).
- ♦ Workshops/courses—interpersonal skills, crisis response, pastoral care, etc.
- ♦ Email forums/web sites—the European and Asian member care email forums and the World Evangelical Alliance web site for member care (www.membercare.org).
- ♦ Facilities/hubs of member care—Link Care and Heartstreams in the USA; Le Rucher, Bawtry Hall, and InterHealth in Europe; the care networks in Chiang Mai, Thailand, and Singapore, etc.
- ♦ Additional resources.

***Best Practice Principle 5:
The Flow of Connections***

Member care providers are committed to relate and work together, stay updated on events and developments, and share consolidated learning from their member care practice. They are involved in not just providing their services, but in actively “knitting a net” to link important resources with areas of need. Partnerships and close working relationships are required among member care workers, service organizations, sending agencies, and regional member care affiliations. Especially important is the interaction between member care workers from different regions via email, conferences, and joint projects.

Applications

This best practice model is relevant for two main reasons. First, it is biblical in its core concepts, with its emphasis on our relationship with Christ and with each other, along with the role of self care. Second, the model is general enough to be both culturally and conceptually applicable across many national and organizational boundaries.

Different sending groups will emphasize different aspects of this model, yet each sphere is important to consider. There is so much to learn from each other with regards to how we “do” member care! Sending groups, for example, represented by Sphere 3 in the diagram, play a significant intermediary role in linking staff with the resources from the other four spheres. Other groups emphasize different mixes between the self care and mutual care which comprise Sphere 2. Some opt more for the individual’s responsibility for his/her well-being, and others emphasize the community’s role. For many sending groups, there is much overlap between self care and mutual care; hence, both have been listed in the same sphere.

The importance of mutual care cannot be overstated. Social support and good relationships come out in the research over and over again as being key to adjustment. Mutual care, though, can be a two-edged sword. When done well, it pays rich dividends. But when done poorly or not at all—especially in cultures where there is a high expectation for such care—it can break the relational bank! In addition, mutual care in international settings is tricky, especially if a person/family is part of the less dominant culture. For example, there can be a hesitancy to share concerns and needs because of language limitations (especially where the main language of the setting is one’s second or third language) and because of cultural differences (especially where one’s values of harmony and respect take precedence over the prevailing setting ethos of openness and directness or vice versa).

Perhaps the biggest potential disparity between member care approaches lies in the use of and emphasis on a variety of specialized resources (Sphere 4). These can be viewed as being too Western, an excessive luxury, or just not possible to develop in one's situation. For instance, it has been difficult for financial reasons in some of the Newer Sending Countries to fully provide medical insurance, MK educational options, and retirement provisions. It can also be hard to think in terms of things like possible pension plans, when the villagers in one's setting do not even have enough to survive on a daily basis. Perhaps a more reasonable and helpful goal, then, would be to ensure that a certain standard of care is being provided, rather than a whole host of resources which may not be relevant/possible in various settings. In this sense, the better term would be something like "basic" practice rather than "best" practice.

As for training, many "specialist" caregivers may be qualified more from on-the-job experience than from formal academic study/certification. A corollary is that many professionals, with all due respect for their expertise "at home," would be better equipped to serve in missions if they had additional cross-cultural and missions experience.

Challenges for Developing Member Care

The main challenge continues to be providing the appropriate, ongoing care necessary to sustain personnel for the long haul (O'Donnell, 1997). A common practice is to share member care resources creatively with other groups and also tap into the growing international network of caregivers. Help with pre-field training, crisis care, tropical medicine consultation, and MK education needs are examples. Sharing resources can be especially important for personnel from Newer Sending Countries and smaller sending groups with limited funds and/or experience, as well as for those serving in isolated set-

tings. It is thus not necessarily up to one organization to provide all of its own member care by itself. In spite of any group's best practice efforts, though, we must realistically expect that at least a few gaps will be present in the overall flow of care that it provides for its staff.

Another challenge is to help discern when it might be time to "attrit"—to find a new position in missions or to leave missions altogether. Longevity is not always a desirable goal. Thankfully, both life and God's will are bigger than the Evangelical missions world!

Still another challenge is simply to raise the awareness of member care needs in certain sending churches and agencies, along with the responsibility to help provide jointly for these needs. Unfortunately, there are still a number of settings where member care is either overlooked or misunderstood. Towards this end, it is my hope that this model will serve as a framework to help assess and address member care issues and that it will be a robust, fluid model for fostering staff resiliency. The model's five spheres and five best practice principles can be used as both a "guide and a goad" to better care. As a further aid, Figure 3 lists some strategies that can help develop member care in different settings.

Another help is to review periodically one's involvement in member care. As an example, here are four best practice "check points" that can be used by member care workers, sending groups, national mission associations, and regions/partnerships (O'Donnell, 1991).

- *Acceptability.* How available/accessible are our member care resources—are we meeting felt needs in relevant ways?

- *Building.* To what extent are we building member care into our settings—forming sustainable, comprehensive resources and an ethos of mutual support and spiritual vitality?

- *Cooperation.* In what ways are we networking with others who are involved in member care—sharing resources, ex-

Figure 3
Strategies and Settings for Developing Member Care

Member Care Strategies

- Write/conduct research
- Do needs/resource assessment
- Resource conferences
- Provide training
- Convene consultations
- Participate in email forums
- Form service teams
- Form service organizations
- Set up resource centers/hubs
- Connect with “secular” resources

Member Care Settings

Church/Agency, Interagency, Nation, Region, Global

changing information/updates, working on joint projects?

■ *Priorities.* To what extent have we identified our guiding principles and priorities for member care—best practice statement, clear focus, at-risk groups, designated budget?

Final Thoughts

Life does not always work according to our best practice models. Likewise, our best efforts for providing a flow of care can only go so far. We must remember that God is sovereign over any member care model or approach. His purposes in history often take precedence over our own personal desires for stability and order in our lives (Jer. 45:1-5). This is frequently the case for missionaries, where hardship, disappointment, and unexpected events have historically been part of the job description.

Irrespective of the struggles and strains of life in general and of missionary life in particular, we know that there is still much joy in the Lord! Joy and pain are not mutually exclusive. Joy is refined by and often flows from life’s challenges and pains.

Member care is important not because missionaries necessarily have more or unique stress, but rather because mission-

aries are strategic. They are key sources of blessing for the unreached. Member care is also important because it embodies the biblical command to love one another. Such love is a cornerstone for mission strategy. As we love, people will know that we are His disciples.

Reflection and Discussion

1. How is your sending group’s approach to member care similar to and different from the model presented in this article?

2. List a few of the greatest issues/struggles for mission personnel in your setting, organization, and/or region.

3. Identify how you could work with others in order to improve member care in your setting—e.g., review your member care approach, form/apply best practice principles and key indicators, develop additional specialist resources, read/discuss additional materials.

4. In what ways do your skills/gifts and interests/preferences fit into the model presented—how do you contribute to member care?

5. Which parts of the model seem most relevant across national and organizational cultures?

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Developing A Flow of Care And Caregivers



DAVID
POLLOCK

*Two themes converged in the Word.
And we should be doing both.
And that would make all the difference.*

The *Great Commandment* and the *Great Commission* are inseparable. The second cannot be done without the first. Obedience to the Great Commandment is the motivation, message, and methodology in fulfilling the Great Commission. “For God so loved ... that He gave” (John 3:16). “God demonstrated His love toward us in that while we were yet sinners Christ died for us” (Rom. 5:8). The key motivating force for all that is good is God’s love toward us, in us, and through us. Fulfilling the Great Commission is unthinkable without the love of Christ compelling us (2 Cor. 5:14). Our struggle to see the Great Commission fulfilled, however, may be in our struggle to believe that Jesus’ command of John 13:34 is also His strategy in reaching the world (John 13:35).

The command of John 13:34 comes in the context of the last evening before the crucifixion of Jesus Christ. It may be that what we see in John chapters 13–17 is in fact the shorter catechism of all He had taught His friends over their three-year journey of discipleship. That which is recorded includes *demonstration* of His love for them in the process of washing their feet and predicting His crucifixion through the bread and wine. This was followed by His *proclamation* of what He was about to do, what the future of the disciples would be, and how through His Spirit their care would be safeguarded and their ministry implemented. He concludes with *supplication* as He reviews the essence of His journey on earth: “that they may have eternal life ... this is eternal life, that they may know You and Jesus Christ

This article explores the need to develop a steady stream of care on behalf of mission personnel. The essence of this care is best understood as a “flow of love.” Such love permeates the good programs, the competent practitioners, the mutual support between mission personnel, and the supportive resources needed throughout missionary life. Our love and unity demonstrate that we are His disciples.

whom You have sent ... that they may glorify Me ... that they may be one as we are one, *that the world may know* that You have sent Me” (John 17).

This unity for which Jesus prays confronts the world with the truth that “God was in Christ reconciling the world to Himself.” This unity is the product of obedience to the Great Commandment, and the fulfillment of the Great Commandment demonstrates the very character of God. The demonstration of His character *is* the glory of God—it is how we glorify Him!

Following the coming of the Holy Spirit, we have a snapshot of the church in Acts 2:42ff. In this description, nothing is said of evangelism as proclamation, yet the closing line states, “And the Lord added to the church daily.” Clearly, a demonstration of the functional love of God in His people was a convincing basis for proclamation. This body of believers, in their lifestyle and relationship to each other, shouted to the world that something had occurred in them—normal human beings—that could be explained in no other way except that God had invaded their lives and changed them to reflect who He is. These early Christians were fulfilling John 13:34 and 17:21.

The Epistles have far more to say about demonstrating Christ than about proclaiming Him. This demonstration is referred to throughout the New Testament as a body with different parts that strengthen, support, nurture, and care for each other under Christ, who is the head (Rom. 12, 1 Cor. 12, Eph. 4). Out of this demonstration, proclamation comes naturally and makes sense to a watching world.

The Apostle Paul, addressing the problem of division in the church in Corinth (which reflected the opposite of Jesus’ prayer of John 17), clearly identifies the solution to be a combination of “faith, hope, and love, but the greatest of these is love” (1 Cor. 13:13). Paul’s description of love in 1 Corinthians 13 leaves little to the imagination regarding what love looks like and how it works itself out in the support and care of a healthy community.

Jesus was clear in defining the essence of God’s commandments in Matthew 22:36-40. “Love the Lord your God with all your heart and with all your soul and with all your mind. This is the first and greatest commandment. And the second is like it: love your neighbor as yourself.” It is the same issue—loving God and one another—which is at the heart of His strategy for fulfilling the Great Commission.

The eternal God of the universe in His mission plan has, according to Paul, revealed Himself through:

- Creation (Rom. 1:19-20)
- Conscience (Rom. 2:12-15)
- Commandment (Rom. 2:17-20)
- Christ (Rom. 3:21-5:21; Heb. 1:1-4)
- Christians (Rom. 6:1-16:27; Heb. 13:20, 21)

With regards to the last means of revelation, God uses Christians to reveal His character via the love they show. It is behavioral demonstration, not just verbal proclamation. It bears repeating that perhaps our frustration in fulfilling the Great Commission is related to our failure to concentrate on fulfilling the Great Commandment. The simplicity of the community of Acts 2:42-47 often seems too elementary, and our world and its demands seem so complex that a return to this model appears impossible. It was the growing complexity of body life even in the first century that made the directives to the churches in Corinth, Galatia, Ephesus, and Rome necessary. Encouragement and instruction to Timothy, Titus, and Philemon indicate the need for advice on how best to conduct oneself and manage the churches, but the principle and motivation remained the same. The advice consistently goes back to Jesus’ simple and profound instructions: we are to love God and love one another, demonstrate God’s love, and thus proclaim the identity and activity of the eternal God.

The church is a body—a community—not a business. The direction given in the Epistles is abundant and clear for the well-being of this living demonstration in community. The atrocities committed within

“evangelized” countries such as Rwanda, Liberia, and Sierra Leone (as well as in Western “Christian” countries) confront us with the fact that the Great Commission is not fulfilled by planting branch offices called churches and making them an ecclesiastical statistic. The Great Commission is not complete until we have made disciples, “teaching them to obey everything I have commanded you.” The Great Commandment is the essence of what we are to teach, how we are to disciple, and the way to develop Christian community.

The model in Acts 2:42-47, the life of Barnabas, the “one another” verses of the Epistles, and the relationships reflected in the book of Acts and the apostles’ writings give us basic insight into the task before us. The same love requirement is incumbent upon the church of the 21st century with our own complex and ever-changing challenges. This is why we must prepare a *flow of care* for those whom God has moved to be the mobile, global proclaimers of the good news. Member care in this sense is really an embodiment of love. The flow of care is actually the flow of love. It is not simply an accommodation to stem the tide of attrition. It is not done simply to make people more effective, efficient, and enduring. It is the response to the Master’s mandate.

In the international business world, there is a growing awareness of the need to heed the “people issues” of cross-culturally mobile personnel. According to researchers Grant-Vallone and Ensher (2000), premature home returns for Americans occur in 10-20% of expatriate assignments. Some statistics quote percentages as high as 40%. The extra financial loss to the company is \$100,000 to \$500,000. In addition, 20% of employees leave their company within three years after repatriation. The high attrition has many reasons, including couples with dual careers where one is unable to pursue his/her career, problems with children’s care and education, and responsibility for elderly relatives in the home country. Some of the reasons are more subtle, including

the sense of being sidetracked from one’s career flow by being away from the home office, not being valued for what one has learned on the international assignment, and generally not being cared for by those in charge of personnel. The financial loss in all of this is only a part of the problem. One executive reflected, “In the 30 years of sending employees abroad, I have always known the financial loss, but I have considered it part of the price of doing international business. Now, however, as I retire I am asking myself, ‘What was the cost in terms of broken families and destroyed lives of those for whom we have not sufficiently cared?’”

In the missions community, care of personnel is the fulfillment of our mandate and the natural expression of our fellowship. It is, of course, more than just protection against financial loss or safeguarding our investments. Such care is not an event, nor is it necessarily automatic. Rather, it is an intentional, planned, and ongoing flow which occurs throughout missionary life.

The Flow of Care and Caregivers

The flow of care begins with the prospective missionaries’ relationship to the local body of believers and moves to the relationship with the sending agency, whether it be the same local body or a mission agency. Ideally, the local church has nurtured the individual and family and has thus functioned as a visible caring community. Basic spiritual and personal growth has been promoted through mentors as well as through the general life of the body. Now comes a new level of intentional care, requiring a variety of caregivers and moving from stage to stage in the life cycle of the missionary and the missionary family—from recruitment through retirement/end of service.

Stage 1: Recruitment

The “call” must be from God, not from slick promotion. We must expose and even

confront people with the needs of the real world, but the decision to go must be in response to the question of the individual, “Lord, what do You want *me* to do?” This approach recognizes that all Christians are called to *Him*, that they might be with Him and that He might send them (Mark 3:14). Each has a role in the Great Commission, but not all have the same role. Some are sent to “Jerusalem” and some to “a distant place.” Some are sent to their own cultures and others to different cultures. Each needs to hear an assignment from the Lord and obey. And each person needs to understand that the fundamental call is first to be with the Lord Jesus (1 Cor. 1:9) and then, from this place of fellowship, to launch out.

Key to good recruitment is “honesty in advertising.” The likely cost must be spelled out, as well as the needs and rewards. Jesus directs His disciples to count the cost before building a tower. This does not mean that a high cost precludes building the tower, but rather by counting the cost one avoids discouraging and destructive surprises. There are many questions and considerations: Should a family go with teenagers or if there are needy, elderly parents? Should one move into a limited access and/or potentially dangerous situation with all the uncertainties? Do both spouses agree? Is there a sense of call for both? Do older children have a sense that this is God’s direction for them? What are the details of the task? Are the new recruits gifted in these areas? Are they equipped? Is the entire family prepared to respond to the call? What are the issues for single people? Is celibacy for the sake of the kingdom feasible? The list of considerations is long.

Asking the appropriate questions of these potential missionaries is key for starting well. Inquirers are usually not in a position to raise all of the essential questions about themselves; they need the guidance of people who from experience know what questions to ask and how to evaluate the responses. At the same time, it is also critical for candidates to ask the

right questions about the sending agency. Giving permission to ask questions, even encouraging questions and providing objective sources for answering those questions, sets the right tone for healthy communication over the long haul. Providing an accurate picture of the mission agency, prospective candidate, task, and ministry environment is all part of “honesty in advertising.” Senders must realistically communicate that there will be many unknowns and that much of the journey is one of faith, not sight. The caring recruiter/mobilizer, pastor, and friends are some of the main caregivers at this time.

Stage 2: Screening

It is important to determine who the “client” is when one is doing both recruitment and screening. In the first stages of both processes, the sending agency is the primary client as we seek to find personnel to do the tasks required and desired. Nevertheless, love always requires that we keep the potential candidate clearly in mind as the subject of both God’s love and ours.

The agency should be seeking the best possible people to do the task. Candidates need to meet basic requirements, but the agency should acknowledge that recruits will grow and learn with time and experience. The agency needs to be protected from bad choices for the sake of itself and its existing teams, as well as for the sake of those who will be served. Sometimes the most loving response to those who are not qualified, prepared, or otherwise ready is a “no” stated in genuine concern for the potential candidates as well as all the others involved. The “GP” seen in the clouds by the candidate may indeed mean “Go Plow” at home as opposed to “Go Preach” overseas. Screening out should be done as early as possible with great care and sensitivity before public announcements have been made, resignations from jobs submitted, or houses sold. In most cases involving a “no” or a “not yet,” counseling should be advised to assist the individuals in moving ahead with their lives.

For those who are probable candidates and potential personnel, there is also an important screening process that is called “screening in.” At this point, the primary client is the candidate. Screening in is designed to discover as much as possible about each individual, in order to direct and place each one (and the entire family) wisely and then to deliver appropriate care and support throughout their entire life experience, both overseas and upon return to the passport country. Medical history is key in being able to predict possible needs, as are family history, psychological evaluation, and social and cross-cultural abilities. It is important that these areas of examination be integrated in order to get a composite and accurate picture of strengths and weaknesses. Physical problems may have a psychological basis, and social background, including family dynamics, may have a profound impact on the development of cross-cultural adjustment. The competent input from special caregivers at this stage—physicians, mental health professionals, personnel officers—is an early and essential part of the flow of care.

Stage 3: Preparation and Pre-Departure Orientation

Proper education and training are obviously an important consideration. Professional competency must be closely examined from the perspective of both education and a practical track record. Untested education is always a danger when sending someone into a new and unfamiliar situation where the environment, tools, and details of the task require one to be able to adapt abilities to meet new demands. If abilities have not been mastered in one’s “home” territory, it is difficult to customize them to new circumstances. Lack of ministry experience in one’s home culture is not a good indicator of success elsewhere.

Spiritual formation prior to going overseas is critical. Usually nothing dynamic of a spiritual nature occurs during the flight across an ocean. It can be a great

disappointment to discover that the person entering the airport in a new country is basically the same person who left the old. Neither the name “missionary” nor the new geographical location produces the spiritual maturity that may be needed. The preparation process is in one sense the process of a lifetime. On the other hand, there are aspects of preparation, even fine-tuning, that must take place in the period of time prior to embarkation.

Pre-departure orientation may vary from agency to agency in length of time, people invited to participate as teachers and resources, and even content. Unfortunately, some agencies question the importance of this type of orientation and leave such preparation to the discretion of people who often are not in a position to know that there are issues and questions to explore, let alone having a sense of need to get answers. As a result, there may be dangerous gaps in the awareness, preparation, and ability to respond appropriately in the overseas ministry setting. Inappropriate expectations leave the sojourner open to deep disappointment and perhaps failure.

Pre-departure orientation, properly developed, should accomplish several objectives. First, it should assist people in “leaving right.” Leaving right is key to entering right and to the correct process of reentering when one returns to the place of origin. Secondly, this experience should assist in developing and defining expectations that are both realistic and sufficiently positive. Thirdly, the orientation should help develop a frame of reference that provides basic understanding of one’s own reactions and responses to the new environment and helps to develop a positive attitude toward good adjustment and ability to learn. It should inform one’s perspective and produce patience with oneself as well as others. Good decisions are based on good preparation. Key caregivers at this stage include cross-cultural trainers, seasoned missionaries, and others who can further prepare the new missionaries.

Stage 4: Departure

An important aspect of the pre-field experience is the opportunity for proper farewells. The commissioning of missionaries is an important step in the process, but often the less formal aspects of departure are just as critical. Being certain that a “RAFT” is built to help one get to the new location is important. Rconciliation of any unresolved conflicts, as much as possible, is the first section of the transition raft. Affirmations are next, for both the departing and the remaining, in order to express appreciation to each other. The Farewells from family, friends, and body of believers need to be done at different times and in culturally appropriate ways, and these represent the third part of the raft. Finally, there is the exercise of Thinking about one’s destination: developing expectations that are both realistic and positive will minimize disappointment and will enhance resilience. Friends and family are especially important caregivers at this time.

Stage 5: Arrival

Probably the most important aspect of arriving is to have healthy, proactive mentors. A mentor, who is an important type of caregiver, performs two tasks. First of all, mentors introduce the culture to the newcomer. They answer questions that are asked and questions that should have been asked. They make suggestions, correct errors, and generally guide through the uneasy experience of being foreign. The second task of mentors is to introduce the newcomer to the community. Sometimes this is accomplished automatically by virtue of the mentor’s reputation, which can open relationships to others, while at other times the mentor must actively introduce the newcomer.

The meeting of initial needs within the first few hours/days provides a sense of peace and well-being. For the sojourner, the basics of a reasonably comfortable place to sleep, eat, and relax are critical. Transportation and basic instruction and

guidance in getting around are next in order of need, closely followed by the need for sufficient funds to meet personal and family requirements. Health care and information about safety are other important issues. A good mentoring program is prepared with information and help in these areas.

After a few days, the issues of schedule, job description, cultural practices, and relationships beyond the mentors begin to impress themselves on newcomers. A basic orientation addressing these issues and reminding newcomers of the elements in the pre-orientation that are now relevant allows them to know that they are normal, and they can be patient with themselves and others during these days of initial adjustment.

Stage 6: Field Life

This stage involves the ongoing flow of care on-site. Support systems for physical, psychological, and emotional health will vary in usefulness and importance from person to person and time to time. Quality relationships formed with team members along with nationals/locals are essential sources of support. Colleagues and nationals become the building blocks for mutual care.

Crisis care in the face of traumatic experiences becomes increasingly critical in our age of growing anarchy and the chaos it produces. In 2000, Karen Carr and Darlene Jerome with other teammates initiated the Mobile Member Care Team in Abidjan, Côte d’Ivoire (see chapter 12). It is hoped that this will be the first of many locations/centers from which quick response can be launched to meet the needs of those confronted with severe crisis. In addition, such centers can provide crisis response and interpersonal skills training as well as counseling services. Often a crisis situation allows the members of the body of Christ to activate their ability and interest to be supportive in Christ’s love for one another. A supportive Christian community and the input from profes-

sional caregivers are a powerful combination for the flow of care.

Another aspect of the flow of care is how the organization handles its personnel on the field. On the down side, often the organizational *system*, removed from the conscious obedience to the Master's directives, can act more like a company than a community. The organization may become very impersonal, and even those "in charge" can blame poor decisions and destructive behavior on the "system." Getting the job done in missions also involves assessing and acknowledging the impact on the lives of those involved. Leaders at every level must thus be evaluated on the basis of how they view and treat the people for whom they are responsible. The flow of care, though assisted by intentional member care programs, is in reality dependent upon person-to-person consideration and care.

One issue in particular that is near and dear to my heart is the well-being of missionary children. Accomplishing the goals of a mission cannot be done while knowingly "sacrificing" children. This is still happening far too frequently! The response of Jesus to the self-centered question of Peter (Matt. 19:27-30, What do I get by leaving family for the sake of the gospel?) does not negate the powerful admonition and warnings related to the care of children that Jesus gave earlier (Matt. 18:1-14, Woe to the person causing one of these little ones to stumble!). Sending organizations thus do well to prioritize care for all members of the mission family. MK caregivers (e.g., educational consultants, teachers, dorm parents, re-entry facilitators) are becoming an increasingly important part of missions today.

Home churches and mission agencies have a responsibility to maintain communication on behalf of mission personnel. There should be clear understanding of expectations of all concerned—the agency's expectations of the church, the church's expectations of the agency, the missionary's expectations of the church/agency, and vice versa. Ongoing three-way

communication, visits from the church leadership to the missionary, support in crisis situations from the sending groups, and regular signs of genuine interest and concern contribute significantly to the health of mission personnel.

Specialists with knowledge and experience in the international and missions community are critical in providing a flow of adequate care. A flow of caregivers who can deliver care through their specialties of medicine, psychology, crisis intervention, pastoral care, team building, conflict management, education, training, fiscal support, and career development across mission agency lines is necessary. Personnel and human resource directors as well as mission specialists in local churches need to build relationships with these specialists (and vice versa) and facilitate the connection with their mission personnel. Such a pool of specialists that are supported, promoted, and used by a variety of agencies reduces cost, assures availability of care when needed, and reduces the stress on the individual agency by making it unnecessary to maintain its own group of specialized support personnel.

Stage 7: Preparation for Returning "Home"

For many, the process of returning to one's "home" country is more challenging than moving to a new one. Also, for many, the first such transition comes as a shock. Preparation for this change is both loving and necessary. The same process of leaving right via a "RAFT" is necessary for returning right. Personnel need to be assisted and at times admonished to reconcile and be reconciled; to affirm and be affirmed; to bid farewell to people, places, pets, and possessions; and to think ahead in developing realistic expectations and strategies for reentry and re-adjustment. Materials, seminars, exit interviews, and peer counseling may all be employed to assist personnel of all ages to leave/return right. Building the RAFT is as important in leaving the overseas assignment as it is in the original "home" departure.

Another part of repatriation includes the preparation of those receiving the overseas sojourner. Neal Pirolo (2000) in his book *The Reentry Team* uses the model of the church of Antioch as the basis for forming both right perspectives and right plans for healthy missionary reentry. The anticipation and planning for missionaries' return raise expectations of the "home team." Although surprises are sometimes nice, it is important that returning missionaries receive realistic information about the basics of the reentry process and support. They must know who will meet them at their point of entry, where they will be staying initially, and what provision there is for transportation, schooling for the children, money for immediate use, and other necessary living issues. It is critical that "promises" made are fulfilled.

Stage 8: Reentry

As with the previous stage of preparation, reentry care (for furlough, end of service, or retirement) is a team effort involving the mission agency, the primary supporting church or churches and, it is hoped, the family. The mission agency, in most cases, must take the position of "coach" in identifying what must and should be done and then coordinating the process. The better the communication has been between mission agency and church, the simpler this process becomes. Some churches have formed "home teams" made up of several families to support the missionaries throughout their career. These teams interface with the mission agency, the church body as a whole, the missionary family, and the missionary as a key source of support, including in the reentry process. Such proactive commitment minimizes miscommunication and prevents important issues from being ignored and people "slipping through the cracks."

Mentors are vital to reentry support. The healthiest and most helpful people should be invited to be mentors for adults and young people alike. The role of mentors is to inform, answer questions, and

give guidance to returnees. They also are the representatives of returnees in introducing new people to them (sometimes including new church or community leaders) and representing their needs to those who may be able to help. They function as advocates on behalf of the returnees. Their task is to help returning missionaries reestablish themselves as deeply and as quickly as possible. This does not mean that mentors are the sole caregivers, but they are often the main points of contact for the care team.

Transition or reentry seminars are often a key source of support. Not only are the content and process of such seminars valuable, but meeting others and listening to their experience of reentry is also helpful. Returnees usually end up feeling more "normal" and become more patient and relaxed about the reentry process.

Two types of debriefing are helpful around the time of reentry. The first is *operational debriefing*, which primarily reviews the work-related experiences and issues for the missionary. This type of debriefing is done by the sending agency and/or the sending church. The second is *emotional debriefing*, which explores the feelings and personal experiences of the missionaries. This debriefing is done more privately to allow the missionary to express him/herself freely and explore his/her life and work. Children and families benefit from this type of debriefing too.

In general, both types of debriefing should be designed to help the missionary and the sending groups better understand the missionary's experience. Debriefing should be an opportunity to hear both the good and the bad without defense (or offense). Its goal should be to discover ways to contribute to support, healing, and preparation for the future. Thus, those who conduct the debriefing should be individuals who have some knowledge of the people involved. In the case of operational debriefings, they should be in places of sufficient leadership where appropriate actions can be taken when necessary.

Which caregivers are the debriefers? Depending on the type of debriefing, they could include a counselor, the head of the missions department at the missionary's church, a trusted/skilled friend, a pastor, or a personnel officer.

Stage 9: Ongoing Support

There are at least three special categories of people in the missions community who should have specialized and ongoing support. They are the "beginners," the "finishers," and the "injured."

Beginners. Third-culture kids (TCKs) can be considered "beginners" when they experience significant transitions as young adults: from living abroad to living in one's passport country, from secondary education to university or the work force, from being close to parents to distance from them with few or no familiar faces. Transition seminars, networking through the Internet, publications, reunions, return visits to the family and the "home" country, and coaching/counseling support are all important.

Once again, healthy, helpful mentors are critical not only upon reentry but through the ongoing growth and development of these TCKs. To realize their potential, young adult MKs need people who can validate their TCK experience and serve as coaches to help them into appropriate places of development and leadership. Mentors may begin the process by helping to meet very mundane needs such as attaining a driver's license, getting a job, buying a used vehicle, and getting registration and insurance for the first time without the help of their parents.

Finishers. The second area of ongoing care is for the finishers. Retiring missionaries or those who conclude their career because their particular task is finished or due to health reasons are not throwaways. Too often, people who have consciously sacrificed economic security for the cause of the gospel find themselves in desperate need because there is little or no provision for retirement (including government-supported supplements) in

their closing years. Too often, the church rejects the responsibility to continue to support because the person is "no longer a missionary."

Beyond the issue of finances, however, there is the issue of continued significance. Missionaries may return or retire, but they may live many years beyond the termination of their overseas assignment. They may be healthy and sharp-minded and still have a heart for kingdom business. Helping returnees or retirees reinvest themselves at a reasonable level of involvement is part of the support process.

Retirement support needs to begin long before retirement, through the encouragement and support of both mission agency and church. Financial planning, retirement housing, and useful post-retirement activity are too often ignored until it is too late to provide for these things. Once again, the mission agency and the church need to communicate with each other about expectations and provisions.

Injured. The third area of continuing care involves those who are injured, whether physically, psychologically, or spiritually. Barnabas separated from a rewarding, positive, long-term relationship with Paul in order to care for a wounded disciple named John Mark. The latter ultimately recovered to become "profitable" to Paul (Acts 15:36ff; 2 Tim. 4:11). Such a model of care in the early church is instructive. Personal growth takes time, as does helping someone who is weak or injured. There are consequences to our kingdom work, and oftentimes there are significant injuries. We must thus prioritize, budget, and take the time necessary to walk mission personnel through the healing process and see them restored. This is applicable not only to active mission personnel, but also to those who are leaving mission service.

Summary Thoughts

The flow of care is made possible only with a flow of caregivers. And missionaries themselves, along with their mutually

supportive relationships with nationals/locals, are surely a major part of the care needed for longevity. But that is not, of course, all that is required. Personnel/human resource directors and church-based mission leadership, coupled with specialists in fields of medicine, mental health, education, crisis and conflict management, pastoral care, finance, and so on, must coordinate and integrate their activity. Training is required to hone the skills of people in these disciplines to the specific needs of the interculturally mobile mission population. A network for communication is required to coordinate efforts, cross-pollinate the care disciplines, and communicate availability and accessibility of these services. It is encouraging to see the ongoing development of such networks within and between the Newer Sending Countries from Asia, Africa, and Latin America, and the Older Sending Countries.

It has been my conviction over the last four decades of my work in missions that member care is by its very nature the tangible expression of the love of Christ for us and of our love for Him. It is not simply a program or a plan; it is the product of who we are because of our relationship to Him and our being His “new creation.” He is Emmanuel, God with us, and it is Christ in us who is the hope of glory. The flow of caregivers, cooperating together to support mission personnel, is one more demonstration to the world of the unity for which Jesus prayed. Providing the flow of care is a body effort of mission agencies, sending churches, supporting families, and committed caregivers who realize that the Great Commandment and the Great Commission are inseparable.

Reflection and Discussion

1. What is the rationale for stating that “the Great Commandment and the Great Commission are inseparable”?
2. List a few ways that the flow of care might be different for Newer and for Older Sending Countries.

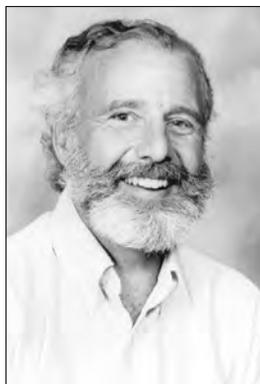
3. List some ways that the flow of caregivers might be different for Newer and for Older Sending Countries.

4. Who should coordinate/oversee each phase of the flow of care?

5. What are appropriate expectations for care that missionaries should have for their mission agency, sending church, field leadership, other missionaries, and themselves?

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Christianity at 2000: Changes Today, Challenges Tomorrow



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At the end of the 20th century, just over 33% of the world's population profess to be Christians. Contrary to the optimistic outlook 100 years ago of a "Christian century," this percentage is actually slightly lower than it was in 1900. Some might conclude that Christians have made virtually no progress in enlisting followers in the past 100 years.

But such a point of view would miss the radical changes that have impacted the world Christian movement in the 20th century. First of all, in 1900, over 80% of all Christians were white. Most were from Europe and North America. Today that percentage is only 45%. The demographic weight of Christianity is now found in Latin America, Africa, and Asia. Over the next 25 years, the white portion of global Christianity is expected to continue to decline dramatically.

Second, in 1900, only a handful of Christians were involved in renewal movements. By AD 2000, over 500 million or 25% of all Christians were participants in renewal. Over the century, the first wave of renewal, the Pentecostal Movement, grew into 750 denominations in 225 countries with 65 million members. Later, a second wave, the Charismatic Renewal, hit the mainline churches, encompassing 6,500 denominations in 235 countries with over 175 million members. Finally, a third wave, or the rise of Neo-charismatics, emphasizing a break with denominationalism, spread into over 18,800 networks in 225 countries, claiming over 295 million members. The majority of these are in Africa and Asia. Altogether, these three waves of renewal mark a radical transformation of Christianity in the 20th century.

Third, Christians of all major traditions have grown increasingly committed to the Great Commission of Jesus

How has the church fared with regards to its endeavors to fulfill the Great Commission? Here are some historical perspectives, current realities, and future trends to consider seriously. It is within this broader context that we are providing and developing member care on behalf of the missions community.

Christ. One out of three Christians in the world is active in obedience to this Commission. The number has grown from 78 million in 1900 to over 650 million in AD 2000. As a result, hundreds of new mission agencies have been formed and thousands of new missionaries sent out. The independent churches, barely a factor in mission in 1900, are now providing a new infusion of workers, as many of the more traditional sending bodies continue to decline. An almost entirely unexpected surge of workers has emerged from the non-Western world—thousands of new churches and agencies sending foreign and home missionaries.

Fourth, Christians have stepped up their evangelistic efforts, particularly in line with advances in communications technology, beginning with the radio early in the century and progressing to satellite networks today. In 1900, it is estimated that Christians generated enough evangelism on earth for every person to hear the gospel six times every year. By 2000, that figure had skyrocketed to 155 times—a gospel presentation for every person on earth every other day all year long.

Social Trends and the Impact of the Gospel

Remarkably, these dramatic changes have not achieved a fundamental goal of Christian mission—proclaiming the good news to every people in the world. A major study by Samuel Zwemer was commissioned by the Edinburgh Missionary Conference in 1910 and then published the following year as *The Unoccupied Mission Fields of Africa and Asia*. Zwemer clearly outlined the unfinished task and the opportunities the churches had for contacting the unevangelized. He even emblazoned an early version of the “10/40 Window” on the cover. This call was largely ignored. Similar clarion calls were made throughout the 20th century, culminating with a global concerted effort in the 1990s with a now-popularized 10/40 Window. Nonetheless, at the end of the

20th century, 1.6 billion people in several thousand ethnolinguistic peoples are still without access to a culturally relevant church community.

This shortfall is largely the result of where missionaries went to work during the 20th century. Nine out of 10 missionaries who were sent out went to work among peoples already contacted with the Christian message and, in some cases, already heavily Christian. This pattern is being repeated today by the new independent missionaries and, to a large extent, by non-Western missionaries. The result is that over 95% of all Christian effort today is directed at the Christian world.

The lack of contact between Christians and non-Christians must also be viewed in the context of the world’s great social problems. The 20th century was one of the bloodiest on record with over 200 major conflicts, including two world wars. These conflicts are largely responsible for a record 40 million displaced persons (internal and external exiles). One-third of these are environmental refugees, with 300,000 a year dying as the result of environmental disasters. Some 800 million individuals—mainly women, children, and the elderly—are chronically malnourished. Every year, 15 million die from diseases related to malnutrition. Two million children die each year through lack of immunization against preventable diseases. Every year, nearly 600,000 children are newly infected with the AIDS virus. The global total of HIV-positive individuals now exceeds 40 million. 2.2 billion people do not have access to safe water. The urban poor have mushroomed to 1.4 billion (half of all urban dwellers). 120 million children live or work on the streets of the world’s cities. 10 million children are forced into prostitution, and another 200 million children are forced into child labor. These and hundreds of similar statistics paint a stark picture of reality—a reality that Christians ignore at great peril.

Another unanticipated trend has been the tremendous resistance non-Christians have shown to Christians and Christian

missions in the 20th century. The rise of Communism early in the century provided most of this dynamic. For over 70 years, not only were Christians in Communist lands under intense persecution, but millions lost their lives prematurely as a result of their witness—the standard definition of Christian martyrs. With the collapse of Communism in the latter part of the century, one would think that martyrdom and persecution would now be rare. Unfortunately, this is not the case. Outside of the Communist world, governments that now persecute Christians are run by secularists, Muslims, Hindus, and, surprisingly, other Christians. In fact, the 20th century has been the bloodiest on record, not only for all of humanity but for Christians as well. In these 100 years, more Christians lost their lives as martyrs than in all the previous centuries combined. The current rate is a staggering 165,000 Christian martyrs each year.

Challenges of the 21st Century

The challenges faced by the new missions force of the 21st century are legion. The world of AD 2000 is radically different from that of 1900. The overconfidence exhibited early in the 20th century by secular leaders of the Enlightenment Project has been completely deflated by the collapse of Communism and a general loss of faith in science and the idea of inevitable progress. Christian theologians and mission leaders who borrowed heavily from this paradigm find themselves at a crossroads. Although some advocate an even stronger “modern” approach, many see the changing times as a corrective to the overconfidence of 20th century strategies.

With this in mind, some see the ethos of 20th century mission creeping into 21st century initiatives. First is the tendency to convene big conferences with impressive slogans, in which the implications of the slogans are not always seriously addressed. Second, the hoped-for century of

church union has become instead one of schism and lack of cooperation. If anything, hundreds of new organizations have emerged, each with its own independently stated plans. Third, the number of missionaries available for frontier missions may be impacted by an increasing uneasiness over the efficacy of Christianity in “already disciplined” peoples—Rwanda being a premier example. As a result, more mission effort is advocated among the 141 countries already 60% or more Christian and already the locus of current missionary deployment. Fourth, short-term missions are now a driving force in missions. Although this means that more Christians are exposed to mission fields, it seems to be having the effect of injecting a short-term emphasis into long-term church planting strategies. Fifth, although much has been learned about contextualization of the gospel, emerging short-term mentalities foreshadow a de-emphasis on language and culture learning, which are still the backbone of the foreign missionary enterprise.

Nonetheless, positive developments in 20th century mission are also being appropriated in the new century. First and foremost has been the formation of two kinds of partnerships. First, we see increasing cooperation between Western and non-Western missions. There have been many false starts along the way, but valuable lessons have been learned with regard to the use of money and the sharing of control of personnel and funds. Second, strategic partnerships between mission agencies have been formed specifically around unreached peoples. For example, a Bible translation agency might work closely with church planting efforts and radio broadcasters. These partnerships are growing and represent a major step forward in frontier mission strategy. Closely related to this is the rise of strategy coordinators. A new breed among missionaries, these individuals step back far enough from a specific people group to enumerate all the possible ways the people might be reached. They then choose 10 or so of the

best strategies and advocate among specialized agencies (such as media ministries) for their accomplishment.

Perhaps the most astonishing development in frontier missions in the 20th century has been the unanticipated rise of the non-baptized believer in Christ. Akin to the fabulous growth of the Chinese house churches or African Independent churches in the latter half of the 20th century, several million Hindus, Muslims, and Buddhists have given their primary allegiance to Jesus Christ but have chosen not to leave their cultural traditions to join Christian churches. Their growth and development as individual believers and as movements must not be taken for granted. Understanding the implications of this kind of radical contextualization may rest largely with key leaders within the Christian church. Their role as ambassadors will be to try to anticipate how these new believers interact with Christian churches. They may also be able to unlock contextualized strategies in reaching peoples currently beyond the gospel.

All of these developments underscore the fact that missionaries of the 21st century will likely have a much greater load to bear than their predecessors from the 20th century. Today's missionaries are faced with information overload in a networked environment; multiple agencies from multiple countries taking multiple approaches; the impact of globalization and postmodernism on seemingly remote peoples; an increased need for cultural, ethnic, and religious sensitivity; the emergence of almost-unrecognizable new forms of Christianity; and a host of other new factors. More than ever, missionaries will need to be well prepared and well cared for in the 21st century. Only then will the churches of the world be able to fulfill the initial requirement of the Great Commission—the effective penetration of all peoples with the gospel message.

Reflection and Discussion

1. How is the Christian world in AD 2000 substantially different from what it was in 1900?
2. What are two major explanations for why Christians have not evangelized the world?
3. How should the world's social problems impact Christian mission strategies, including member care emphases?
4. What are some cautions for 21st century missions?
5. What positive developments can impact 21st century missions and the ability to do member care well?



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*Note: All statistics in this article are documented in Barrett, D., Kurian, G., & Johnson, T. (2001). **World Christian encyclopedia: A comparative survey of churches and religions in the modern world** (2nd ed.). Oxford, UK: Oxford University Press. For an annual global summary table of statistics, see www.gem-werc.org.*



Humanitarianism With a Point

JOHN L.
AMSTUTZ

“Inasmuch as you have done it to one of the least of these My brothers, you have done it to Me” (Matt. 25:40). Few verses are used more frequently than this verse by Christian humanitarian organizations. Whether the appeal is to invest in a ministry to prison inmates or to give to a ministry to feed the hungry and clothe the needy, this is the “John 3:16” of the charitable organizations. It is the verse which validates and underscores the biblical basis of such ministries to the less fortunate people of any society.

Understanding God’s Heart for the Poor and Needy

Let there be no doubt about it: the Bible makes clear a Christian’s responsibility toward the poor and needy. Jesus was anointed of the Spirit to “preach good news to the poor” (Luke 4:18). He seemed to show special concern for those who lacked life’s essentials, the poor and the oppressed. Thus He instructed His disciples to “sell your possessions and give to the poor” (Luke 12:33). He affirmed the Jewish practice of almsgiving, placing it on a level with practices of prayer and fasting (Matt. 6:1-4). In the parable of the Good Samaritan, Jesus clearly identified one’s obligation to “go and do likewise” for a neighbor in need, irrespective of ethnicity or socioeconomic standing (Luke 10:25-37).

By such teaching, Jesus identified with God’s concern for the poor in the Old Testament, where the God of Israel is described as “a stronghold to the poor, a stronghold to the needy in his distress” (Isa. 25:4). Howard Snyder (1975, p. 41) is right when he concludes that “there is biblical

To whom was
Christ referring when
He spoke about
“the least of My brothers”
in Matthew 25?
The answer to
this question has
profound implications
for the church’s
approach to missions—
and member care.

evidence for God's particular concern for the poor ... if one takes the trouble to look for it."

Understanding the Parable of the Sheep and the Goats

But is unconditional humanitarianism the point of the parable of the sheep and the goats in Matthew 25? Perhaps we need to take a second look at what Jesus intended to teach, in light of the context in which the parable is found, namely, the Olivet Discourse. Matthew 24:4-35 outlines Jesus' remarks concerning when the temple of Jerusalem and its buildings will be destroyed and what will be the sign of His coming and of the end of the age (v. 3). Since no one knows the exact day or hour of His coming, not even Jesus Himself, the need for "watching" is imperative (vv. 36ff). To underscore the meaning and significance of such alertness, Jesus told several parables. The parable of the sheep and the goats is the final parable and concludes the Olivet Discourse as found in Matthew.

Simply stated, the parable of the sheep and the goats pinpoints the basis of judgment of the nations. Jesus, when He comes in His glory as the Son of Man, will separate the nations (*ethne*) of the earth into two groups, sheep and goats. The basis of this division will be their response to "the least of these My brethren." Those identified as sheep responded positively. They fed, gave drink, provided hospitality, clothed, cared for, and visited Jesus' brethren when they were in prison. The goats, on the other hand, did none of these things. In both cases, neither the sheep nor the goats were aware of when they had so responded, and they asked the question, "When did we see You hungry or thirsty or a stranger or needing clothes or sick or in prison...?" (vv. 37, 44). Thus, the identity of "the least of these My brethren" is crucial for a proper understanding of the basis of judgment.

A survey of commentators indicates that the majority hold "the least of these

My brethren" to be oppressed and suffering humanity. Typical of the comments of such writers is the comment of R. V. G. Tasker (1977, p. 238): "In virtue of the divine compassion and the infinite sympathy shown in His life on earth, the Son of Man has come to feel the sorrows and afflictions of the children of men as though they were His own. He can, therefore, in a real sense refer to the suffering men and women as His brethren."

In light of such interpretation, no wonder contemporary Christian humanitarian organizations use Matthew 25:40 as they do. But again, we ask, is such unconditional humanitarianism the point of the parable?

Matthew 12:46-50 clearly states that Jesus' "mother and brothers" (i.e., His family) is "whoever does the will of My Father in heaven." The parallel passage in Luke 8:21 describes the "brothers" of Jesus as those who "hear God's word and put it into practice." Who are Jesus' brothers? Those who are hearers and doers of His word, namely, those who are His disciples and who continue in His word (John 8:31). Such close identification of Jesus with His disciples is clearly taught in Matthew 10:40-42: "He who receives you receives Me, and he who receives Me receives the one who sent Me. Anyone who receives a prophet *because* he is a prophet will receive a prophet's reward, and anyone who receives a righteous man *because* he is a righteous man will receive a righteous man's reward. And if anyone gives a cup of cold water to one of these little ones *because* he is *My disciple*, I tell you the truth, he will certainly not lose his reward" (italics added).

Therefore, one's response to Jesus' disciples is one's response to Jesus Himself and to the Father who sent Him. Is not this reality the basis of Jesus' question to Saul on the Damascus road, "Why do you persecute Me?" (Acts 9:1-5)? Had not Saul's persecution of believers in Jerusalem, in fact, been a persecution of Jesus Himself? It seems so.

If this is a proper interpretation of the word “brethren,” then the point of the parable of the sheep and the goats is even more pointed. Earlier in the Olivet Discourse, Jesus had said that “this gospel of the kingdom shall be preached in all the world for a witness to all nations” (*ethne*) before the end comes (Matt. 24:14). Apparently this parable assumes such a worldwide witness to all nations through Christ’s disciples. Therefore, the basis of judgment of the nations rests on their response to these disciples and thus to Jesus Himself. A positive response indicates a sheep; a negative response indicates a goat, for accompanying this worldwide witness also would be persecution, for Jesus Himself also had told His disciples that they would be “hated by all nations” (Matt. 24:9).

Apparently the universal proclamation of the gospel of the kingdom will be accompanied by a universal positive and negative response to that proclamation, in that some will show kindness to persecuted believers/disciples while others will not. Some will give them something to eat and drink and take them into their homes, caring for the sick and even visiting those in prison for their witness to Christ. Others will do just the opposite. Such response to Christ’s messengers indicated their response to their message and to the One who had sent them, Jesus Himself.

Rejection of “the least of these Jesus’ brethren” is in reality a rejection of Him. It was this point of identity with Jesus that apparently occasioned the question of surprise on the part of both sheep and goats: “When did we do this *to you*?” The element of surprise was *not* their treatment of followers of Jesus. Rather it was in their treatment of Christ Himself, who was identified with such disciples. The issue was *not* unconditional humanitarianism to mankind generally or even unconscious humanitarianism to Christ’s disciples specifically. The issue was unconscious kindness to Christ Himself . . . or the lack of it. The parable of the sheep and

goats teaches humanitarianism, but with a point.

Understanding the Implications of the Parable

The implications of such an understanding of this parable are significant. First, the parable assumes the universal preaching of the gospel is not optional in the plan of God. “Missions” is not an appendage on the church’s agenda. It is essential. A worldwide witness is the foundation for the judgment of the nations.

Second, accompanying this universal witness to Jesus Christ will be persecution. Indeed, “All who desire to live godly in Christ Jesus will be persecuted” (2 Tim. 3:12). Opposition for one’s faith in Christ is not just for believers in the Middle East and Asia. Christ’s disciples will be “hated by all nations” because they are *in* all nations.

Third, the place of hospitality and kindness toward followers of Jesus Christ is no small matter, particularly toward those who are being persecuted for their faith in Him. “Remember those in prison as if you were their fellow prisoners, and those who are mistreated as if you yourselves were suffering” (Heb. 13:3). “By this shall all men know that you are My disciples if you have love for one another” (John 13:35). In the words of the Apostle Paul, “Let us do good to all men, *especially* to those of the household of faith” (Gal. 6:10, italics added).

Is it not time we free this pointed parable of the sheep and the goats to speak clearly and fully of the crucial place of the universal preaching of the gospel to *every nation* (*ethne*) and the opposition and persecution that will attend such preaching? And is it not time we free this pointed parable to speak clearly and fully of the essential need of intentional humanitarianism—member care—toward those who have chosen to suffer loss for their witness to Christ in these nations?

Humanitarianism with a point is the point, and the point is, “Inasmuch as you

have done it to one of the least of these My brothers, *you have done it to Me*!” And never has a proper understanding of this pointed parable been more important than it is as we enter the new millennium, in which the church increasingly focuses on the final frontiers, many of which are in risky and resistant areas.

Reflection and Discussion

1. Do you agree with the author’s understanding of the identity of “the least of these My brethren”? Why or why not?
2. What is your understanding of God’s promise that those who bless His people will be blessed, but those who curse them will be cursed (Gen. 12:3)? Can you think of any illustrations in Scripture showing that the way a people/nation responded to God’s people determined how God responded to them? Can you think of any examples of this today?
3. What are some of the implications of the author’s understanding of the parable of the sheep and the goats, both for missions and for member care?
4. What accounts for such different responses to Christ’s messengers? Is the problem with the messengers, the message, the host culture, and/or other factors?
5. What has been your response to persecuted followers of Christ?

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Commemorating The Witnesses To the Faith

*“Unless a grain of wheat falls
into the earth and dies, it remains alone;
but if it dies, it bears much fruit.”*

John 12:24

With these words on the eve of His Passion, Jesus foretells His glorification through His death. We have just heard this challenging truth in the Gospel acclamation. It resounds forcefully tonight in this significant place, where we remember the “witnesses to the faith in the 20th century.”

Christ is the grain of wheat who by dying has borne fruits of everlasting life. And down the centuries, His disciples have followed in the footsteps of the crucified King, becoming a numberless multitude “from every nation, race, people, and language”: apostles and confessors of the faith, virgins and martyrs, bold heralds of the gospel and silent servants of the kingdom.

The Christian Legacy of Suffering

Dear brothers and sisters united by faith in Jesus Christ! I am especially happy today to offer you my brotherly embrace of peace, as we commemorate together the witnesses to the faith in the 20th century. I warmly greet the representatives of the Ecumenical Patriarchate and of the other Orthodox Sister Churches, as well as those of the ancient Churches of the East. I likewise thank the representatives of the Anglican Communion, of the worldwide Christian Communities of the West, and of the Ecumenical Organizations for their fraternal presence.

Gathered as we are at the Coliseum for this meaningful jubilee celebration, our coming together this evening is



JOHN PAUL II

This homily was delivered by John Paul II during a special ecumenical gathering, 7 May 2000, to honor all those Christians killed for their faith during the 20th century. It was given at a unique memorial service at the Coliseum in Rome, the ancient site where so many early Christians and others gave their lives for their faith.

for all of us a source of great emotion. The monuments and ruins of ancient Rome speak to humanity of the sufferings and persecutions endured with fortitude by our forebears in the faith, the Christians of the first generations. These ancient remains remind us how true are the words of Tertullian, who wrote: "*sanguis martyrum semen christianorum*"—the blood of the martyrs is the seed of new Christians.

The experience of the martyrs and the witnesses to the faith is not a characteristic only of the church's beginnings but marks every epoch of her history. In the 20th century, and maybe even more than in the first period of Christianity, there has been a vast number of men and women who bore witness to the faith through sufferings that were often heroic. How many Christians in the course of the 20th century, on every continent, showed their love of Christ by the shedding of blood! They underwent forms of persecution both old and new; they experienced hatred and exclusion, violence and murder. Many countries of ancient Christian tradition once more became lands where fidelity to the gospel demanded a very high price. In our century, the witness to Christ borne even to the shedding of blood has become a common inheritance of Catholics, Orthodox, Anglicans, and Protestants.

The generation to which I belong experienced the horror of war, the concentration camps, persecution. In my homeland, during the Second World War, priests and Christians were deported to extermination camps. In Dachau alone, some 3,000 priests were interned. Their sacrifice was joined to that of many Christians from other European countries, some of whom belonged to other churches and ecclesial communities.

I myself am a witness of much pain and many trials, having seen these in the years of my youth. My priesthood, from its very beginning, was marked by the great sacrifice of countless men and women of my generation. The experience of the Second World War and of the years following

brought me to consider carefully and with gratitude the shining example of those who, from the beginning of the 20th century to its end, met persecution, violence, and death because of their faith and because their behavior was inspired by the truth of Christ.

And there are so many of them! They must not be forgotten; rather, they must be remembered and their lives documented. The names of many are unknown; the names of some have been denigrated by their persecutors, who tried to add disgrace to martyrdom; the names of others have been concealed by their executioners. But Christians preserve the memory of a great number of them. This is shown by the numerous replies to the invitation not to forget, received by the New Martyrs Commission within the Committee for the Great Jubilee.

The Commission has worked hard to enrich and update the church's memory with the witness of all those people, even those who are unknown, who "risked their lives for the sake of our Lord Jesus Christ" (Acts 15:26). Yes, as the Orthodox Metropolitan Benjamin of Saint Petersburg, martyred in 1922, wrote on the eve of his execution, "The times have changed and it has become possible to suffer much for love of Christ...." With the same conviction, from his cell in Buchenwald, the Lutheran Pastor Paul Schneider asserted once more in the presence of his prison guards, "Thus says the Lord: 'I am the resurrection and the life!'"

The presence of representatives of other churches and ecclesial communities gives today's celebration particular significance and eloquence in this Jubilee Year 2000. It shows that the example of the heroic witnesses to the faith is truly precious for all Christians. In the 20th century, almost all the churches and ecclesial communities have known persecution, uniting Christians in their places of suffering and making their shared sacrifice a sign of hope for times still to come.

These brothers and sisters of ours in faith, to whom we turn today in gratitude

and veneration, stand as a vast panorama of Christian humanity in the 20th century, a panorama of the “Gospel of the Beatitudes,” lived even to the shedding of blood.

“Blessed are you when they insult you and persecute you and utter all kinds of evil against you falsely on my account. Rejoice and be glad, for your reward is great in heaven” (Matt. 5:11-12). How well these words of Christ fit the countless witnesses to the faith in the last century, insulted and persecuted, but never broken by the power of evil!

Where hatred seemed to corrupt the whole of life, leaving no escape from its logic, they proved that “love is stronger than death.” Within terrible systems of oppression which disfigured man, in places of pain, amid the hardest of privations, through senseless marches, exposed to cold and hunger, tortured, suffering in so many ways, they loudly proclaimed their loyalty to Christ crucified and risen. In a few moments, we shall hear some of their striking testimonies.

Countless numbers refused to yield to the cult of the false gods of the 20th century and were sacrificed by Communism, Nazism, by the idolatry of state or race. Many others fell in the course of ethnic or tribal wars, because they had rejected a way of thinking foreign to the gospel of Christ. Some went to their death because, like the Good Shepherd, they decided to remain with their people, despite intimidation. On every continent and throughout the entire 20th century, there have been those who preferred to die rather than betray the mission which was theirs. Men and women religious lived their consecration to the shedding of blood. Men and women believers died, offering their lives for love of their brothers and sisters, especially the poorest and the weakest. Many women lost their lives in order to defend their dignity and purity.

“Whoever loves his life loses it, and whoever hates his life in this world will keep it for eternal life” (John 12:25). A few minutes ago, we listened to these words

of Christ. They contain a truth which today’s world often scorns and rejects, making love of self the supreme criterion of life. But the witnesses to the faith, who also this evening speak to us by their example, did not consider their own advantage, their own well-being, their own survival as greater values than fidelity to the gospel. Despite all their weakness, they vigorously resisted evil. In their fragility, there shone forth the power of faith and of the Lord’s grace.

Our Precious Heritage

Dear brothers and sisters, the precious heritage which these courageous witnesses have passed down to us is a patrimony shared by all the churches and ecclesial communities. It is a heritage which speaks more powerfully than all the causes of division. The ecumenism of the martyrs and the witnesses to the faith is the most convincing of all; to the Christians of the 21st century it shows the path to unity. It is the heritage of the cross lived in the light of Easter: a heritage which enriches and sustains Christians as they go forward into the new millennium.

If we glory in this heritage, it is not because of any partisan spirit and still less because of any desire for vengeance upon the persecutors, but in order to make manifest the extraordinary power of God, who has not ceased to act in every time and place. We do this as we ourselves offer pardon, faithful to the example of the countless witnesses killed even as they prayed for their persecutors.

In the century and the millennium just begun, may the memory of these brothers and sisters of ours remain always vivid. Indeed, may it grow still stronger! Let it be passed on from generation to generation, so that from it there may blossom a profound Christian renewal! Let it be guarded as a treasure of consummate value for the Christians of the new millennium, and let it become the leaven for bringing all Christ’s disciples into full communion!

It is with a heart filled with deep emotion that I express this hope. I pray to the Lord that the cloud of witnesses which surrounds us will help all of us who believe to express with no less courage our own love for Christ, for Him who is ever alive in His church: as He was yesterday, and is today, and will be tomorrow and forever!

Reflection and Discussion

1. Where are some of the main regions of the world today where Christians are being persecuted for their faith?
2. Church history is full of martyrs. Which ones do you admire the most and why?
3. What role could member caregivers play in supporting the persecuted church?
4. At what point and to what degree should persecution be resisted?
5. What are some reasons that the Lord allows persecution and martyrdom?



John Paul II—Karol Wojtyła—is the Pope of the Roman Catholic Church. He is internationally respected for his personal piety and, among other areas, his commitment to human dignity and religious freedom.

This homily is in the public domain and is part of a larger written treatise on the topic.

Note: The World Evangelical Alliance's Religious Liberty Conference shares information on the state of religious liberty and persecution around the world. For information, contact the moderator—MarkAlbrecht@xc.org. Other helpful groups are Compass Direct (www.compassdirect.org); Keston Institute (www.keston.org); Open Doors (www.odusa.org); and US CIRF (www.uscuirf.gov).