

HEALING LIVES

Over the Years




medical ambassadors
INTERNATIONAL
healing lives...transforming communities

celebrating
40
years

Special Edition
SUMMER 2020

HEALING LIVES

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And He said to them, "Follow Me, and I will make
 you fishers of men." –Matthew 4:19

Introduction

It is a joy and privilege to write an introduction for this special edition of Healing Lives Over the Years. It celebrates the forty years of God's faithful support, guidance and blessings to our ministry.

At present Medical Ambassadors International (MAI) works in 2582 communities around the world, impacting a population of over 2.56 million people in 75 countries. The purpose of MAI's existence is to make wholistic disciples who make other wholistic disciples. This is accomplished using Community Health Evangelism (CHE).

The CHE program at the community level is facilitated by volunteers who are supported by CHE facilitators and master trainers. This cutting-edge force of volunteers numbers well over 50,000 people who deeply believe in the mission. MAI's team of CHE expert leaders and master trainers oversee and support these volunteers by training and upgrading their skills to continue to share the Good News of the Gospel through word and deed. The teams are provided strategic support by their respective Area Coordinators (ACs), and the multiple groups of ACs in each region are provided strategic and resource support by their respective Regional Coordinators (RCs).

An external third party assessed the global impact of MAI's CHE program. These very significant findings can be viewed on its website at www.ROI Ministries.org.


All this has been possible by the grace of God. In His providence, He has patiently worked with us and through us to transition MAI to become the organization He has always wanted it to be, gently shaping the way in which we minister in His mission field.

The following pages attempt to capture the transitions of that journey for His glory and acknowledge that our Lord has been actively steering and guiding us through these last four decades. Special thanks are due to Dr. Paul Calhoun, Dr. Aubrey McGann, Dr. John Payne, Dr. Wallace Carroll, Terry Dalrymple, and the MAI Home Office and field teams for their contributions in producing this Healing Lives Over the Years. This edition captures only the strategic changes that were made in ministry direction. Details of how it was worked out in action are part of a second document entitled "Global Programs."

We pray this Healing Lives Over the Years will be a blessing to all who read it and a testimony to the guidance of our loving God and Shepherd.



Dr. Ravi I. Jayakaran
President/CEO



LET'S RUN
WITH
ENDURANCE
THE
RACE
SET
BEFORE
US

Healing Lives Over the Years

Community Health Evangelism (CHE) is today a powerful and ever-expanding global movement. Medical Ambassadors International played a significant role in launching and enabling the expansion of this movement. Here are a few endorsements over the years by Christian leaders about the effectiveness of CHE:

"There are two things unique to Community Health Evangelism (CHE). First are the CHE volunteers themselves, going to their neighbors' homes. It's drawing another person into one's pilgrimage with Christ and walking him or her forward. The second is this unique blend of spiritual and physical. It's rare to find this blend in one program. Seeing CHE in action has restored my faith in missions."

—*The late Dr. James F. Engel, Founder Emeritus, Development Associates International; Retired Professor, Eastern College (Jim Engel led a team that evaluated CHE programs in D.R. Congo)*

"Medical Ambassadors International is a powerful ministry, touching people in their hurts to bring healing for both body and soul."

—*The late Dr. Ravi Zacharias, Founder and President, Ravi Zacharias International Ministries*

"In over 20 years of majority-world ministry, having evaluated dozens of holistic programs in numerous countries, I have not seen anywhere such dramatic impact for so little cost. The MAI CHE program effectively bridges the various interventions of meeting basic needs (such as health, sanitation and agriculture) with a wholistic Gospel message, resulting in the transformation of the believer, evidenced by behavioral change."

—*Dr. Samuel J. Voorhies, formerly Leadership Development, World Vision International, currently President/CEO of Voorhies Consulting*

The Scriptures retell a powerful story of how Jesus recruited Peter to become a shepherd like Him. Initially, Jesus spoke Peter's language, offering him a chance to become a "fisher of men." Peter, the fisherman, was happy to make that transition in Matthew 4:18-19. However, in John 21 Jesus takes Peter through a fast-forward preview of his life, reassures him of his reinstatement, and entrusts him with the mission that He had always wanted for him. A mission to be a shepherd for His sheep, like Jesus had demonstrated through personal example to all His disciples.

MAI's story has a similar reality. God's intention to recruit, engage and launch MAI was always to be involved with wholistic transformational development. But at the time MAI started, it had to be through other means—means by which early leaders would be mobilized as doctors going out into the world to provide desperately needed services.

MAI has been through various transitions over the last 40 years of healing lives and transforming communities. These were the stages that led to the final emergence of MAI's CHE strategy:

- Provision
- Prevention
- Integration
- Consolidation

This 40-year history of Medical Ambassadors hopes to capture some of the most exciting phases of each of these stages with photographs, stories and quotes from that period.

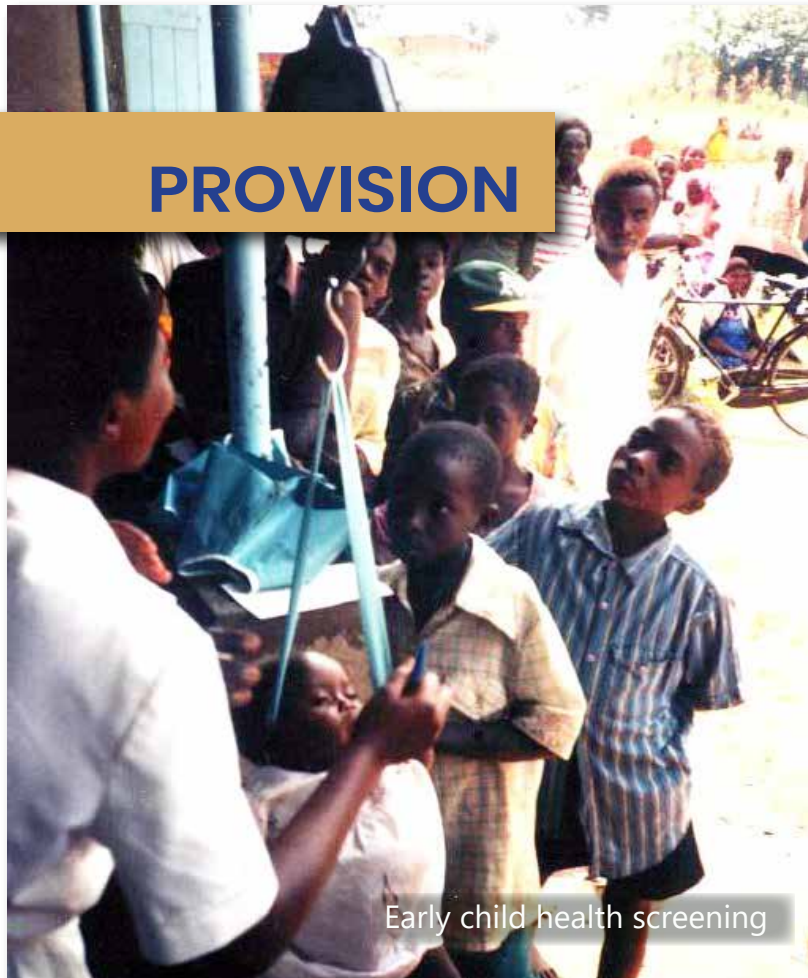
We invite you to join us on this journey of how CHE evolved strategically and where we are now as an organization seeking what the Lord is doing in communities.



The painting featured here represents Jesus' call to Simon Peter and his brother as they were practicing their trade as fishermen. His call caused the trajectory of Peter's life to completely change and ultimately become a shepherd like Jesus. The artist, Dr. Wallace (Wally) Carroll, was MAI's Board member and officer from 1990-2013. Dr. Wally and his wife, Lydia, continue to be enthusiastic supporters of MAI's ministry to this day. The painting hangs in the MAI home office. Our profound thanks and appreciation to the Carrolls for their ministry, support and friendship.

W. CARROLL

PROVISION



Early child health screening

The seeds of Medical Ambassadors International germinated during the Vietnam war when Montana surgeon Dr. Raymond Benson was challenged to a short-term mission trip to the Montagnard people of Vietnam with Overseas Crusade. On this trip, at the pleading of a distraught mother, he performed a successful reconstruction of an infant's harelip on a kitchen table with a kitchen knife.

This trip led Dr. Ray to walk away from a thriving practice in Billings, Montana, to use his surgical skills in the highlands of Vietnam. After a harrowing escape in one of the last departing helicopters at the close of the war, he continued ministry with Overseas Crusade.

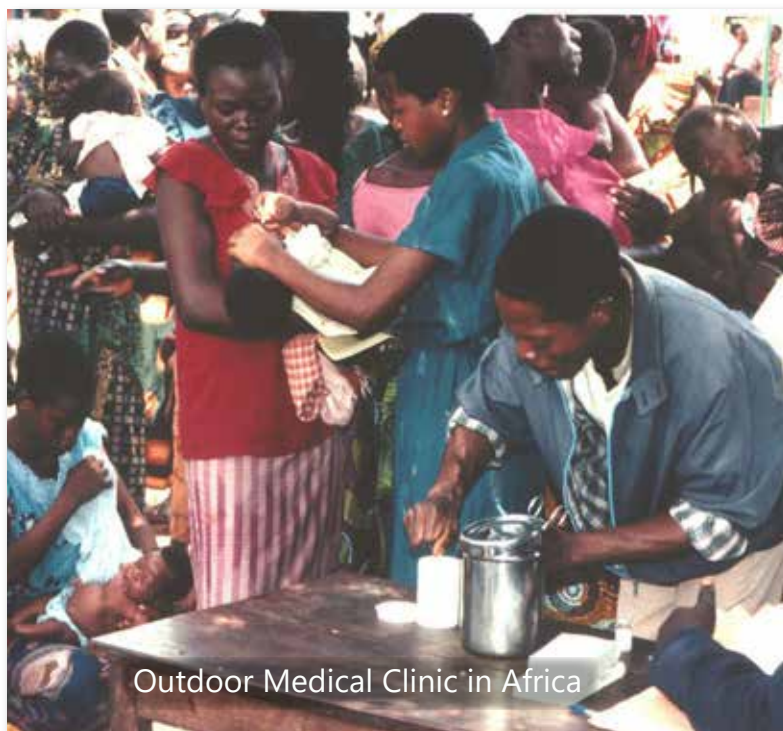
Around the turn of the decade of the 1980s, Dr. Ray felt led to establish the mission of Medical Ambassadors. Mission founding takes a very special champion, an entrepreneur filled with passion, faith, boldness and charisma. Most of all, this person must be incensed over the depravation of a fallen world, believing that God has called him to create

a change. Dr. Ray was all of this and more. He could tell stories like few others. He held his audiences entranced as he painted the picture of hapless people throughout the world who were benefiting from the presence of Medical Ambassadors. His rallying cry was, "Above all else, the world needs Jesus."

Dr. Ray's strategy was to identify Christian nationals doing a good work among their people, especially in the medical field, and to support them with finances, prayer and counseling. MAI's work under Dr. Benson at the transition of leadership on January 1, 1988, involved a bush seminary, clinics and church-planting ministries in Africa, India, Nepal, Haiti and the Philippines. All ministries had in common the sharing of the Good News of Christ and medical assistance.

Though the clinics were run by nationals, Dr. Ray would frequently take medical personnel and other layman on short-term missions to visit these fields. Short-termers returned with the enormous satisfaction of having used their skills to provide services in lands where the health delivery systems were scarce and rudimentary. Dr. Paul Calhoun was one of those short-termers who witnessed the heartrending need in the developing world for medical and dental care.

In 1987, Dr. Calhoun agreed to take the reins of leadership for the mission. In order to familiarize himself with the work



Outdoor Medical Clinic in Africa

of Medical Ambassadors around the world, he immediately took a number of trips to the various fields.

One thing concerned Dr. Calhoun deeply. In Haiti he watched the desperation of hundreds of people who walked, sometimes for hours, to reach the medical clinics. The first task in the



*Dr. Raymond & Lou Benson
Founder and President
1980-1987*

morning would be to triage the patients, sending home half of the least ill so they would be able to see the remaining patients in time to hold another clinic in another valley. As grateful as the treated patients were, the anger and disappointment of those turned away was high. The exhaustion of impossibly large clinics left physicians with little time to share the gospel. The heartbreak

of receiving flaccid, febrile babies into the clinic, too late to save, was all too frequent. There were other concerns too. "Our mobile clinics were recycling centers. People came to us for treatment, went back and drank the same water that made them sick, and the next time we came through we were treating the same people for the same problems. The community was not getting healthier," recalled Terry Dalrymple, quoting a doctor who had been on several mission trips.

It was apparent by then that a better strategy was needed – one that would be able to make a definitive difference in the world's health care. Without that change, no matter how many clinics were organized, the result would still be the same. "I began crying out to God for a better mode of operation; one in which He could significantly use us to build His kingdom," said Dr. Calhoun, describing his feelings at that time.

*Above all else,
the World needs Jesus!*



Hero of the Mission **Dr. Paul Saliba**

Dr. Paul Saliba, missionary to Zamboanga, Philippines on the island of Mindanao was born in Malta. He became an American citizen and graduated from an American medical school. He was supported by MAI, and considered an MAI missionary for about 15 years until he suddenly passed away in Modesto, California of a brain tumor in 1994.

Dr. Saliba was given a commendation from Secretary of State, Charles Schultz (1982-88) for single-handedly freeing two expatriots held by terrorists in the mountains of Mindanao through negotiation with the head man whose daughter he had once treated. He brought them back half dead on his motorcycle, with one seated in front and the other in back of him. He had to hold them up to keep them from falling off. One of the men was a German citizen, the other was American.

The Philippine army had been unable to hunt down the terrorists, but Paul indicated that he was led by the Lord up narrow foot paths on his motorcycle into an area totally unfamiliar to him. "I asked him how many times the trail divided. He said over 20 times. When he went into the mountains, he did not know that he had ever met the terrorist leader, so he had risked his own capture."

~Dr. Paul Calhoun

PREVENTION

God answered his prayer in an amazing way! Two months before his official duties were due to start, Dr. Paul Calhoun traveled to Africa to see what Campus Crusade was doing in its mission's work. Late one night on a flight crossing the Atlantic, he came across some literature describing a strategy which one of the Campus Crusade missionaries was devising. He called it Community Health Evangelism (CHE). It was only a small part of the many things Campus Crusade was doing in Africa, but it suddenly struck Dr. Calhoun that this was the answer he had been praying for!

Immediately upon arrival in Nairobi, Kenya, an appointment was made with Stan Rowland, the architect of CHE. As they sat side-by-side, Stan described the ministry and its impact. Excitement grew. Would Stan be willing to train people in the three countries MAI was involved with in East Africa? He was delighted to do so. Within the next year he had trained not only the people in Kenya, Tanzania and Zaire but had also graciously accepted the invitation to train MAI teams in the Philippines and Central America.

By this time, Stan was being challenged to consider joining Medical Ambassadors. The leadership was convinced CHE should be made the prime strategy of all its operations.

This strategy of Community Health Evangelism and the key role that Stan was to play in the world of missions through Medical Ambassadors was a direct answer from a loving God to many hours of fervent and pleading prayer.

CHE is community development coupled with evangelism and discipleship, devoted to improving health physically and spiritually. Most importantly, the community is transformed as leaders from within local communities take responsibility as volunteers to do the work of ministry.

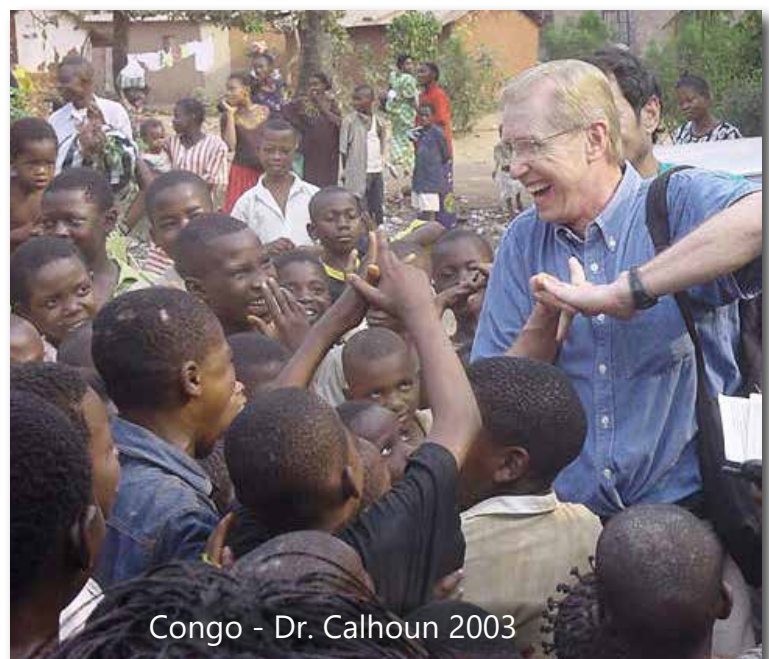


*Dr. Paul & Darla Calhoun
Executive Director
1988-2005*

Medical Ambassadors faced a difficult transition. Would its local national staff, mostly physicians, accept a new strategy of community development, coupled with evangelism and discipleship? Could they be convinced that prevention was far more effective than cure? "We doctors are just as difficult to convince as pastors that wholistic ministry could be one of the most successful church planting ministries." These were the days well before the time when talking about wholistic ministry was fashionable in the Church!



Introducing CHE - Papua New Guinea 2004



Congo - Dr. Calhoun 2003

"This was a seemingly insurmountable hurdle. We bathed this issue in prayer. We met with open resistance. More frustratingly we faced the passive resistance of people who took the training, agreed to start a program to keep the support funds flowing, but only went through the motions halfheartedly," said Dr. Calhoun, recalling those early days of transition from prevention and moving towards integration.

In Africa, in a number of the formerly supported MAI ministries, it became apparent that acceptance was never going to be forthcoming. MAI began the excruciating process of discontinuing relationships with some of these. Yet in Zaire, the strategy took off under Dr. Mpoi, who had received his public health training from Tulane University. Within six years there were 48 villages successfully practicing CHE's community development and seeing churches multiplying.

In the Philippines, however, there was immediate resistance from some of the physicians. Their main cry was that because CHE was wholly dependent upon volunteers, it would not work in the Philippines where volunteerism was not culturally feasible. Fortunately, one enterprising Filipina, Dr. Amelia Nambatac, had made a dramatic success of her CHE projects in Surigao on the northern tip of the island of Mindanao. It was Stan's suggestion that Jason Johnson, the director of the Philippines, bring the rest of the team leaders throughout the country to see Dr. Amelia's projects. The teams were simultaneously amazed, confounded and encouraged. Soon projects were flourishing in Antique, Cebu, Iloilo and Quezon City in addition to Surigao.

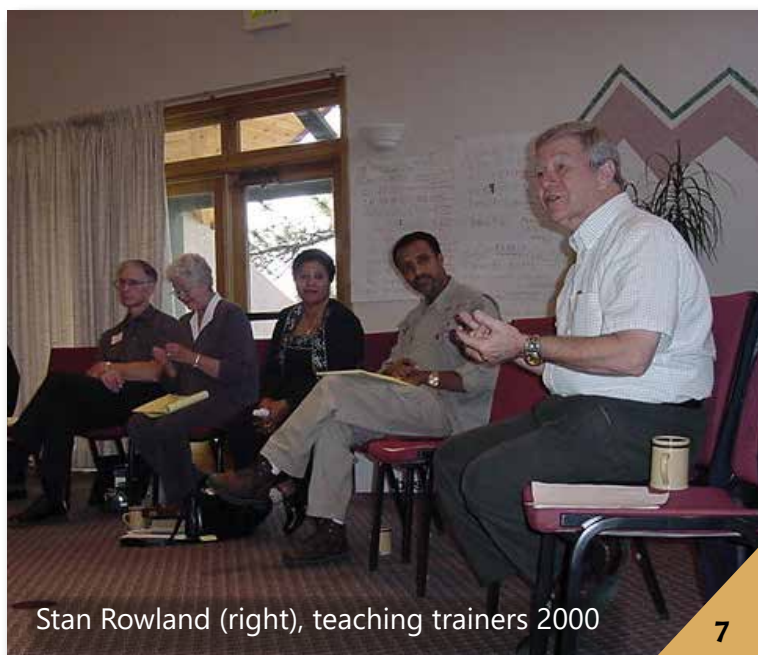
A mayor outside of Iloilo was struck by CHE's results and requested the training in his town of approximately 15,000 people. Over the following year, his community became transformed by enthusiastic, well-trained volunteers. Four years later, it received first place in the coveted "Clean and Green" awards for his island and later for the whole of the Philippines. One initially skeptical pastor in Antique found the CHE strategy not only impacted his villages physically but made such an impact on people's spiritual relationship with Christ that it became a formidable church-planting strategy! And so, God was patiently creating transformation throughout the work of MAI. In perhaps half the projects, the vision did



Congo - 2003



Philippines - 2005



Stan Rowland (right), teaching trainers 2000



"I can see now. I can sew again. I can be a tailor once more," he cried out in his native Swahili.

not mature, and funds were gradually tapered. However, a flood of new projects was about to blanket the world.

Though the mission trips continued, their focus transitioned to be more supportive of the emphasis on disease prevention.

In the words of Dr. Aubrey McGann, the Director of Short-Term Missions at that time, "It was my privilege to lead teams of physicians, nurses, dentists, optometrists, pharmacists, etc., to countries where there were groups of people who had little or no access to medical help. Those were precious, though sometimes emotional times. On one such trip to Tanzania, one of those who came for help was a man who had been a tailor all his adult life but was now unable to work at his trade because of failing eyesight. Without an income he was in dire straits financially. After being tested by the doctors, they fitted him with one of the many pairs of glasses that we had taken with us to be given away. I was moved to tears as I watched him weeping and laughing. 'I can see now. I can sew again. I can be a tailor once more,' he cried out in his native Swahili. There are so many more heartwarming stories we could tell of those who were helped and blessed by the efforts of the visiting teams.

"Some of our short-term mission trips," Dr. Aubrey continued, "included farmers who would share their knowledge of agriculture with the nationals. They taught them about irrigation, raising healthier farm animals, new farming techniques, raising fish and how to grow healthier crops. We got to witness the transformation of villages practicing better sanitation and disease prevention that local CHE workers had taught long before we ever got there.

"One of my greatest joys on the short-term mission trips was the opportunity to preach the Gospel. Not being a physician, I helped with crowd control while the doctors and nurses attended to the patients. Sometimes, after the clinic was closed for the day, I would preach to the crowd. I have very fond memories of being asked to preach in churches while on MAI short-term trips in India, Nepal, Guatemala and Tanzania," said Dr. Aubrey.

CHE became a formidable church-planting strategy!

INTEGRATION

In Community Health Evangelism (CHE), the key to sustainable change is community ownership. The community agrees upon the issues to be addressed and chooses a large group of volunteer CHE workers who are trained to lead their peers in dealing with the needs they have identified. Thus, the community transforms itself, one success at a time, breeding confidence and momentum for further success until the whole community is caught up in moving, as the apostle Paul says, "from glory to glory." Individual family projects give way to successful community projects.

However, one truth must not be lost from this image. In order to change behavior, the heart must change. Community development inevitably must start from the individual. Person by person, sometimes family by family, people meet Christ. Empowered by the Spirit of Christ, people go on to become agents of transformation. This is what is meant by integrated ministry. Ministry to physical, social and spiritual needs is integrated into the single strategy of Community Health Evangelism.

As transformation occurs, each community is challenged to share CHE with adjoining villages. Perhaps the most

dramatic example of such spread occurred in Zaire (what is now known as the Democratic Republic of Congo, or the DRC). Before civil war raged through the country in 1997, God had used the CHE strategy to transform 48 villages in central Zaire. For three years, civil war made it impossibly dangerous for American staff to enter the country. When the war ended, MAI re-entered the area, fearful that perhaps all work had been destroyed. Amazingly, not only had existing villages sustained their ministry but it had spread to a total of 113 villages! The CHE villages had both the spiritual and material reserves to survive the devastation of roving armies living off the land. At considerable personal risk, trainers selflessly crossed war zones into other villages to answer the plea for this life-sustaining strategy. By 2020 there are over 900 villages practicing this transforming integrated ministry in central DRC!

Not only in the DRC, but around the world the dream of integrated ministry became a reality. By the turn of the century, MAI practiced ministry in 44 countries. These new countries were supported by the necessary number of Regional Coordinators, Area Coordinators and training teams. Lesson-plan support materials were burgeoning



in number, covering an amazing variety of issues such as: women's issues, HIV AIDS, child nurturing, agriculture, health, sanitation, animal husbandry, micro-enterprise, evangelism and discipleship. At that point, there were over 3000 lesson plans. MAI was holding over 100 Training of Trainers seminars per year throughout the world. By 2009, people from well over 500 mission and church organizations had attended these trainings.

In 2005, Dr. Paul Calhoun retired and a new leader for Medical Ambassadors was recruited. Dr. Robert Paul was a former Presbyterian pastor, who had formed a mission, and who was captivated when he learned about the strategy of CHE. Its wholism appealed to him, and the stories of transformation reported from all over the world were thrilling. It was a vision which he wholeheartedly saluted.

This vision had the quality of dreamlike audacity, not coming from any one man, but shaped and contributed by many laborers. They had the sense they were being spurred

on by the Spirit of God. The rallying cry became, "Changing nations one community at a time!" But there was still much to learn, as field leaders worked to hone the concepts and practices of CHE.



*Dr. Robert & Susan Paul
President - 2005-2009*

"We had to learn to start prioritizing the commands of Christ," recalls Terry Dalrymple, "and to find a way to do everything Jesus commanded, including the great commission to 'go and make disciples' and the great commandment to 'love God and your neighbor.' We were determined to minister in ways that addressed the whole need of people and communities. We labeled what we were doing Wholistic Ministry."

MAI's motto soon became: "Transforming Lives and Communities."

Terry goes on to recall, "To address the complexities of poverty, we learned to train generalists rather than specialists—people who work across the disciplines and not just within them. We trained pastors to teach disease prevention, and agriculturalists to make disciples."



Papua New Guinea 2004 - Terry Dalrymple (left) and Dr. Bill Bieber (right)



“We trained pastors to teach disease prevention, and agriculturalists to make disciples.”

Guatemala 2006

CONSOLIDATION

As has been stated, one of the key management decisions at the turn of the twenty-first century was to encourage Community Health Evangelism to become a worldwide movement. This vision entailed placing the marvelous tool of CHE into the hands of as many mission organizations as possible. Transferability from neighbor to neighbor is a hallmark of CHE. On an organizational level, this strategy is passed on through the Training of Trainers seminar series. Here, a documented body of curriculum is shared, and attendees learn to use the approved method for teaching adults the discussion-based LePSAS method.*

For several decades as many as 100 Trainings of Trainers seminars were held per year. These trainings equipped not only individual missionaries and nationals but whole

mission organizations and churches to carry CHE into a world of need. By 2009, well over 500 mission organizations were actively using CHE. It became apparent that there was a need for an umbrella organization to bring these diverse organizations, leaders and field workers together for the purpose of mutual encouragement, sharing of best practices, avoiding redundancies and, most importantly, developing new outreaches through cooperation.

Therefore, in early 2009, with the assistance and blessing of Dr. Bob Paul, the Alliance for Transformational Ministry (ATM) organization was established. Several of the founding members of ATM had risen out of Medical Ambassadors International, namely Stan Rowland, Terry Dalrymple and Dr. Paul Calhoun. Thus, the legacy of MAI continued to expand exponentially. ATM had two primary

*LePSAS = Learner-Centered, Problem-Posing, Self-Discovery, Action-Oriented, Spirit-Guided

agencies. The first, the Global CHE Network, was focused on bringing together international mission CHE outreaches. The second agency was the Coalition for Neighborhood Transformation, under the leadership of Stan Rowland, which targeted the delivery of CHE to neighborhoods in the United States, applying the principles learned in rural settings overseas to the urban context here at home.

God has blessed the vision of MAI in launching the Network and catalyzing the formation of ATM. By 2020, Neighborhood Transformation has gained a redeeming foothold in over 15 communities of the United States and the Global CHE Network has members representing 945 different organizations in 136 countries. Coordinators and mature trainers from around the world were envisioning, mobilizing, training and coaching teams, churches, and faith-based organizations



*Dr. John & Madelle Payne
President - 2009-2017*

for multiplying CHE ministries. MAI, through their network of coordinators and councils, continued to provide leadership and support for the efforts of the entire movement. To date, far more has been accomplished in collaboration with others than could ever have been achieved independently.

Dr. Bob Paul was President of Medical Ambassadors International from 2005 to 2009, and Dr. John Payne became President in 2009. Much of this time was stressful for MAI. Big dreams were dreamed but these dreams often exceeded the income God prompted generous supporters to fund.

As far back as early 2002, the grounds for this financial difficulty were laid in the dot-com crash when an MAI supporter who had been donating large sums of money every year was bankrupted in that upheaval.



The MAI board faced a difficult decision. How could it choose to downsize such marvelous work? Wouldn't it be better to go forward in faith to preserve the miracles God was doing through CHE programs around the world? Shouldn't they spend down reserves to make up for the loss in income?

The board chose to allow deficit spending and to increase fundraising while holding expenses flat. Fundraising succeeded just as had been prayed for. MAI held field expenses steady, while teaching other missions to expand what MAI had been doing. But fundraising expenses increased enough that MAI ran out of reserves at the same time the financial markets crashed worldwide in 2008. Then God provided two miracles:

1) God provided a church to buy the MAI home office by allowing it to raise the whole price in a series of offerings one single weekend. While this sale paid MAI's past bills, it did not provide for a way forward.

2) Then God provided another supporter who gave enough that MAI could continue on a limited basis. To continue, MAI had to rely heavily on volunteers. Dr. Bob Paul accepted a call back into pastoral ministry, and Dr. Payne led forward a much-diminished home office with prayer, fear, and trembling.

"Fundraising was not one of my strengths," observed Dr. John, "but God wanted it that way to ensure He got the credit. A new and completely anonymous supporter began giving generous monthly gifts, so that MAI could tentatively re-establish work around the world for as much time as God provided support. Each month our faith grew stronger. The Central America and Mexico region that had the most focused supporters, because of short-



MAI's Signature photo, taken by Don Orvis - Philippines 1995

term groups who had visited them, offered to support themselves as a separate ministry, and Global CHE Enterprises was born. This meant that reduced resources continuing with MAI were enough to provide modest support for other regions of the world, but too little to cause dangerous dependency.”

God was not done blessing MAI. After selling its office building, MAI was able to rent a delightful office for several years. Just when it seemed the mission headquarters would be forced to move to a new space, God inspired its landlord to sell the building at a price well below its value. Then God closed the deal by preparing another supporter to stabilize MAI by giving most of the purchase price as a gift! This left everyone on their knees, praising God for His grace and generosity.

Early in this period of consolidation, in the mid-2000s, MAI decentralized its decision making, appointing nationals to positions of leadership and redefining their role from program managers to “movement makers.” MAI adopted the titles of Coordinator and Facilitator rather than Director. Stan Rowland formed a task force

including Dr. David Kim, Dr. Gil Odendaal, GC and Terry Dalrymple. MAI’s Coordinators and Facilitators formed area and regional councils, bringing together CHE practitioners from various denominations and faith-based organizations for collaboration and partnership. After Terry became International Coordinator he appointed Dr. Hugo Gomez as Coordinator for Central America, Dr. Bibiana Mac Leod as Coordinator for South America and the Caribbean, Dayo Obaweya as Coordinator for West Africa, Dr. John Payne as Coordinator for East Africa, Kevin and Erica Pippert in South Africa and Dr. Nzuzi Mukawa in Central Africa. Other Coordinators were appointed who cannot be listed here for security reasons. At annual meetings they exchanged ideas, shared resources, and created national and regional strategies. (Details of how the CHE strategy was implemented in local communities are found in the booklet, Global Programs.)

During this period, leaders recognized that what had been given to them belonged to the Kingdom, not to MAI alone. Leaders spent many hours reflecting on what would be required to catalyze a CHE movement. They reaffirmed the decision made earlier not to copyright material





Dr. Payne sharing Bible stories - Asia



and to continue a process of multiplication through the Training of Trainers. When the Global CHE Network was launched, the responsibility for continuing development and distribution of CHE materials was transferred to the Network, symbolic of MAI's commitment to facilitate collaborations that would lead to an expansion of the work.

In order to thrive, MAI found it needed to explain to supporting partners the reasons why it makes sense to empower people to help themselves. The core values behind all CHE programs seemed to meld into three overriding reasons why.

1) MAI wanted to model its ministry after the way the Lord Jesus did ministry. Praying constantly, combining physical and spiritual training, serving the neglected, and expecting frontline leaders to be "servant leaders" are core values CHE espouses.

2) MAI wanted to show respect for the people it served. A CHE program lets the community be the owners of the process—not recipients or beneficiaries—and teaches them in a participatory fashion by beginning with what they know.

3) MAI wanted ministry that the local people could sustain and multiply, with or without outside help in the future. CHE prioritizes prevention of disease over cure and assisting the community to choose simple goals with locally available resources.

In addition to clarifying why MAI desires to empower others, rather than do things for them, MAI found that it needed to refine and sharpen its tools of ministry. This was even more important because many other organizations were beginning to use the Community Health Evangelism (CHE) lessons as well. MAI edited, reorganized and improved former lesson material. It pioneered lessons about women's health and women's value in the sight of God. It expanded lessons aimed at empowering the disabled. In many places, those with disabilities have been hidden and forgotten. Children's CHE projects were expanded, and marriage lessons were used to great effect. Perhaps MAI's most important recent contribution to CHE training tools is using Bible stories with interactive questions to accomplish spiritual training and discipleship. Many of the world's poor read with difficulty, if they read at all. Stories are the way they love to talk and learn. Therefore, telling a Bible story and then asking questions



is an excellent way to teach in most cultures in the developing world. It not only teaches what the Bible teaches, but it makes them eager to teach others the story they have heard and then learn to read the Bible for themselves. MAI currently has written story-specific questions for nearly one thousand Bible stories. In many parts of the world, people's excitement for story-based spiritual lessons now matches their desire for lessons that teach physical transformation.

The desire to start CHE programs far exceeds the capacity of MAI to train new communities. Now, looking back, MAI can see God's wisdom of allowing MAI to suffer from financial stretching for most of the last two decades. As MAI recognized its limits, it was forced to enlist and train other organizations to help meet the rising demand. In this process, God has remained in control, not MAI. This has positioned MAI to respond to God's call by expanding in ways that would never have been possible without collaborating with many partners.

God chose to consolidate MAI before He would expand its ministry.

The consolidation process also led to a shift in focus of who were the heroes of the movement. Not the leaders at the headquarters, not the Regional Coordinators or the master training teams at the country level—but the CHE volunteers and facilitators on the field, who were an integral part of the community. Ordinary, everyday people, who belonged to the community, spoke the same heart language, understood the culture, had a deep love for their community and, most importantly, were willing to foster movements of wholistic transformation. There are thousands of such stories out there in the many countries that MAI works in, like the ones that will be shared later in this publication.

Transformation is progressive, permanent God-intended change. His deepest desire is that every human being will grow and develop to the fullness of their God-given potential. Transformation is at the core of



Sharing the Gospel with picture books - 2001





“Many tribes and nations” Niger - 2001

MAI's ministry. CHE is the wonderful tool that the Lord has given to MAI and many other organizations to make self-replicating wholistic disciples of the Lord Jesus Christ. It is Simple, Biblical and Replicable. It is easy to teach and easy to implement and is freely shared by MAI with all people who are interested to learn it. Those whose lives have been transformed have gone on to become the leaders of movements in their own communities, movements where the community is transformed because they have become alive spiritually, have overcome the debilitating impacts of poverty, have seen improvement in their health, have become empowered and have developed sustainable lifestyles. It started a movement that was unstoppable!

MAI's commitment to share freely what God entrusted to it has birthed a movement so large that the number

*It started a movement that
was unstoppable!*

of lives and villages touched by God's grace can no longer be counted. We see the scene in Revelation with fresh eyes—people from every tribe, tongue, people and nation gathered around the throne shouting, *Salvation belongs to our God, who sits on the throne, and to the Lamb* (Revelation 7:9-10).

But before we get to that scene, let us take you on a journey. Listen to people from “many tribes and nations” who have experienced God's goodness and salvation through the impact of CHE. Let your heart be lifted in praise to our great God!

Stories of CHE

Central America

Potatoes, Potatoes, Everywhere!

Nazario Lopez is now a CHE master trainer who was disciplined and has been mentored since 1989 by several of those who preceded him in the work in Central Western Guatemala. Dr. Hugo Gomez trained a team (Pio, Santiago, Florentin, and later, Nazario) who were instrumental in mobilizing the movement that took off from the village of Aguas Blancas' source of revenue.

It had a humble beginning, starting small, with an engagement at the community that started like all CHE programs, encouraging the villagers to form a CHE committee with leaders who cared about, and were interested in, helping their community come out of poverty. This led to the identification of CHE volunteers, their training and then the process of a participatory identification of the community's problems and opportunities. The community identified that they were able to grow potatoes successfully, but it was dependent on rainfall. Together the community and outside CHE facilitators explored the option of setting up an irrigation system for the non-rainy season. This led to a second crop and later even a third crop every year!

There was a boom in potato cultivation. The increased income resulted in an improved standard of living and attention to health, hygiene, education and a major turning to God as a result of His goodness in their lives. A church was constructed and became the central point of influence in the community. The huge production of potatoes in Aguas Blancas inspired neighboring villages to come and copy their irrigation system to the point that over the next two decades the whole district became



Dr. Hugo Gomez, CEO of Global CHE Enterprise, a Partner of MAI, with Nazario



famous for potato production! The transformation was not only in prosperity, but a turning to the Lord and a deep sense of devotion to God that has moved people away from blind belief to serving a living Savior. It is a wholistic movement that continues to replicate and grow and has truly become unstoppable!

Nazario Lopez was a young man at the time it all started. Now he is one of the master trainers in the region. He continues to faithfully spread CHE as a tool to others, as his mentors passed it on to him.



Frontline workers becoming
servant leaders – a CHE core value



Creative Access Nation

My Skills Are for His Service

Amir is a disciple of the Lord Jesus Christ whose burden to reach seekers and point them to God took him to remote parts of his country where there are very few believers. His name means "Prince" or "the son of the king." After he was trained in CHE, better ways were found to engage with the communities.

Amir was skilled at repairing electronic devices like smart phones. He had learned to use this ability to work effectively with his hands, to be a means to witness for his Lord. Amir made trips to the north of his country, sat at street corners in the city and offered to repair electronic devices like smart phones. When a customer came to him, he invited the person to sit opposite him and talk while repairing the device. The person getting their phone fixed remained a captive listener until the device was repaired and Amir asked, "Is your life broken too? I know Someone who can fix it!"

Amir has since learned to fix TV sets and satellite dishes. He did this so he can reach people directly within their homes and can witness to the whole family.

He rented an apartment in the northern region to stay with his family. From here he traveled from one city to another, spreading the Good News. He has reached out to several neighboring areas and saw very encouraging results. "My skills are for His service," he declares with enthusiasm.

In July 2019 Amir had a serious setback. His eyes started to experience complications. (This happened as a consequence of being a diabetic and not having treatment for over twenty years). After being diagnosed, even though he is under treatment now, one of his eyes had started bleeding. Since then, and at least once a month, he has had to have laser surgery and injections in both his eyes. The last injection was in the second month of 2020. Hopefully, this will be the last time.

Amir can no longer stay in the mission field and has had to move back to the capitol city. He still travels to the north every month and spends a week to 10 days doing what God has called him to do. MAI's partner team in the area and Amir are searching for someone to be his mission partner.



Southeast Asia

From CHE Trainer to Government Leader

Before I joined CHE, I would look at myself and see absolutely nothing!" says CHE volunteer Almazole Delgado emphatically.

"Through the CHE program, I gained knowledge about the physical and spiritual aspects of life. This became my steppingstone as a candidate in the 2019 barangay (village) elections."

Almazole has three children whom she supports with her vegetable garden. This was her only source of income. She applied what she had learned through the CHE program to her family and her community. It made her very happy to serve others through what she had learned. "I have a joyful life here on earth because I have Christ in my heart as my personal Savior and Lord," she declares. "He helped me win the candidacy through hard work and commitment!" (Almazole was elected to the position of council member in the Supa Barangay, San Jose, Antique, Philippines. She sits on the VAWC Committee—Violence Against Women and Children.)

"I am very proud of the CHE program in my barangay, because it brings people to Christ and trains them for the betterment of the community. My life is full of blessings. Our God is so good! Now I can answer myself when I ask what I will be someday. I give my plans to God, trusting Him for protection and guidance as I continually serve my children and the people in my community," says Almazole as she points to her community.



Transformation is progressive,
permanent God-intended change.

South Asia

When Snake Charming Fails, God Steps In

The Saferas are a marginalized group who are snake charmers found mainly in the northern part of India. In the past they wandered through communities carrying snakes with them, providing entertainment for money.

With the passing of time and with new laws prohibiting the catching or keeping of snakes in private homes, the Saferas began to lose their main source of income and ended up becoming beggars. Most of them live near the river or sewage canals. They are one of the most illiterate people groups. Most people choose not to mingle with them and end up treating them badly. Their youth are often involved in drugs, in stealing and have many health issues related to promiscuous behavior. However, change is coming to the Saferas.



Kamlesh Rani, a believer in Jesus, also belongs to the Safera community and became an agent of change for it. When she saw the transformation that ensued from her efforts of sharing CHE with others, she was inspired. People who were begging and living in squalor began to change and modified their behavior and experienced wholistic transformation.

Kamlesh has emerged as a trainer and has not only impacted over 500 Saferas in her own community but has reached into two other Safera communities and started CHE programs there. Though she is married with three children, two of whom are married, she is a CHE trainer now and is fully involved in teaching.

Today the community is organized and empowered to manage its own affairs. They have started small businesses, becoming self-employed and independent. Some have started cattle rearing and have bought goats, cows and buffaloes. Disease has been reduced, education is sought after with great interest and many in the community have experienced tremendous transformation both physically and spiritually.



Central Africa

The Move That Started a Movement

As a school principal, Mwaku knew God could change lives individually, but he had long wrestled with the many issues of poverty he saw in communities in Kinshasa, DRC. He wondered if God could actually transform entire neighborhoods. After he attended a CHE TOT I, Mwaku gained a new understanding of the Gospel of the Kingdom, as it applies to communities. Excited by the new vision, he and his family moved into Camp Luka, one of the poorest areas in Kinshasa, and he took a new job at one of the local schools.

Gradually, Mwaku learned about his new community and began the process of getting to know his neighbors. He saw rampant unemployment and many young people with no opportunities or direction. He experienced how the dirt roads turned into muddy rivers during the rainy season. He saw fertile soil getting washed away and leaving behind deep fissures of erosion. He saw the litter and the poor sanitation practices of families struggling to survive daily. And while he found several churches of different denominations in the community, he noticed they were focused mainly on their own small congregation and had very little unity with each other, much less influence on the larger community.

Mwaku eventually joined one of the churches and began to build a strong relationship with the pastor and leaders of the church. He also began investing in the lives of the young people in the church and community. As he shared the principles he had learned in the CHE training, the pastor and some of the young people also began to envision what God could do.

They invited Nzuzi Mukawa, MAI's Regional Coordinator for Central Africa, and some of his Kinshasa team members



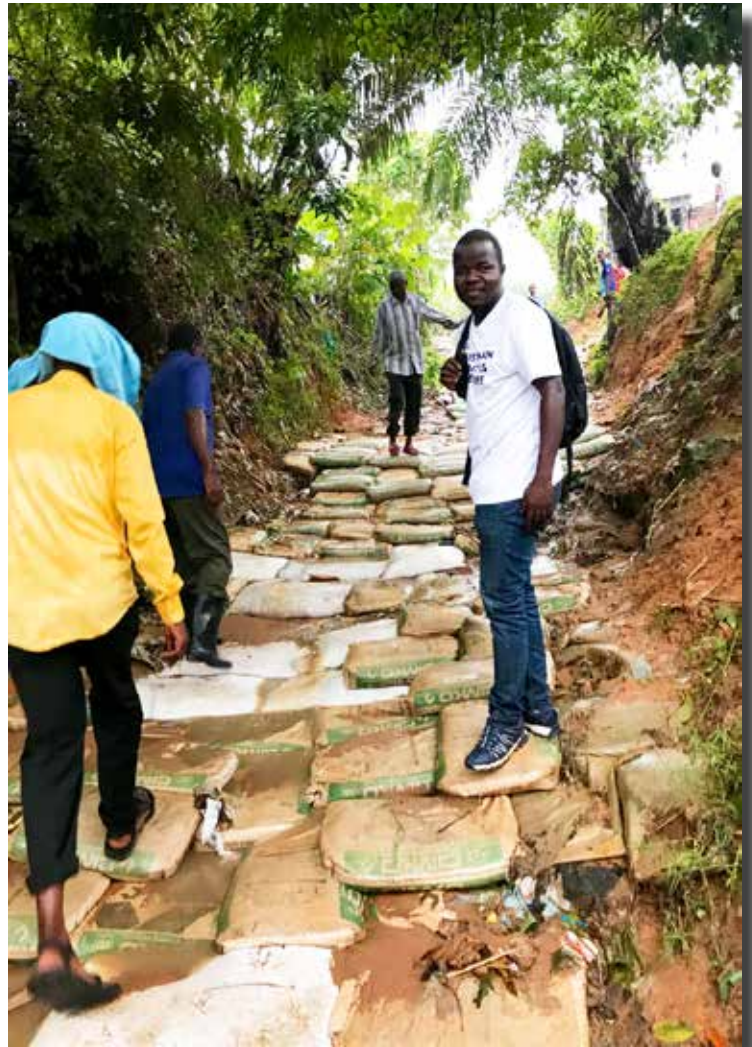
to train the church in the CHE strategy. Starting with a core group of young people, the church began to visit its neighbors and church members in their homes. Soon they formed small groups where they learned about Bible stories and prayer. They asked, "How can we grow in loving God and loving our neighbor?"

Led by Mwaku, a group of young people addressed some of the flooding and erosion issues, because they wanted to work on something that would benefit the entire community. They learned to use tarps to control some of the erosion and created terraces built from tires to protect homes and walkways that risked washing away. Women in the church

who had sewing skills volunteered to teach adolescent girls how to sew traditional garments that could then be sold at a higher price. Several girls became major financial contributors for their families. The church then identified a need for basic health care and disease prevention. After mobilizing the nurses and other health workers in the congregation, the church rented a small house in the community and turned it into a community clinic. Health lessons were shared through the clinic, in the various small groups, and in home visits conducted by CHE volunteers.

As other churches and pastors saw the positive changes happening in Mwaku's church, they also asked for help in learning about CHE. Mwaku's church started a monthly community-wide prayer meeting and invited every Protestant and Catholic congregation to send representatives to pray together for the community. Most months, they had good representation, and gradually the relationships and desire to work together grew stronger.

Today, Mwaku smiles with joy when he talks about what God has done for this community. He sees the young people growing into the next generation of servant leaders. He sees pastors from different denominations working together. He sees churches going outside their walls and loving their neighbors in practical ways, and in turn, people are understanding the Gospel in a different way. And at



last, Mwaku no longer has to imagine what a transformed community looks like – he is seeing it happen.



"How can we grow in loving God and loving our neighbor?"

Chipi Chipi - Holding onto Life

Aniese is a local Community Health Evangelism (CHE) trainer in La Guamite, Haiti, a remote town not far from the Dominican Republic border, in the heart of the mountains.

Aniese is nicknamed Chipi-Chipi, after a song she taught at CHE trainings. The song is very popular, not only among Haitian CHE practitioners, but also in the South American and Caribbean regions. It is used as an ice breaker and is a fun way to take a break between lessons. "We dance and sing the Chipi-Chipi (much like the American Hokey Pokey), and everybody gets a good laugh before going on to the next session," says Dr. Bibiana Mac Leod, then Regional Coordinator for South America & Caribbean.

Chipi-Chipi is a leader in her community, bubbly, always smiling her toothless grin, not worrying about how she looks. She loves the Lord and she loves people.

Last year she rescued a premature baby boy born to a mentally handicapped mother. The midwife thought the baby would not survive and left him lying on a bench, still attached to the placenta. She sent for a gravedigger to prepare a hole in the cemetery.

When Chipi-Chipi found out that a live baby was given so little chance to survive, she went to the house and found the little one barely breathing. She cut and tied the umbilical cord in a knot, wrapped the baby in a blanket and took him on a motorbike to the nearest hospital that had an incubator. The baby survived the trip! The mother's family would not provide care for him during his hospital stay. So Chipi-Chipi and a friend in Hinche kept an eye on him, visiting him and



He who fears
the Lord has a secure
fortress, and for his children
it will be a refuge.
~ Proverbs 14:26

providing milk and other necessities that health care does not supply. After two months, Chipi-Chipi took the baby home and named him Dietson. He joined her family of five children. We call him Lazarus—it's as if he was raised from the dead.

"In the past I have not seen Haitian people eager to adopt children due to fear of spiritual influences in their biological families. But Chipi-Chipi is the third trainer in our team to adopt. When Baby Lazarus was twenty months old, her husband brought him in for a health screening. It was nice to see the love and tenderness this little boy was being given by his family. But the father told me Lazarus had just recently started to walk (a bit late for his age) and was wobbly on his feet. When we weighed him, we found him underweight, but this loving family continues to nurture him," said Dr. Mac Leod.

God has provided for this little one. He is loved and cared for by his family, making him also a part of the larger CHE movement.



This brings us to our current-day position as an organization with the CHE approach becoming a well-developed and mature strategy. The final phase is **Expansion**.



*Changing nations
one community at a time!*

EXPANSION

Dr. John Payne's contribution to MAI has been very significant. Not only did he make a major move geographically from East Africa to Modesto, California, to take over the reins of the organization, but he also faithfully stayed at the wheel, guiding MAI through turbulent times. He did all this as a volunteer, even when he was going through very serious health issues. He was able to do this because of his love for the organization and his commitment to his Lord. However, much of this would not have been possible without the faithful support of Madelle Payne, who walked with him and supported him all the way. Even after their retirement from the leadership of Medical Ambassadors, the Paynes still work for MAI as volunteers; this time, they help us as Advancement Facilitators.

When Dr. Ravi Jayakaran was handed the baton of leadership in 2017, he was very conscious of the precious ministry being entrusted to him. He states, "I had a deep

appreciation for the valued men of God and their spouses who had preceded me in this role, and their contribution to the various transitions through which God had taken the organization. Medical Ambassadors International has been on a long journey of change and transformation that has clearly been God-orchestrated and God-guided. Each leader along the way has been called to be faithful to the task God gave them. I am ever conscious of this as I seek God's wisdom and guidance as I lead MAI through this phase of its journey—its continued expansion."

It has been interesting to see that though the preceding four phases (Provision, Prevention, Integration, Consolidation) have been mentioned as though they were distinctly separate, there were elements of jagged overlap at the interface of each phase. This is true also of the expansion phase, because the organization has continued to expand in geographical area and in the specialized types of CHE over



the years. These were initially accommodated as acceptable aberrations, because they were very successful with specific groups of people, such as disabled people, business people, women, children, etc. Now it is becoming clear that specialized curricula have their core grounding in CHE but have very specific areas of focus to address specific demographic groups. (See diagram on page 28). So, as the central core of CHE expands, so the multiple new types of specialized CHE expand.

At every stage of this journey, the Lord also brought to MAI God-fearing men and women who helped govern the organization as board members and helped steer the process forward, a fact that makes it even more obvious that this is God's ministry and He is personally taking care of it.

Just like the story in Wally Carroll's painting when Jesus transitioned Peter from a fisherman to a disciple, there is often a gentle process in all transitions. The Lord persists in His efforts to work patiently with the leaders He has placed at the helm of His ministry. There are times, however, that the Lord has to be firm as in John 21 with Peter. Following His resurrection, even after Jesus had appeared to His disciples several times, Peter decided to quit and return to his original profession. His logic perhaps was that since he had failed so badly in his relationship with Jesus, it made better sense to return to what he had been very successful with in the past, namely, fishing. Jesus therefore had to work on him (as He often has to do with all of us) in a totally different way. **He let Peter fail in his area of strength, before strengthening him in the area of his failure.** The call to "let go and let God" is an eternal one, especially when we





seek to do what we want rather than what He wants. His



Dr. Ravi & Vimla Jayakaran
President/CEO
2017-present

call is for us to realize above all else, that we are not owners of God's ministry but stewards. There is only one King in the Kingdom of God, and that job has already been taken by the Lord Jesus Christ. All the rest of us—leaders and others—are called to be stewards! A successful steward is one who faithfully does her or his master's bidding. Faithfulness is therefore critical.

The words of a song *Find Us Faithful* once sung by Steve Green come to mind:

We're pilgrims on the journey
Of the narrow road,
And those who've gone before us
Line the way.
Cheering on the faithful,
Encouraging the weary,
Their lives a stirring testament
To God's sustaining grace.

O may all who come behind us
Find us faithful,
May the fire of our devotion
Light their way.
May the footprints that we leave,
Lead them to believe,
And the lives we live
Inspire them to obey.
O may all who come behind us
Find us faithful....

This is our prayer: May we continue to be faithful stewards of the ministry God has entrusted to us, expanding the ministry in the areas where it is already operational, expanding it into new geographical areas, expanding into new areas of specialization, expanding into new ventures for improving



Backyard garden for a CHE household



the efficacy and effectiveness of the ministry and expanding our own capabilities as stewards of this ministry that God has entrusted to us.

We invite you to come and join us and partner with us by praying for our ministry, volunteering your skills and services and supporting Medical Ambassadors International financially.

Thank you!



*Give a man a fish and you
feed him for a day;*

*Teach a man to fish and
you feed him for a lifetime.
-Chinese proverb*