



HEALING LIVES

Winter 2018 Issue

Healing Lives is published semi-annually for donors and supporters of Medical Ambassadors International.

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Denise Locker, Editor

With this issue Healing Lives is creating a change and becoming different.

We acknowledge the world has changed and the focus is now on a digital format. So, with this issue we have created only a digital version. Our goal is to reach more individuals around the world in a way we cannot with a printed issue.

We hope you like it! Will you share the link with your friends and family and please send your input? Thank you.

Personal Change

Come March 2019 I will be "refocusing"—not retiring. My hours will no longer be consumed with marketing and communication duties with Medical Ambassadors, but I will still be involved in writing, which I love. After writing three books of different genres, I will also focus on a book about how Community Health Evangelism started, grew, and where it's headed.

Change -making or becoming different.

This issue will show you examples of change. Ravi's article about Erica Pippert is a powerful story about how God changed her family. Read more.

Madelle Payne wrote in her article, "Medical Ambassadors is built on the premise that people can change." I love that! In fact, she quotes a woman from Africa in her title: "Now we have love, love," which is all about change. Read more.

There are many wonderful articles in this issue. I hope you enjoy them and note the changes that are taking place through CHE and our CHE trainers. We would love to hear your comments. Please contact us to send your input (info@med-amb.org).

Thank you so much for your involvement in changing the world for good.



Madelle Payne, Advancement Facilitator

In our home there hangs a batik art piece that describes the essence of family, applicable around the world. Surrounding a picture of parents and children, the border reads: "The family is where character is formed, values are learned. Family unity is the basis upon which the world's civilization advances. In a family one can find comfort in grief, joy in being together and encouragement in daily life. In a family one learns of happiness, sadness, laughter, tears, kindness, courtesy and unity. Children, parents and grandparents, brothers, sisters, aunts, uncles, cousins—the family is the basic foundation of the world."

Those are wonderful, inspiring words. In this view, families are built on love. But what if one's family brings pain instead of joy and comfort? Certainly many heartrending situations can be found around the world. Maybe it has always been so, but perhaps the degree of family dysfunction is increasing in our time.

We are familiar with the factors that produce pain instead of pleasure in families: self-absorbed lifestyles, drug or alcohol abuse, parents who lacked parenting themselves, divorce, selfishness, crushing poverty and a worldview that devalues or oppresses people—especially women. In many places these attitudes and situations are deeply enculturated. How ever does one go about making a change for the better?

Medical Ambassadors is built on the premise that people can change. Our vision statement says,

"MAI envisions a world of thriving communities where people [we could say "families"] experience reconciliation of broken relationships, restoration of hope and health, and dignity through following Jesus."

Bit by bit, in many countries, we have seen this dream come true. We cannot claim the process is easy. Change always comes hard. But when God's truths are heard and embraced, people begin to long for a better way than their parents or their culture gave them. Let me tell you a few stories.

In Ethiopia when MAI's curriculum called "A Woman's Cycle of Life" was first presented, women learned about the value of each person in God's sight. They learned about women's health issues—from child-bearing to menopause to personal hygiene. Relational issues such as kindness, forgiveness and gossip were addressed, using the lives of women in the Bible. Lessons tackled gender inequality from the perspective that we are all created by God with great value. This was astonishingly good news!

One woman reported, "The lessons on personal hygiene changed my life and my family's. We thought soap was only for washing clothes. Now, even when water is scarce, we wash our hands and bodies. We're amazed at how much less sickness we experience!"

A husband commented, "I've seen such a huge change in my wife since we had the training from MAI. Our relationship and our home has changed too. I have such respect for her now, and that is not something you see in our culture. She teaches other women about God's view of them from the Bible—that God sees them as having great worth. She's a model for our town and to the other women."

In many parts of the world, our marriage seminars offer biblical teaching about the need for love, nurture and good communication in relationships. They teach parents to lovingly instruct and correct their children, instead of screaming insults when they misbehave. Christian men in Ethiopia wept when they were shown the Bible's instructions on how to love their wives—as their own bodies. Several commented, "We said we love Jesus and want to obey His word, but we've never known about these teachings. In our families we've just followed what our culture taught us...and we've been wrong!" Several knelt before their wives in public, asking forgiveness for harsh words and actions, bitterness or unresolved anger. Months later their relationships continued to show great improvement.

In the Philippines the Community Health Evangelists offer "Mom's Clubs" and "Dad's Clubs" as a safe place to learn new things about God's plan for families and to talk about the realities of bringing about change. One woman told us, "We've seen many changes since Community Health Evangelism came to our village, but the biggest change has been in my family. My hard-drinking husband gave his life to Jesus and was healed from his alcoholism after he joined the Dad's Club. There he learned about God's plan for a man to be the leader and helper for his family. We used to have pain in our family all the time because of his actions..."

...and as her fingertips closed and she touched them together several times, she finished,

"but now we have love, love, love!"



Eva Jeffers, guest contributor and daughter of Board member, Dr. Wayne Jeffers filled an internship with MAI in India with the goal to work with the elderly. She sends her insights:

As an intern working with MAI this past summer in India, I observed that families were clearly a powerful tool of Community Health Evangelism (CHE). There were kids who had been raised in CHE and had changed their families and communities as they grew up. There were women who had been trained as community health leaders and had changed their families and communities, gaining recognition as community leaders. There were younger and older adults who spoke powerfully about the potential of their communities and families to care for the aging population.

Part of the work we did included community conversations with older adults in different villages. We asked them about strengths and challenges they see as they get older. Repeatedly, they mentioned prayer as a key component of their lives, whether as something they can contribute to their families and communities, or as a method of change. They talked about how they faced challenges as they aged and how family support systems change as children leave, but they also talked about how much they love their peace, opportunities to learn, and ability to work together as a community.

The moment I will never forget happened during one of these conversations. It was in a community that had brought water into their village, increased education, increased health service access, increased gardening and improved nutrition, decreased domestic violence, and has self-multiplied into the neighboring villages. During the conversation, I realized there were two groups in the room.

There was the village that had seen so much success in community development over the last decades, and there was a newer neighboring village that just recently had been introduced to the ideas of wholistic community development.

I asked about some challenges they faced while aging, and one of the newer members responded, saying that they need access to more medicine. Knowing the incredible successes of the older village, I asked what the community could do to address this challenge. This newer participant again responded, saying that if I were to provide medicine at trainings, they would attend. I sat in silence, fearing that I had single-handedly destroyed decades of sustainable, community-driven work. So I paused,

and asked the only thing that came to mind, "What are other thoughts on this idea?"

One of the members from the older village stood up and said,

"We are used to living in a relief mode. And what I think is that these are our own parents. These are our own people. So whatever is being provided should come from within us."

They then continued to talk about all the programs the government provides that they can access, but don't. They talked about strategies the families could use or models they could change to make care more comprehensive. They had so many great ideas, none of which involved me bringing medicine.

The ideas centered on their families, the resources they knew how to access, and actions the community knew they could succeed at using.

And that was the answer, the proof. I was sold. Long-term community-driven development works.

It's a mindset, a belief, a knowledge that water, nutrition, education, families, and communities can be changed without reliance on relief models. Do temporary healthcare treatment centers have their place? Absolutely. But community transformation doesn't rely on tablets or pills. It relies on individuals, families, and people who are willing to work hard to see change. These families have and will continue to change their lives, and we get to simply witness that transformation.



This article is a reprint of one written 12 years ago by Dr. James F. Engel in the 2006 *Healing Lives* Summer edition. MAI's mission holds fast. (A short bio of Dr. Engel follows.)

I had no idea what I would experience several years ago in the Democratic Republic of the Congo. My colleagues, Dr. Terry Andrews from World Vision and a representative from Medical Ambassadors International (MAI) and I spent the better part of a day traveling over nearly impassable roads to an isolated village in the central part of this struggling country. Finally, we reached our destination—a village in a war-torn area usually characterized by poverty and a lack of hope. The entire village came to welcome us.

The village chief and elders told us the story of how their village was being transformed by Community Health Evangelism (CHE). Instead of the usual three months of near starvation before the next harvest, the village had surplus crops to sell for much-needed cash. Malnutrition and disease had decreased remarkably. Hatred and distrust within the village had all but disappeared. Families had been transformed. Hope had replaced despair. The local church was alive and brimming with vitality. I remember turning to Terry and saying,

"For the first time I am seeing what the kingdom of God looks like!"

Over the next few months, Terry and I undertook a research project comparing the changes in the CHE villages with villages uninvolved in the program. The findings were astonishing, especially the profound impact on family life. Church attendance was common in all villages, but CHE families were far more likely to read the Bible, pray, share in small groups, and apply their faith to the challenges of life. Drunkenness, wife and child abuse all but disappeared. This was only the beginning.

The data showed major differences in health, hygiene, and disease prevention. Equally remarkable was the extent to which villages had changed from conflict and dissent to a spirit of cooperation and optimism. Farmers and their wives welcomed new methods, which dramatically increased crop production and ended the horror of near starvation each year.

This was a striking contrast to what I had observed elsewhere around the world. Just one example: Colleagues and I once visited an African country identified as a great mission success story. Churches were growing, and most parts of the country had been declared as "reached," yet everywhere we went we heard discouragement from Christian leaders. Crime and corruption abounded even among Christians. Poverty was a way of life. Instead of optimism we sensed despair. We understood what had happened when a spokesman for top leaders stood up and said, "The missionaries brought us Christ, but never taught us how to live."

The CHE program teaches people how to live in Christ. Lay disciples are in homes all week long, teaching practical living based on scriptural principles. Through their impact, faith moves from a passive Sunday morning experience to a vital and transforming living reality in homes and in communities. In my opinion, this reflects a wholehearted obedience to the entirety of Christ's Great Commission.

Dr. James F. Engel was the founder and former president of Development Associates International. He retired as a distinguished professor in the graduate programs at Easter College, where he founded the Center for Organizational Excellence. He ministered around the world as a consultant, trainer and leadership-development expert and is also well known for his books and writings on world evangelization. Dr. Engle developed the well-known Engel Scale, a method of measuring the journey from no knowledge of God to spiritual maturity as a Christian believer. Professor Engel passed in September 2016.

A few of Mr. Engel's books available on Amazon:

Change the Mind of Mission: Where Have We Gone Wrong? How to Communicate the Gospel Effectively What's Gone Wrong With the Harvest



Dr. Ravi I. Jayakaran, President/CEO

In Acts 16:31 when the desperate jailor cried out and asked what he must do to be saved, Paul replied, "Believe in the Lord Jesus, and you will be saved—you and your household."

I believe that God has a special concern for families (because we are all a part of some family), and that His plan of salvation surpasses single individuals and includes their families and extended families. In our own family, when my paternal grandfather received Christ as his personal Savior, it cost him his inheritance. He had broken with centuries of traditional allegiances to his Hindu ancestors, and for all practical purposes was considered dead to his family! But God gave him a new family and through it a very large extended family. Because of what Christ had done in his life, generations after him now have access to the gospel and are coming to know Christ as their personal Savior even after he has been long

gone. I keep hearing of nephews and nieces and extended family members coming to Christ all over the world.

When we believe in the Lord and receive Him as our personal Savior, God extends the offer and promise to our extended family too. This is because they are part of our *Oikos* or extended "influence group." Our special connection gives us a right to speak to them. This is why it is important to share our personal experiences with them, and also pray fervently for their salvation.

At Medical Ambassadors we have many programs that are focused on families or parts of the family. We have programs for women and girls called *Women's Cycle of Life (WCL), Children's CHE, Families Matter,* and curriculum for the *Men Matter* program is being developed. Even the *CHE and Disability* program focuses on how to integrate special needs

family members and how to make them a valued part of the family.

The family is the basic building block of society; hence, healed and transformed families result in communities being healed and transformed, and society per se is impacted. A believing couple can, through the relationship between husband and wife, portray beautifully the love that has eternally existed in the triune Godhead. It is a powerful witness to others who are part of the community.

I recently heard the testimony of one of my colleagues — Erica Pippert, who is the Regional Coordinator for Southern Africa with her husband, Kevin Pippert. Erica is a fourth generation South African of Indian origin. Here in her words is her story:

"My family comes from a Hindu background and my parents were practicing Hindus. After my parents were married, my dad took to drinking heavily. He would come home from work, eat dinner and leave again till the early hours of the morning. He was gone on most weekends while my mum was left to take care of my sister and me. This had a tremendous effect on my mum; she became fearful of being alone all the time,

during the week he had been attending an evangelistic crusade and had responded to the call to accept Jesus and was delivered of alcoholism. That Sunday our family went to church for the very first time, and our lives have never been the same since, because we live and exist to serve our Lord and Savior Jesus Christ!



Erica's story is a beautiful illustration of how God cares for families. I am fascinated at the preciseness of His timing, grace and intervention. Do you have family members who do not know the Lord? Reach out to them and tell them how God saved you and what God has done in your life. Then pray fervently for them and their salvation. God loves families and has a special plan and provision for them. I pray that He will do something special for you and your family!

which also made her physically ill. She had reached a point of hopelessness and despair and made the decision to end her life but decided to do it with my sister and me as well. (Divorce was not practiced in the culture.) Her plans were interrupted on the day an uncle, who had only recently become a believer, was prompted by God to visit my mum." He shared the gospel with her and prayed with her. Something unusual happened that evening and the following day, because my dad came home but did not go out again and was sober. My mum took the opportunity to share with him her experience, at which time he shared that



Erica, center, with her mother and sister



COUNTRY: CAPE VERDE, WEST AFRICA

Dayo Obaweya, Regional Coordinator

Pastoral Care

Lia Veiga, Area Coordinator

Area Coordinator, Lia Veiga, recently arranged a couples' retreat for pastors and leaders in Praia, Cape Verde. The team in Cape Verde felt isolated and abandoned, with no pastoral care to guide them. An American church offered to come and teach the Cape Verde leaders from their own experiences. The team soon realized this retreat was a time God had set aside for them; some couples had never been away together on a "vacation." The American pastor explained how people in ministry can make their work their first love, while their families are dying at home. This resonated with the Cape Verde group and brought them to a change in attitude. Lia was also able to pass on the CHE vision of wholistic ministry and the leaders were open to training.



Would you like to hear more stories like these?

Donate to Medical Ambassadors International to help support our workers and these vital programs around the world.

MedicalAmbassadors.org/donate

COUNTRY: KENYA, EAST AFRICA

Tirus and Winnie Githaka, Regional Coordinators

Flooding in Tana River North Coast

Lucy Chengo, Community Health Evangelism (CHE) Facilitator

A series of events during Kenya's above-average spring rainfall caused severe flooding in CHE Facilitator Lucy Chengo's village. People camped on the school grounds and in congested classrooms when they had to leave flooded homes. Only five homes were untouched, including Lucy's. She housed and fed over 30 people for many days. Crops that were ready to harvest were swept away in the floods. Five CHEs had invested in a field of watermelon to generate income; it is a total loss. Boreholes (wells) became contaminated, eliminating clean water. Latrines filled and overflowed, spewing infectious diseases into the standing water. Cases of cholera are running high at this writing along with other waterborne diseases. Please pray for strength and hope for the affected people in Kenya. Their losses will be felt even more in the coming months before they can rebuild and replant. Pray for Lucy and Pastor Alembi, another CHE worker, as they help their communities find basic needs—food, clean water, tents, vaccinations and medicines, clothing, school books, and life jackets.



Confronting Alcoholics

Magdalene

Magdalene and her pastor husband experienced a worldview change after attending a CHE training and learning how God integrates people spiritually and physically. At first, Magdalene wasn't sure what to do with her new knowledge. After praying, she approached her brother-in-law, who was struggling with many years of alcohol addiction. She told him about the love of Christ and the dangers of alcohol. As weeks and months passed, Magdalene noticed her brother-in-law was consuming less, until eventually he stopped altogether. He formed a men's group and asked Magdalene to train them on the dangers of alcohol and the life God called them to live. Two others stopped drinking, and one man reunited with his wife and gave his life to Christ. Several are now attending church and Bible study classes.



COUNTRY: ETHIOPIA, EAST AFRICA

Tirus & Winnie Githaka, Regional Coordinators

Left to Die

Sharon Abebe, Women's Cycle of Life (WCL) Coordinator

After a WCL training last year many of the new trainers were eager to reach out into their neighborhoods with their newly-acquired skills. One day while on home visits, they found a pregnant woman whose husband had left her alone without provisions in her house to die. The trainers and women of their church, Mercy Gospel, gathered as a group and collected money to give to the pregnant woman to use for food and other needs. They also came alongside her when she was in labor and delivery some months later. They inquired around the neighborhood to find her some housekeeping and babysitting jobs. Now she and her new baby are doing well, and she is getting on with her life. The church community is implementing CHE and the lessons have brought in seven new believers. Using WCL has rounded out the church's skills in how they are serving God in their community.







During the International Wholistic Mission's Conference in Phoenix, AZ, in 2017, Dr. Bibiana Mac Leod, MAI's South American and Caribbean Regional Coordinator, hosted a discussion on a recent evaluation of the 1000-Day Program.

Did you know choices parents make for the first 1000 days of their child's life can significantly impact the brain capacity and intellectual ability of that child...for life?

As This has implications for the education level a child can achieve. It has economic implications for the future of a whole generation of children, which can impact the future of a whole nation! No wonder the World Health Organization (WHO) has targeted the first 1000 days of a child's life as a crucial window for seizing an opportunity that won't come again.

In its 1000-Day Program, WHO focuses on nutritional needs during the period from conception to age two. Good nutrition during pregnancy and those first two years makes the permanent difference between full-capacity brain development and a lack of adequate brain development caused by malnutrition.

At the conference, Dr. Bibiana Mac Leod elaborated: When this information was shared in our communities that use Community Health Evangelism (CHE), people began to understand how nutrition is the key component during these first years of life. However, there are five areas we emphasize: the first four are emotional, spiritual, physical, and environmental. Such foundational knowledge was the basis for starting a model inside our CHE programs, giving instructions to pregnant women about their child's needs and how to meet them. The fifth important area is that of the pregnant mother. We help her look at her prayer life; will it be dedicated to the child God has given her? We teach her songs and verses she can repeat to her baby. We stress the need for a clean home, good drinking water, the lack of domestic violence, etc.

Children in Haiti have a rare chance of surviving their first birthday. Their nutrition is not considered. Based on their parent's spiritual beliefs, some think children under one year old do not have a spirit. "Li poko gen lespwi," they answer ("It's not yet alive."), when questioned at the clinic why they have not given their child a name. So, during this significant part of the life of the child, good nutrition is almost non-existent.

Our Starting Point of Awareness

Bibiana went on to explain how this program was started in Haiti: In September 2016 Dr. Andrea Oswald and I surveyed five Haitian communities. In March 2017 we did another four communities, surveying a total of 933 children from ages zero to five years old. We used three standards:

- The height compared to a child's age
- The weight compared to a child's age
- The weight compared to a child's height



There was an evaluation done in 2013 in a different area of Haiti with 558 children; it was similar to the baseline study we did for the 1000-Day Program. However, I was very disappointed with the findings. I'd been working 20 years in this area. How in the world could the statistics reveal such little progress in the children's health? We found 62 percent of children aged 24-to-35 months to be stunted in their growth. That was shocking.

How could I explain what I was finding? I'm sharing with you my struggles, my challenges. How could I use these disappointing findings as my baseline? I'd been practicing CHE for so long in this community. Why were the results not better?

In the 1000-day study we are doing a fuller statistical analysis of what is important, because if you examine only one parameter, you don't have the full picture.

Q: How did you start this program?

BM: The CHE Trainers try to discover the most basic issues at the community level that affect nutrition during these 1000 days of life. A simple lack of knowledge can be overcome with discovery of facts, like "My baby weighs much less than she should. What can I do?" Often cultural biases must be addressed with the whole family. "If Mom is pregnant she gets to eat first, not last." Lessons often focus on what kinds of food give good nutrition and what kinds do not.

In this study we found a village where 18% of the children were anemic; another child was found very emaciated. One mom was sent to the hospital, and her child was admitted for three weeks. That mom has become a champion for the 1000-Day Program. She's become one of the leaders and says,

"You saved my child."

The Birth Attendants continue to be our target to facilitate healthy deliveries and pregnancies. We have a prenatal program, and the pregnant woman is visited. But she's often visited after the fifth month. Usually, she doesn't know she's with child until she's four months pregnant. We entirely miss the first trimester even though the CHEs are visiting. We all need to implant in our midwives this necessity of training the mom of all the things needed for her baby's care while she's pregnant.

Q: I just wonder what role economics has in this? I mean, we can talk till we're blue in the face about what a pregnant woman needs to do, or what she should do, or could do. She can't put more nutrition in her child's mouth if she doesn't have any economic means.

BM: We have been working with economic development. In these first five communities we studied in 2016, they have groups for savings and internal lending. I wouldn't say they are rich by any means, but the economic development piece is running well. They have been planting new cash crops they were not previously exposed to, like broccoli.

Measuring Transformation

My larger challenge is, "How do we measure long-term transformation?" Early in our program in the 2000's, these older communities were transformed. We measured the first five years of growth, and we were all very happy with the results. Yet when we left the community and moved on to another one, did they continue to teach those lessons on nutrition? What happened to the generations that were born after we left? Did their parents not teach them about nutrition?



I think I'm discovering the missing piece here that is quite big in terms of the history. We should measure and evaluate more. If we don't seriously start to measure, to make decisions for the long-term—we will all be very happy with what we measure after two years' time and think we can prove to the world that our methods work. What if it doesn't? What is the permanent transformation we are talking about?

We are currently following the momentum of the 1000-Day Program; everybody's excited, and

they are learning how to measure children. At the mother's club, the mothers come with the children, their height is measured, the trainers give a lesson, and the mothers discuss the lesson—that is all happening. The CHEs work in the same nine communities, and after three years we will see the results. We'll translate the data for it to be understood at the community level, because they are the ones that need to own the study.

Q: I really appreciate your transparency about your program, and the honesty with which we question some things that we have kind of taken for granted. We really do need to take a closer look at how we're having longer-term impact. How does CHE translate into the longer-term?

BM: That's a challenge. It's great to publish a paper when you have data. I can have wonderful data, both quantitative and qualitative. I can draw conclusions, but my challenge is what do I do next? How do I improve my project with this data? Coming from a practitioner's perspective, you want to improve the health status of the people that are in the community.

Q: So, what would you suggest as the next step?

BM: As far as what you do with the data, you give it back to the community. It belongs to the them, and they're the ones who are responsible for their children. I am not the top-down type of person who will decide which practices we will use in the community because of what we found in the data. Rather, how do we go back and help them make decisions? Ask them why the changes are not happening. This is what we do in CHE. We can come with suggestions and ideas, but if it is not theirs, they will not own it.

If they do own it, the investment in their children and their future functioning is tremendous!





Charleen McWilliam Hearl, RN, and her husband John McWilliam (now deceased), joined the MAI team after living ten years in Mexico City ministering with Overseas Crusade. When John joined MAI in 1994, Charleen was working as an RN in San Jose, and volunteered at MAI. She developed the Community Health Evangelism Perinatal Support (CHEPS) program. This was the beginning of a productive career with MAI. Charleen has since remarried and works alongside her husband, Pastor Alan Hearl. Let's listen in as Charleen tells us her story.

Healing Lives (HL): Charleen, tell us about being the forerunner of MAI's Women's Cycle of Life program.

Charleen: I'm a registered nurse and I had been in missionary work with my husband John going on 20 years when he began to get involved with Medical Ambassadors. My husband was working with Community Health Evangelism in the Eastern Bloc countries of Europe, and I was at home in the States working at my profession focusing on the Comprehensive Perinatal Services Program. This was a program sanctioned by the State of California to take care of low-income, pregnant women who were at risk. I was working for Santa Clara County. They were teaching me how to look at a woman's entire pregnancy, how to care for her and her nutrition, how to care for her through the State's health education. Many more qualified people would have liked the job, but in God's providence, He had sent me to Latin America where I had become proficient in Spanish, and this job required that you spoke fluent Spanish.

HL: How long where you there?

Charleen: I worked there for five years. One day I said to John, "It sounds like I'm doing what you're saying you do at MAI, except I don't have the spiritual component."

HL: What happened next?

Charleen: John went to Stan Rowland (the International Coordinator at the time) and told him I was a nurse and wanted to work with Community Health Evangelism. When I approached Stan, the first thing he said to me was, "I don't need a nurse." I said, "That's fine, but let me tell you what I do." When I finished telling him how I helped women to learn about their pregnancies, how to take care of themselves, be their own advocate for problems and complications, his eyes opened and he realized this could be something Community Health Evangelism could use.

HL: What did Stan say after you told him what you really do?

Charleen: He said, "Why don't you write some lessons?" I wrote eight lessons on maternal child, pregnancy, and fetal development. When I brought the lessons back to him he said, "Well, I tell everybody to do that when they come to me, but you're the first one that's ever done it." Right away he said, "I'm going to send you to the Philippines, because that's where our experienced training teams are working, and they will be able to help you develop this CHE model. I think it will be very usable material for them."

HL: When was this?

Charleen: 1999. Paul Calhoun (former Executive Director of MAI) was such an encourager; he looked over the lessons and right away I was Charlene McWilliam, Maternal Child Consultant. I had a desk and was soon able to retire from working at the county and work full-time for Medical Ambassadors.

HL: Were you sent overseas?

Charleen: Yes, Stan sent me to try the new lessons in Indonesia. That was the first place I taught CHEPS, Community Health Evangelism Perinatal Support.



HL: What did John think about your women's program?

Charleen: John grabbed hold of using the women's program. When it came for me to accompany him to his field—he was really the first one to have me teach. We went to Haiti with Bibiana Mac Leod, then an Area Coordinator. Bibiana helped translate the lessons in Creole and rewrote some of the questions to make them flow better. She said, "You should be a facilitator for this lesson. You're not supposed to lecture." She really taught me how to write these lessons.

HL: You were living a core value to always work as a team.

Charleen: Yes, John pulled together all the countries in his region doing Community Health Evangelism, and we had a meeting in Guatemala as a team. One of the things he wanted was for them to know about this new program.

I remember John saying, "Every day I want you to do one or two of the women's lessons, the CHEPS lessons, with these leaders. That way they can experience how CHEPS can be used." I remember, CHEPS was eagerly received by them. They grabbed hold of it.

After the childbirth lesson (that's always a dramatic lesson because we act it out), I explained to them how research has shown the energy expended in the process of having a 12-hour labor and delivery is equated to running two marathons back-to-back. They were stunned. I asked the men what it would be like if they lost their wife in childbirth? What would happen to their families? It became very personal for them.

After some time using CHEPS, we realized there is much more to a women's physical growth and spiritual maturity than the months surrounding pregnancy. We began composing a program that included the entirety of a woman's development.

HL: Is that how Women's Cycle of Life began?

Charleen: Yes, it includes everything, not just pregnancy. At that point, Lydia Carroll and I traveled to a restricted country to try out the new Women's Cycle of Life (WCL) program in a class of women.

HL: What skills did Lydia bring to the program?

Charleen: Lydia was a public health nurse and very involved in volunteer mission work. We had a very successful class, and it was exciting to see how women responded to training on the different stages in their lives, not just pregnancy.

HL: Do you have a story you can share with us about that?

Charleen: We did this training with all the attendees meeting in a big, high-rise apartment building. The sponsors gave us this large, open space in which to teach our lessons, but it was visible to everybody in the building. We were trying to talk discretely about very private things, while using posters showing fallopian tubes and ovaries—very inappropriate for the culture. So, we put the posters on the floor in the middle of the circle of chairs where the ladies sat. There was a really rough-looking woman working in overalls and washing windows. She was so fascinated with our discussion that she kept moving, edging in, and bringing her ladder closer and closer so she could see what was on the floor. Finally, when one of the questions was asked, she answered it. She became an instant member of our group.

HL: What did these lessons mean to women who had never talked about such things?

Charleen: Consider a woman who gets absolutely no attention. Nobody cares about her, not even her husband. She eats only the leftovers not touched by her family, she will never have any kind of medical care, and she could be sold at the whim of her husband for less money than a cow. Her value is so low. Now consider a neighbor who comes along

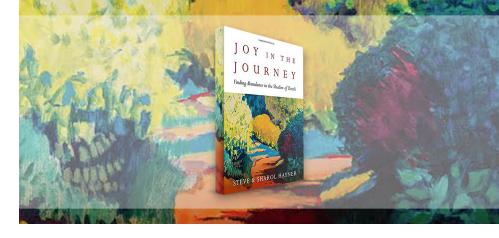
and teaches her a few CHE lessons and that God values and loves her. Hope is birthed that she can do something to make her life better and help her family to be in a better situation. These women are like sponges. They have suffered terribly, and so this program meets such a need for them.

HL: Charleen, what has given you such passion to work with women?

Charleen: After I became a believer, it wasn't but a year or so later I met John. From the very beginning, John and I planned to go and give our lives to missions and work mainly in Latin America. That was our emphasis: to reach people and learn to walk in a way that was obedient to the Lord.

Throughout my Christian experience, I was called to work with women. When the door opened where I could do something in the health arena, particularly using my nursing skills, and reach women spiritually too, it felt like it came right out of my DNA. God taught me a long time ago I needed to learn to be obedient. This obedience to work with women was also my heart's desire.





BOOK REVIEW: JOY IN THE JOURNEY

Joy in the Journey: Finding Abundance in the Shadow of Death by Steve and Sharol Hayner, reviewed by Madelle Payne:

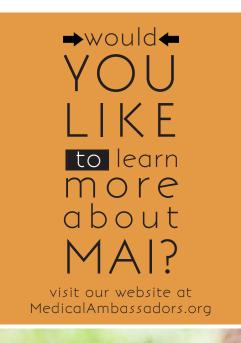
From the book cover: "Steve Hayner was serving as president of Columbia Seminary and was healthy and fit when he found out he had pancreatic cancer. He and his wife, Sharol, embarked on a journey together with their children that soon included tens of thousands of visits from friends and acquaintances via the CaringBridge website. The overwhelming response to their posts attested to the surprising and engaging way they chose to live in the face of death. Steve was always known for closing letters and emails before his signature with, "Joyfully." These pages, including reflections from some of those closest to Steve and Sharol, offer us a glimpse into what it means to walk in honesty, with joy, even through great pain."

The posts were gathered together into this book after Steve's death. John Ortburg, senior pastor of Menlo Park Presbyterian Church, states, "I'm grateful their searing, aching, honest, inspiring words are now permanently available. I cannot imagine a human being who would not benefit from it."

Joy in the Journey was given to my husband and me during a season of pain as we dealt with his two kinds of cancer. When I read it, sometime later, I found it presented a wonderful model of godly folks who were simply being real in the face of suffering...and being willing to share their experiences with others, allowing us to watch them walk with God a day at a time. A sampling of blog titles includes: Space for Questions; I'm Tired of Not Feeling Well; Sunshine. Family. Food.; Making the Most of the Ups and Downs; Awkward Conversations; When You Can't Plan Tomorrow; and All Kinds of Miracles.

But it's not just a book about dying well. I also found it to be full of the wisdom honed by two people who have lived well. I had to read it a second time, just to highlight the valuable insights on relationships, leadership, loving people and walking joyfully with one's God, among other things. Thank you to Steve and Sharol Hayner for making themselves vulnerable and allowing others to walk with them through their experience!







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