



A Christian Healthcare Worker's Response To COVID-19



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Fellow Healthcare Professionals & Friends:

Times like these are rare, but they also present such an incredible opportunity for us to share the light of Christ in a way that may not be as easily shared. The COVID-19 pandemic is forcing everyone to rethink so many things in life, especially for those on the front lines serving others in these times.

We have a unique responsibility in times like this to bring together the many voices of the healthcare missions movement (through things like the Global Missions Health Conference) and to offer up world class thoughts, examples, stories, and best practices. This resource has been carefully created with contributions from over 30 authors to speak directly into the heart of our current circumstances and to write specifically to you as a healthcare professional.

The WIN for this ebook is that you feel encouraged, challenged, and connected to a wealth of wisdom and strategies for how best to engage as a Christian healthcare professional. You have a gifting and a skill that can reach into the deepest parts of another person, and it's in times like this where you have an extraordinary opportunity to share the love of Christ with someone in need.

Enjoy this free ebook and join our online discussion group to stay connected, read stories, share stories, and learn more. Thanks for downloading!

Soli Deo Gloria!

Will Rogers
Executive Director, MedicalMissions.com
and Global Missions Health Conference

A handwritten signature in black ink, appearing to read 'Will Rogers'.

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Foundations

A Christian Healthcare Worker's
Response To COVID-19

The Ethical Approach To Limited Resources

by David Stevens, MD, MA (Ethics)

Can't get a desperately needed lab test? Not enough healthcare staff? Running out of patient beds? Worried a respirator might not be available? As you work without adequate protective equipment, are you thinking that you're putting your life at risk taking care of your patients?

Overwhelming need and limited resources. Sounds like life as a medical missionary, but third world realities may come to the United States with COVID-19. Let me share some practical ethical guidelines I've taught to more than 500 new healthcare missionaries while I pray that you don't have to apply them.

Allocating limited resources raises the ethical issue of justice—how do you treat patients fairly?

First, you always want to be as impartial as the situation allows.

Second, do the best you can for the most people with the resources you have.

Third, without enough time, personnel, supplies or equipment, at some point you will be forced to decide who gets and doesn't get your limited resource. Let me give you a real life example.

When I arrived on the mission field, our 135-bed hospital only had electricity 11 hours each day, because the price of fuel for our big generator consumed 25 percent of the hospital's budget. At night we ran a small generator that could power one isolette and allow us to turn on the operating room lights. We had a high incidence of multiple gestations, one in 28 births, and we had lots of premature babies.

You can put three preemies in one incubator, but what do you do when a fourth is born and there is no place for the baby? You hope one infant is doing well enough to be replaced, but if not, you take the one who has little chance of survival out and give it comfort care.

This is an extreme example, but it makes my point. You are forced into using a utilitarian ethic decision-making process under these conditions:

- There are limited resources.
- There are no moral absolutes for or against an action. (You don't give the baby with the poor prognosis a lethal injection. You still want this child to survive.)
- You know your moral duty but are not sure how to fulfill it. (Save lives. Heal the sick.)

– There is a conflict between two moral duties and both cannot be fulfilled. (I can't save all four babies).

– You must prioritize duties. (If I put the latest preemie in the isolette it will probably make it. The one I removed is likely to die whether it is in the isolette or not.)

When you are forced to employ a utilitarian ethic, you constantly reevaluate your allocation decisions based on changing circumstances. If the last baby put in the isolette is going downhill the next morning and the baby with comfort care is improving, I would reverse my decision.

When you have limited resources, you can never be satisfied with that status. You have the moral obligation to be constantly working to get the resources you need so you won't have to make a utilitarian decision, because you now have enough personnel, equipment and supplies. We solved the electricity problem by building a hydroelectric project on the 42-foot high waterfall below the hospital and got 24-hour cheap electricity. A large NICU followed at the hospital.

These type of allocation dilemmas can be heartbreaking. If possible, seek a second opinion from your colleagues as you make your decision. Then explain your reasoning for what you are doing to other staff involved. When available, seek a clear policy from your ethics committee to guide you and all staff for the situations you are facing.

Most of all, ask God for wisdom, insight, courage, and peace as you navigate through the storm. He understands. He has been there.



Dr. David Stevens is executive director of the Christian Medical Association. As the former medical director for World Medical Missions, he personally led medical teams into war zones in Somalia, Sudan, and Bosnia. The preceding eleven years he served as a medical missionary in Kenya.

Faith, Fear, Caution, Reality: A Balanced Mindset

By Rick Donlon, MD

Eleanor Roosevelt, wife of our thirty-second president, Franklin Delano Roosevelt, famously said “A woman is like a tea bag; you never know how strong it is until it’s in hot water”. Mrs. Roosevelt was cleverly restating what we’ve learned from experience: the pressures of stress and danger reveal our true character. This truism applies to individual disciples of Jesus and also to the collective American church.

Today’s hot water is an invisible virus that’s sickening and killing people. For a time it was a distant abstraction endangering the other side of the world, but now it’s striking our cities and states. At this writing, more than 100 Americans have died from COVID-19. Despite the implementation of quarantine and distancing strategies, many, many more will die.

While most Americans are being asked to withdraw from settings where the virus might be transmitted, health care workers are actively engaging the people and places where the virus can attack. By caring for ill patients, we’re potentially exposing ourselves and our families to illness and even death. For many Western health care workers, especially those under forty, this is new, anxiety-provoking territory.

I started medical school in 1986, just a few years after a Los Angeles physician described a mysterious cluster of deaths from Pneumocystis carinii pneumonia, an infection that only affects patients with weakened immune systems. Reports of similar deaths grew more numerous across the country, especially among gay men, injection drug users, and those dependent on blood transfusions. For some time, there was not scientific consensus about how the infection could be spread. As late as 1984 The New York Times cited a study suggesting AIDS could be contracted by exposure to infected saliva, leaving many healthcare workers with fear and uncertainty surrounding HIV and AIDS.

By 1985 the first HIV blood tests became commercially available, but it would be another decade before effective drug therapy changed HIV into a potentially manageable chronic disease. Nearly forty years since HIV’s emergence, over 700,000 Americans have died from AIDS-related illnesses. Many remain without effective anti-viral treatment and we’re still waiting for an effective HIV vaccine.

Many Christians and churches allowed fear to dictate their response to the HIV crisis. There were notable exceptions, but most of the American church quietly distanced itself from the suffering and dying. Regrettably, there were even instances of Christian leaders making public pronouncements of condemnation over those who had contracted AIDS. This was a tragic missed opportunity with long-lasting consequences—akin to nineteenth century Christian support for slavery and twentieth century opposition to the Civil Rights Movement.

Imagine if a different story could have been told. What if Christians and churches in the mid-1980s had mobilized people and resources to San Francisco, New York, and other HIV hotspots, to care and advocate for the sick? What if more Christians had taken risks and shared the epidemic’s front lines with those holding moral and political convictions different from their own? What if our evangelical medical and missions organizations had convened summits that led to sustained meaningful efforts to slow the disease and care for the sick and dying? Would not God have been glorified? Would not the watching world have seen a glimpse of the justice and righteousness that characterize the Kingdom of Jesus?

The Church and Christian healthcare workers have another chance. A dangerously deadly, virus, not yet fully known, is achieving global pandemic status. Unlike the rest of the world, Christian disciples have powerful advantages. Jesus Christ has freed us from the fear of death (Hebrews 4:15), allowing us to prudently face danger. We believe Jesus’ promise that every hair on our heads is numbered and that no sparrow falls to the ground apart from our heavenly Father’s will (Luke 12:7). If we or our family members suffer in our bodies—even if life is lost—we know that God will meet the needs of our families, for He has promised never to leave or forsake us (Hebrews 13:5). Knowing all that to be true, we can courageously step forward to serve the sick and dying.

The water is hot and getting hotter. For the glory of God and the advancement of Jesus’ Kingdom, let’s individually and corporately rely on our risen Lord and the Holy Spirit to show the world how strong we are.



Dr. Rick Donlon is an Internal Medicine and Pediatrics physician in Memphis, Tennessee. Previously, he was the co-founder and CEO of Resurrection Health Services and also helped found Christ Community Health Services, a primary care health center for the poor in Memphis’ most medically underserved neighborhoods. He and his wife Laurie have seven children.

The Church Responds To COVID-19

By Charlie Vittitow, DMD

Challenges for the church just keep coming in an onslaught that is fierce and seemingly unending. Now, the church faces a pandemic.

Throughout time God has used catastrophic tragedies to bring people to himself. Every crisis is an opportunity to love people.

Every church has shortcomings. Crisis exposes weakness and tests strength. How well the church has equipped members to be disciples who reach out is put in full view during crisis.

There are key questions.

- How fast does the church respond to those in need?
- Do people feel inspired and empowered to act and respond in their own neighborhoods?
- Is the church actively looking for opportunities to serve the most vulnerable?
- Is the church willing to hang with these folks when the crisis is over?
- Will church outreach projects transition to development and lasting transformation?

This COVID-19 crisis is unique in that it has forced the church to go online with worship services, prayer meetings, leader's meetings, and Bible studies. This has been a huge win!

A senior pastor of a church in Champaign, Illinois, has been hosting a weekly prayer gathering on Wednesdays at noon with attendance hovering around 100. The first week the crisis hit and church services were forced online, the noon prayer gathering, hosted online, had 3,000 participants.

Online nights of prayer were not part of the program at Southeast Christian Church until COVID-19 made it impossible to meet. Now the church's vision to be a praying church is taking a big step forward due to the crisis.

During times of crisis, the Gospel can be demonstrated most beautifully. God gave us the Great Commission (Matt. 28:18-20), the great commandment (Matt. 22:37) and the great concern (Matt. 25: 34-46) as the full Gospel. As the church responds as Jesus commands in Mark, the church becomes relevant to the community.

During a crisis, the "least of these" among us suffer most. In the case of this crisis, it's the elderly, the poor, single moms and their children that are hit first and hardest. Across the U.S., 45% of single moms live in poverty.

Mark 25: 34-46 describes praying for the hungry, thirsty, lonely, naked, sick, and those in prison. This could be expanded to those are anxious, giving hope.

A crisis can also expose a lack of unity within the body of Christ. For years, pastors have been praying that God will unite the body of Christ in cities across the country. Prayer can demolish strongholds that divide, such as racism, denominationalism, politics, poverty, affluence, and more. Every part of the body of Christ needs the other parts. Each part of the body has blind spots. As we submit to one another, blind spots are exposed and God is glorified.



Charlie Vittitow leads Mission Ministry at Southeast Christian Church.

The Challenge Of Faith

By Brian Vickers, PhD

Christians face the same challenge every day of their lives, namely, the challenge of living by faith. We perceive that challenge differently depending on our circumstances, but it is no more or less real regardless of what we face on any given day.

These days, however, the challenge can be overwhelming. The current challenge is no further away than a quick swipe or touch on a phone. As COVID-19 sweeps the world, we are inundated with news of rising case numbers, death tolls, social and economic crises, lockdowns, sheltering in place, hoarding of food and supplies, and often conflicting and confusing predictions of worst case scenarios as well as less than comforting best-case scenarios.

Early assurances from some government officials and a few news outlets that the virus is nowhere near as bad as some “experts” in the media make it sound, have all but evaporated. The Pollyanna hope that we’ll soon turn the corner and find that it was really nothing more, or even less, than seasonal flu is gone. Now we are all facing an uncertain future in both the long and short term. To say that COVID-19 and all its ripple effects is a “challenge” for every human being is an understatement, but for Christians there is a particular issue at stake, namely, whether we will be shaped and conformed by what we hear and see, or whether we will live, as we say we do, by faith.

In times of uncertainty, tragedy, and loss, we often turn to one of the more well-known verses in the Bible for comfort, “And we know that for those who love God all things work together for good, for those who are called according to his purpose” (Rom. 8:28,ESV). The reasons we love this verse are easy to recognize. The Apostle Paul assures us that, no matter what, God is on our side, and even working for our good. Why is it, then, that such a profound and glorious verse sometimes brings (if we’re honest) cold comfort? For one, we often use that verse like a spiritual Band-Aid we offer one another, and to ourselves, in times of trials. Not of course, that we shouldn’t remind ourselves of it, but we do need to be thoughtful of its meaning and application.

The big problem is what we think the word “know” means. Paul is not offering knowledge of a spiritual blueprint that will explain the behind the scenes work that God is doing in our lives. Neither is he saying that we will “know” how God is at work for our good like the way we know the latest COVID-19 case stats. That latter is knowing by “sight”—what we see, hear and experience. The knowing Paul speaks of is the knowing of faith. In other words, Paul is not saying that given enough time, we will see exactly what God was up to in our lives and one day say, “Now I see what God was doing!” Sometimes that happens, but not all the time. What he is saying is this: faith believes that God is who he says he is, has done all he says he has done in Christ, and is, therefore trustworthy. God can be trusted even when everything around us would line up as evidence against his promises. Faith in Christ is not

the absence of doubt, fear, anxiety, or stress—it is believing in the face of doubt, fear, anxiety, and stress.

Here’s why you, as a Christian, can believe that God is on your side and working for your ultimate good. Later on in Romans 8, Paul gives a long list of things in verses 38-39 that he says “will never separate us from the love of God in Christ.” The list needs to be read primarily as painting a holistic picture rather than trying to break down each part and find individual parallels: “For I am sure that neither death nor life, nor angels nor rulers, nor things present nor things to come, nor powers, nor height nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.”

All those things represent what we may see, hear, encounter, experience, sense, and perceive. Some are physical and some are spiritual in nature. All together they represent a vanguard of realities that would line up to attack and ultimately destroy our faith (not unlike the news lately). COVID-19, and all its related effects, fits into that list. Paul offers us the hope that regardless of what we see, we may know by faith that God really is on our side. He is at work always conforming “us to the image of his Son” (8:29). We can have assurance of that by faith because God has already given us the supreme gift in the ultimate sacrifice for us: “What then shall we say to these things? If God is for us, who can be against us? He who did not spare his own Son but gave him up for us all, how will he not also with him graciously give us all things” (8:31-32). That’s how God is at work for our good. That is the knowledge, the ultimate knowledge, of faith.

Romans 8:28 is not for a spiritual burying our heads in the sand, or an offer of easy answers—faith is never easy—in our current difficult times. It is, rather, a biblical call to understand and react to COVID-19 specifically as Christians. Romans 8:28 does not magically wipe away concern and replace it with casual complacency, but offers the freedom of faith so that we can live as Christ in the world, witnesses to God in Christ in a world gripped with fear, doubt, and death.



Brian Vickers is Professor of New Testament Interpretation at The Southern Baptist Theological Seminary in Louisville, KY. In addition to teaching, he is an author and editor, and regularly travels overseas to teach and lead short-term trips. He is actively involved with GMHC going on fifteen years. He and his family are members of Sojourn Community Church, Jeffersontown KY.

How Can Those Stateside Support Those Overseas Working In High Prevalence Areas?

By Phil, MD

International healthcare workers are accustomed to making nuanced decisions. We routinely consider various cultural perspectives, resource limitations, and spiritual insights. Now, the current COVID-19 pandemic is calling all our decision-making skills into action.

How can supporters in home countries help those serving in hot zones overseas? Pray! Thinking of decisions the overseas workers face, pray for them!

Medical missionaries live in settings of varied perspectives. Cultures and values differ between international teammates, and between those serving and those being served. As COVID-19 began spreading, some people in Europe scoffed at American worriers and paraded through crowded streets.

When Americans were settling in to a phase of social distancing, one pastor encouraged large gatherings, saying “the safest place is in God’s house.” We all need to realize that overseas workers like the rest of us, are confronted with varied beliefs stemming from divergent cultural perspectives. Pray that they will listen respectfully, and that their own comments will be seasoned with grace.

Medical missionaries are accustomed to dealing with limited resources. Now, in their settings of service, they grapple daily with limited supplies, decisions about allocation of costly resources, and outside advice about how to implement interventions that simply aren’t available. Pray that they will focus on caring for people instead of just bodies. Pray that they will see value in their ministry, even when resources are limited. Pray that healing and hope will come to their patients, even if oxygen and ventilators are not readily available.

Most medical missionaries sensed a call that propelled them to their places of service. Sometimes, though, they need to be reminded that they were called to ministries of salvation and sanctification, not just to live in safety and security. We need to pray that medical missionaries will remember Who they serve and to which Kingdom’s growth they are contributing.

We can pray that we all face the current pandemic with eternal perspectives. We need to pray that medical missionaries will be graced with divine wisdom as they discern which risks to their own security and safety are worth taking for the greater good of providing care to people in need. We need to pray that they will stay humble rather than seeking heroism, that they show compassion to individuals while not endangering the populations they intend to serve.

How can we help those serving overseas? They know that Paul sometimes fled danger, escaping hostility by sneaking over a wall, and that he sometimes faced angry crowds. They also know, though, that Paul changed his mind after listening to godly counsel and didn’t run into a rioting crowd in Ephesus. Pray for overseas workers, and be willing to bounce thoughts around with them. Stay or go? They know that Jesus once slipped away from a crowd wanting to kill Him and that at another time He welcomed those coming to arrest and crucify Him.

Supportively praying for overseas workers, we need to realize the truth of Ecclesiastes, that there are different times for different responses to events. International medical workers are facing daily decisions during rapidly changing situations. We should pray that they will discern God’s specific will for each specific time.

How can those stateside support those overseas working in high prevalence areas? Pray for them. Pray that they will wisely sift through conflicting opinions while maintaining excellent cross-cultural relationships. Pray that they will focus on the good God is doing, even when they are confronted with discouraging resource limitations. Pray that they will have specific guidance as they make specific decisions – about “big” questions of whether to stay or go and about “little” decisions about when to implement versus withhold interventions.

And, remember we are all in this together. No human knows all the right answers. None of us has truly unlimited resources. Even those who feel safer today might be in the pandemic’s hot zone tomorrow. Even as we pray for those working overseas, we need to be open to the guidance they might have for us as we face similar situations.

How can those stateside support those overseas working in high prevalence areas? Pray with open ears, minds, and hearts. We need to pray, while listening to God ourselves. We need to pray, while listening to the godly counsel of others. We need to pray, while realizing we truly are in this together.



During six years in central Africa, Phil dealt daily with danger and death. Now he deals with rapidly changing practice plans as a professor of pediatrics at Mayo Clinic in coronavirus-infected America.

God's Providence Through COVID-19

By Will Rogers

We don't talk much about God's providence until we get into moments in history like this, and then we start becoming more interested in these types of topics. John Frame defines providence as, "God's works of providence are, his most holy, wise, and powerful preserving and governing all his creatures, and all their actions." This definition challenges our thoughts while presenting us a great hope for God's active role through all of life.

Lord over the Natural World

Proverbs 16:33 tells us about a lot being cast, while making it clear that "every decision is from the Lord" proposing a narrative that all things are under God's control. If anything, we see that God is intensely personal in all of life. He isn't aloof or distant, He is constantly active and deeply personal with all of His creatures through all things.

Lord over Human History

Joshua 21:44-45 paints a picture that "not one word of God's has failed" leading us to a deeper understanding that God is not only Lord over the natural world, but also over human history. We're reminded here of the birds and the flowers of Matthew 6, that is God is in control of every event in nature, how much more would He care for us, His children?

Lord over Individual Human Lives

Jeremiah 1:5 and Psalms 139:13-16 both capture this picture that our Father has knit us together before time and in our mother's womb... far before any of us could personally engage in our own lives. God has been doing something miraculous in each of our lives before we existed and He continues that Lordship over our lives all through the lives we now live.

Lord over the Good and the Bad

Lamentations 3:37-38 then challenge us with these words, "Is it not from the mouth of the Most High that good and bad come?" For some of this, the concept of God being Lord over the good and the bad is uncomfortable. We're challenged in our thought of His Lordship and what we even mean by His Lordship. All the while, scripture is filled with over 6,000 verses of God's Lordship over all things as He is in control of, has authority over, and is present in all things.

Present in His Lordship

So what's the point in all of this? For me, it's simple. His Lordship and Providence all point to the overwhelming reassurance that He is present with us in and through all things. As each of us navigates COVID-19 with our family, our work, our finances, and every other aspect of life, we can rest assured that He is present with us in all things. He is Lord over the natural world. He is Lord over human history. He is Lord over our personal lives. He is Lord over the good and the bad. And He is present in every aspect of His Lordship.

May we all rest assured that not even the most remote and minor aspect of our current circumstance are out of His control, and rest in His absolute presence in our lives.



Will's career has been spent leading organizations and helping to mobilize people. He is the Executive Director of the Global Missions Health Conference and the co-founder of both ServiceReef (www.servicereef.com) and Cause Machine (www.causemachine.com). Will has developed business and missional strategies for dozens of organizations in nearly 50 countries. Will has a degree from Milligan College in Economics and Bible. Will and his amazing wife have two sons and live in Kentucky.

A “Non-Medical” Medical Response From The Church

By Ben Thornley

I often find myself wishing I could do more to help when there are crisis situations around the world. When I see pictures and hear stories of hospitals in Italy overwhelmed with patients, running low on supplies, beds, and healthcare workers, I wish I could roll up my sleeves up and jump in to help.

As a non-medical person, however, my engagement on the front lines of this medical crisis is limited. I can check in with the elderly in my neighborhood, offer to buy groceries for those more susceptible to this virus, and fulfill my personal civic responsibility to avoid the spread of the virus. But there's not much I can do on the medical front.

However, during this COVID-19 outbreak, God has reminded me that everyone has a significant role, regardless of profession or skill set. Remember the story of Moses?

In Exodus 17 when Joshua was leading the Israelites in battle against the Amalekites, Moses, Aaron, and Hur went to a nearby hilltop. When Moses held up his hands, the Israelites were winning. When he lowered them, the Amalekites began to win. When Moses began to get weary, Aaron and Hur literally held up his arms, and the Israelites won!

For some reason, God chose to work through Moses in this way for this particular battle. He led the battle, but Aaron and Hur played a significant role by ensuring Moses' hands stayed up! In the same way, non-medical people can support and care for those in the medical community. God will use them in this battle against COVID-19.

What could this look like?

- Prayer-walking around neighborhood hospitals.
- Making provisions for single parents working in area hospitals and emergency rooms.
- Ordering food for healthcare workers during the crisis.
- Mowing the lawn of an overworked caregiver in your neighborhood.
- Putting a card or note of encouragement in the mailbox of a caregiver.

Creative possibilities are endless. Think of ways to make healthcare workers feel loved and supported as they sacrifice to care for patients.

As the COVID-19 crisis progresses, Christians cannot retreat in fear. With worship services and Bible studies being cancelled everywhere, it can feel like the Church is sidelined. I believe that we can, and should, continue to find opportunities to show Christ's love for others, to point them to One who provides a peace that surpasses all understanding, and support those on the front lines of healthcare.



Ben lived in Brazil for over nine years of his childhood, growing up as a missionary kid, and developing an early heart for missions. Ben has worked at Southeast Christian Church in Louisville, KY for over 15 years, 3.5 in the College Ministry before moving to the Missions Department. Ben has been a breakout speaker at the International Conference on Mission, GMHC, GMHC Africa and more. Ben's education includes B.S. in Christian Education from Manhattan Christian College and an M.B.A. from Sullivan University. Ben and his wife Lindsay have 3 energetic children, and a dog.

How Do I Love My Neighbor Through Social Distancing?

By Kacie Chase and Caleb Brooks

We rarely think of service to others in terms of things we don't do. For most of us, service is a verb, and when we consider acts of service they are just that: active. In this rare moment, however, we are presented with an opportunity to reframe our Christian duties to one another in ways that may seem counterintuitive. What we are referring to is social distancing.

In this unusual time of global pandemic, it's actually what we do not do that can be most impactful. Social distancing is a fairly basic concept: limiting your social contact to those that you live with and avoiding public spaces unless it is absolutely necessary. Scientifically, the strategy behind social distancing is also simple: by removing ourselves from the larger pool of those that can be carriers of COVID-19, we contribute to a broader effort to curb the rate of infection within the population. In doing this, we slow or "stagger" the number of infections so that local healthcare systems are not overwhelmed by coronavirus cases that will require hospitalization to survive.

This may go without saying, but social distancing will probably feel like something of an inconvenience. "Aren't I a healthy, free person?" you might ask. "Why would I limit my own movement and access to the people and places that help fulfill me and add meaning to my days?" The answer to these questions lies within the concept of neighborliness.

We all know the passage in Luke 10 where Jesus tells the Parable of the Good Samaritan. After a brief back and forth with an expert in the Torah, the man answers with the first and greatest commandment: To love God with all that we are and love our neighbors as ourselves is the way to eternal life. But in a step further, this man of the law poses the question, "And who is my neighbor?" Each time I read this question it kind of rings in my ears. In the text, the question seems to be instantly placed in the mouth of the reader. There is a power in its simplicity, and I imagine a wry grin crossing Jesus' face as he begins his answer in the form of the parable.

During this outbreak we are reminded, as Jesus reminded those gathered that day, that each one of us has an opportunity to be a good neighbor. Many of our neighbors are now, as always, people that we may not ever meet or know. Because of the ease with which COVID-19 is spread from one person to another, our neighborly duty has become the act of self-limitation, and even self-isolation. By understanding that we each represent part of a greater whole, we can love our neighbors as ourselves by staying at home, avoiding crowded places, and encouraging those around us to do the same. In the way that

monastics through the centuries have committed to lives of isolation and deprivation in service to God, we can now serve our numbers by acts as simple as playing board games with our families in the living room and preparing meals from whatever we have in the pantry.

But there are also ways we can love our neighbors more actively. One such way is recognizing that social distancing will be inordinately difficult for those with less privilege. Consider the homeless who don't have adequate hand-washing facilities. Consider the children who live in single-parent homes and will face the fear and uncertainty of being home alone or suddenly having a parent with no income. Consider low-wage workers who are being sent home without notice and don't know when they will have work again. Consider the hospital cleaning and maintenance staff that will work through this pandemic with high risks and low pay. Those of us able to work from home and care for our children all while still getting a paycheck are persons of privilege during this season.

Social distancing precludes in-person acts of kindness for these folks, but there are certainly still ways we can support them. We can be generous in our giving through the support of local non-profits that address these insecurities in our communities. We can encourage legislation that will ensure that everyone's basic needs are met, and there are no big winners or big losers as a result of something so broadly impactful and so completely beyond any one person's control.

These are ultimately small acts, and may not always even feel like direct service, but social distancing and awareness are the most effective ways to show mercy to those around us in the weeks ahead. In this unique period of pandemic, we live out our sanctity for life by taking a break from life as we know it.



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Doing Missions In The Age Of COVID-19

By Tony Weedor, DPhil

Trouble comes in an almost infinite variety of forms: Ebola, H1N1, AIDS, Coronavirus, civil war, terrorism, collapse of financial markets, persecution of Christians around the world, divorce, moral decline, and emotional trauma. Many blame God or the church.

If we as Christians attempt to sever ourselves from involvement in the world, and if our structures thwart any possibility of rendering a relevant service to the world, those structures have to be recognized as heretical. Church offices, orders, and institutions should serve society, not isolate believers. The life and work of the church are intimately bound with God's cosmic plan for the salvation of the world.

We are called, therefore, to be "kingdom people," not "church people" Kingdom people seek first the Kingdom of God and its justice (Matt. 6; 33). Church people often put church work above concerns of justice, mercy, and truth. Church people think about how to get people into the building. Kingdom people think about how to get the church into the world. Church people worry that the world might change the church. Kingdom people want to see the church change the world.

Missions

Mission is not simply the self-propagation of the church. To accept that picture would be to sanction an appalling distortion of missions. On the contrary, the active agent of mission is the free, sovereign, living power of the Spirit of God.

Mission is not just something that the church does. It is something that is done by the Spirit, who always goes before the church in its missionary journey. Therefore, it is not enough to speak of the proclamation of the kingdom and of the presence of the kingdom. We must also speak of the provenience, the perviousness of the kingdom.

Revelation

"And they were all singing this new song of praise to the Lamb: 'Because you were slaughtered for us, you are worthy to take the scroll and open its seals. Your blood was the price paid to redeem us. You purchased us to bring us to God out of every tribe, language, people group, and nation,... (Revelation 5:9).

Since God's concern is for all peoples, all tribes, and nations, this should also be the landscape of the Missio-Dei. It affects all cultures in all aspects of their lives and society. Mission is a Holy God extending his arms to the world in respect of his creation, care, redemption and consummation. It takes place in the context of ordinary human history, culture, beliefs, and not exclusively in and through his church.

The mission of God is bigger than that of the church and the coronavirus we're facing today along with people around the world. Missio Dei is the Lord's activity, which embraces both the church and the fallen world. Within that, the church might be privileged to participate in the reconciliation of humanity to God through the Cross.

We are agents of God's reign and kingdom on this earth. Therefore, Christians should not only be active agents in the restoration of distorted relationships, but also whistle blowers whenever and wherever the table is set for new social injustices that may emerge.

Forgiveness requires an ethos of "this may not happen again". The confessing person is the most able agent of this ethos, because the guilty party is in the best position to illuminate the causes of the unjust worldview and system. Who can be better agents against the ills of racism than the war lords or those who have victimized the oppressed population?

The most evangelistic thing the Christian can do in this 21st century context is to be the church, to be formed imaginatively by the Spirit of God through our giving, worship, forgiveness, hospitality, and our economic sharing with the poor of this world. We're God's new creation (2 Corinthians 5:17), the witness to God's reign.

Conclusion: The Holy Spirit – Biblical Missions

It is the proclamation of the kingdom, the presence of the kingdom, and the provenience of the kingdom. By proclaiming the reign of God over all things, the church acts out faith that God is ruler of all. The church, by inviting all human beings to share in the mystery of the presence of the kingdom through its union with the crucified and risen life of Jesus, acts out the love of Jesus that took him to the cross.

By obediently following where the Spirit leads, often in ways neither planned, known, nor understood, the church acts out the hope that it is given by the presence of the Spirit who is the living foretaste of the kingdom. It is by an action of the sovereign Spirit of God that the church is launched on its mission. And it remains the mission of the Spirit. He is central.

It is the Spirit who brought about the meeting of Philip with the Finance Minister of the country of Ethiopia (Acts 8:26-40). It is the Spirit who prepared Ananias to receive Saul, the arch-persecutor/chief of sinners (Acts 9:10-19), prepared Peter to break his cherished Jewish diet and be the guest of a pagan army officer (Acts 10:1-20). It is the Spirit who initiates the first mission to the Gentiles (Acts 13:1-2) and guides missionaries in their journeys (Acts 16:7). It is the Spirit that leads many of our members in various communities, shelters, and schools to share the love of Christ by loving God and others.

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Tony Weedor has crossed many borders. Raised Muslim in Africa, he converted to Christianity at early age. With an MDiv/PR-Philosophy from Denver Seminary (USA), he has taught as a seminary and college professor specializing in Islam, trained churches and ministries in several African countries and America, and spoken before Congress in his native Liberia. Tony now serves as Missions Associate for Muslim Outreach at Southeast Christian Church in Louisville, KY.

Strategies

A Christian Healthcare Worker's
Response To COVID-19

How COVID-19 Presents Unique Opportunities To Share The Gospel

By Walt Larimore, MD

Between the moment of our salvation and the moment we graduate to glory, Christians interact with people from two worlds: unbelievers (2 Cor. 6:4) and believers in Jesus (John 3:18), or Christians (Acts 11:26). The Bible teaches that our activities with believers include fellowship and worship, while all of our activities with unbelievers fall under the life-style of evangelism.

Jesus is Sending Us

Jesus said, “As the Father has sent Me, I am sending you” (John 20:21) ... to “seek and save the lost” (Luke 19:10). His followers are all to be “the salt of the earth ... the light of the world,” and He commanded us to “let your light shine before others, that they may see your good deeds and glorify your Father in heaven” (Matt 5:13-16). I define “being light” as “living the Good News” and “being salt” as “speaking the Good News” or “the Gospel.” Furthermore, I believe “being light” involves, (1) competence or doing excellent work (Col. 3:23), (2) character or demonstrating integrity (Phil. 2:14-15), and (3) compassion or displaying kindness (Phil. 2:4).

Evangelism is most fruitful when it is face-to-face – in person. The “light” is most intense when we are closest to it. Biblical evangelism is not televangelism (“tele” is a root word that comes from the Greek word that means “far off” or “at a distance”). We can’t share the Good News during this COVID-19 pandemic without being present. Caring for those fearful about or suffering from this virus from afar is for us not an option.

Do We Flee This Plague?

Nevertheless, some Christian health professionals are asking, “Should I self-quarantine to protect myself and my loved ones?” My answer is the same as Martin Luther’s. When the bubonic plague struck Wittenberg, Germany, in August of 1527, Luther and his pregnant wife, Katharina, were urged to flee; however, they chose to stay in order to minister to the sick and dying – even taking some into their home. When Luther was asked by Christians in another city for advice, he penned a thorough treatise that is as theologically and practically applicable as when he wrote it. *Whether One May Flee from a Deadly Plague* (tinyurl.com/w3hqnoy) combines realism and faith in a way that is powerfully relevant to each Christian health professional and minister.

Luther counseled his readers to utilize medicine and intelligence “to guard and to take good care of the body so that we can live in good health.” As a result, he stated, “I shall fumigate, help purify the air, administer medicine, and take it.” He also practiced what is now being called “social distancing” by writing, “I shall avoid places and

persons where my presence is not needed in order not to become contaminated and thus perchance infect and pollute others, and so cause their death as a result of my negligence” ... adding this caveat: “If my neighbor needs me, however, I shall not avoid place or person but will go freely” (tinyurl.com/w3hqnoy).

As Pastor Jim Denison writes, “[Luther] understood the urgency of sharing the Gospel so as to lead the sick to saving faith before they died and to minister to believers in their final days” (tinyurl.com/ssg4qfl). Luther, Katharina, their children and unborn child (Elizabeth, born just before Christmas) all survived and their ministry thrived.

Our Ministry in Healthcare Must be Founded on Prayer

In the midst of this pandemic, we don’t retreat! We run to the front, understanding, “We are God’s handiwork, created in Christ Jesus to do good works, which God prepared in advance for us to do” (Eph. 2:10). As we serve our patients, Paul tells us, “Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God” (Phil. 4:6).

Being salt and light must be practiced on, preceded by, and protected with the power of prayer. Jacob Boehme wrote, “To pray aright is right earnest work. ... It is in one aspect glory and blessedness; in another, it is toil and travail, battle and agony. Uplifted hands grow tremulous long before the field is won” (tinyurl.com/swstrwe).

As author S. D. Gordon advised, “You can do more than pray after you have prayed. But you cannot do more than pray until you have prayed” (tinyurl.com/svnt3by), while Samuel Chadwick, a Wesleyan Methodist minister, added, “Satan dreads nothing but prayer. His one concern is to keep the saints from praying. He fears nothing from prayerless studies, prayerless work, prayerless religion. He laughs at our toil, he mocks our wisdom, but he trembles when we pray” (tinyurl.com/tw6b9ep).

We Must Minister with Words and Works

Upon a mighty foundation of prayer, Jesus sends us out, as He did His disciples, “to proclaim the kingdom of God and to heal the sick” (Luke 9:2 and Matt 4:23). We are to minister in this COVID-19 pandemic with words and actions. Some Christian health professionals want to “heal the sick” but not “proclaim the kingdom.” They often tell me, “St. Francis of Assisi said, ‘Preach the Gospel at all times, and if necessary, use words.’” But there are three problems with this:

1. St. Francis never said it. In fact, he wrote the opposite: “All the Friars, however, should preach by their deeds” (tinyurl.com/yypvkvke).
2. No one is good enough to actually do this. Elton Trueblood noted, “The living deed is never adequate without the support which the spoken word can provide. This is because no life is ever good enough. The person who says naïvely, ‘I don’t need to preach; I just let my life speak,’ is insufferably self-righteous. What one among us is so good that he can let his life speak and leave it at that?” (tinyurl.com/wapeddj).
3. Finally, it’s terrible theology. In a Washington Post article titled, “Call yourself a Christian? Start talking about Jesus Christ,” Ed Stetzer points out, “You see, using [St. Francis]’ statement is a bit like saying, ‘Feed the hungry at all times; if necessary, use food.’ For Christians, the Gospel is Good News — it’s what the word literally means. The Good News needs to be told” (tinyurl.com/jtt8fr4). Trueblood adds, “We must use words because our faith must be in something vastly greater than ourselves. We make a witness by telling not who we are but whose we are.” Samuel Shoemaker added, “I cannot by being good tell of Jesus’ atoning death and resurrection, nor of my faith in His divinity” (tinyurl.com/wapeddj).

So, how do we Christian healthcare professionals who are caring for patients in the midst of this pandemic verbally share the Good News? How do we be salt that is flavorful? Let me suggest two of the many “spiritual interventions” that Dr. Bill Peel and I share in CMDA’s “Grace Prescriptions” course (tinyurl.com/sfx5cek):

A Spiritual Assessment

First, we cannot provide proper treatment without a proper history. Adding a short “spiritual assessment” to your social history with each patient you see who is worried about or may have COVID-19 is critical. This will allow you to see where they are on their spiritual journey. Are they a believer or an unbeliever? To the former we can offer spiritual support, to the latter spiritual salvation.

If you’ve never utilized a spiritual assessment, I have written a review article explaining the academic and Biblical support for this evidence-based form of quality patient care, as well as some tips on how to do this quickly and efficiently. We are all bombarded with patients needing rapid assessment and care, so I pray you’ll find this quick and simple spiritual history easy to use. You can find it at tinyurl.com/yywzjyb7. One of the easiest to remember and use is what I call “The God Questions:”

G = God: May I ask your faith background? Do you have a spiritual or faith preference? Is God, spirituality, religion, or prayer important to you, or not?

O = Others: Do you now or have you ever met with others in religious or spiritual community? If so, how often? How important or supportive is/was this to you?

D = Do: What can I do to help you incorporate your faith into your medical care? Do you need to see a chaplain, pastor, or priest? Do you need any religious materials or resources? May I pray with/for you? May I have others pray?

Of course, you can adapt these questions to fit your personality, specialty, organization, and situation. For those already comfortable utilizing a simple spiritual assessment, you may want to consider my review on a more advanced assessment, the LORD’s LAP, that can quickly and easily help you discover if your religious patients are experiencing any “religious/spiritual distress.” You can find this resource at tinyurl.com/y3q9e66p.

Praying With Patients

Second, not only must we pray for our patients, our colleagues, and ourselves, but also, we now have a wonderful opportunity in the midst of this “plague” to pray with our patients. Scripture clearly teaches us, “Let us then approach the throne of grace with confidence, so that we may receive mercy and find grace to help us in our time of need,” (Heb. 4:16) and, “The prayer of a righteous person is powerful and effective,” (James 5:16).

As we close our time with our patients, instead of just wishing them “good luck” or “goodbye,” we can say something like, “I know this is a lot to be going through or to think about. Would you mind if I prayed for you about this?” Patients who say “yes” to prayer often assume that the praying will be done later. When they say “yes”, I say, “May I pray with you right now?” A prayer spoken out loud directly to God on behalf of my patient is a simple way to help them experience the reality of being in the presence of God. I keep it short and simple. I don’t address God as if He doesn’t know what’s going on. It may be something like, “Dear Lord, you know my patient is sick, worried, and scared. I invite you into our trouble. I ask you to help us trust you as you work out your plan for this precious person’s life. Amen.”

Larry Dossey, MD, writes, “Not to employ prayer with my patients was the equivalent of deliberately withholding a potent drug or surgical procedure.” If you choose to offer to pray with patients, CMDA recommends considering the following prerequisites:

- You should have taken a spiritual history
- The patient must either request or consent to prayer
- The situation calls for prayer (and COVID-19 certainly fits this criteria!)

Discuss with the patient any specific prayer requests and specific people you can share the prayer request with (i.e., colleagues, your spouse, prayer ministers at your church, etc.). Finally, it is critical for you to record the patient’s request or consent for prayer in the medical record and, of course, at all times, remember confidentiality.

“In the midst of this pandemic, we don’t retreat! We run to the front, understanding, ‘We are God’s handiwork, created in Christ Jesus to do good works, which God prepared in advance for us to do.’”

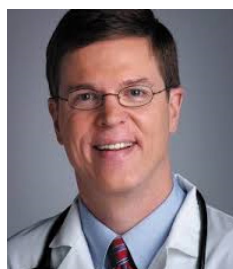
As Christian healthcare professionals, we have a powerful healing resource not all healthcare professionals know how to use—prayer. Use it! Intentionally, wisely, and prayerfully. And, for a patient who desires prayer, a Christian healthcare professional’s prayer may be as or more therapeutic than any other intervention we can offer.

For more details about praying with patients, I’ve written an article you can find here: tinyurl.com/y7fkbt54.

Conclusion

A mentor and dear friend of mine, Sir Paul Brand, MD, once wrote to me that, “In the medical profession, we do have a matchless, wonderful opportunity to meet people at times of their real need when they are ready to open up their hearts and expose their fears and worries and concerns.” This has never been truer than today. I’m finding an incredible openness in my patients who are both the “walking worried” and the “sick and worried.” By cracking open the door to spirituality and to Jesus, most are open to my throwing it wide open.

Let me conclude by borrowing from Luther: “I hope that I’ve written enough in this [article] for those who can be saved so that—God be praised—many may thereby be snatched from [Satan’s] jaws and many more may be strengthened and confirmed in the truth. May Christ our Lord and Savior preserve us all in pure faith and fervent love, unspotted and pure until his day. Amen. Pray for me, a poor sinner” (tinyurl.com/w3hqnoy).



Walt Larimore, MD, is one of the best-known Christian family physicians in America and a prolific author of nearly 1000 articles in a wide variety of professional and lay publications, over 30 medical textbook chapters, and 35 best-selling books – the most recent of which is *Fit over 50: Make Simple Choices Today for a Healthier, Happier You*. He has been a popular presenter at GHMC for about twenty years.

Lament And Hope In Times Of Shifting Foundations

By Juli Slattery, PhD

I've recently been struck by the thought that all ministry can be summed up with one goal: to bring people to Jesus. During this time of uncertainty, it gives me great peace to know that I don't need to have all of the answers or even have the capacity to carry another's anxiety. I just want to keep my eyes fixed on Jesus, encouraging others to have their gaze on Him as well.

Through this unique time of ministry, there are two fundamental ways that we care for ourselves, modeling for others how to know God during a season in which our foundation seems to be shifting: Lament and hope.

Americans are not accustomed to what it means to lament. We have trained ourselves to handle loss with distraction and shallow optimism. We brush off sadness with clichés like, "Things are bound to get better tomorrow. God is still in charge." As the Scriptures show us, there is a time to sit in grief, to tear our proverbial robes, and to put ash on our heads in mourning. Ecclesiastes teaches us that it is wise to sit in the place of mourning because it causes us to ponder our eternal destiny.

This is a season of lament, not distraction or false cheer. Give yourself permission to grieve what may have been lost and to accept the reality of hardship that may likely come. This is not the same as anxiety. Lament is the natural response to letting go of things that have given us assurance and comfort. Only as we grieve and receive comfort can we offer that comfort to those around us (2 Corinthians 1:3-5).

As we deal with genuine sadness and loss, we need each other. Through this season, be creative in finding ways to share your fears and burdens with one another. Healthy lament is both individual and corporate.

While lament is a constructive and God-given reaction to loss, the Bible also tells us that our grief will be different than the world's—we must grieve with hope. Our reason for hope is not that the economy will quickly recover or that a vaccine for COVID -19 will soon be discovered, although we pray for those remedies. Our hope is entirely based on the eternal promises of our God.

Many years ago, I heard something from Larry Crabb that has stuck with me ever since. He said, "I know that Jesus is all I need, but I don't yet know Him well enough for Him to be all that I have."

Sitting comfortably in our churches a few months ago, our hope in Jesus may have meant little.

As we face the possible stripping of earthly comfort and security, may the prospect of true fellowship of Jesus shine brighter and brighter. Everything we let go of leaves in its wake the capacity to grab onto a Treasure that disease and economic crashes cannot destroy. This is a time to radically pursue an intimate fellowship with God that is able to withstand great loss.

Not surprisingly, we find that thanksgiving, worship, fasting, serving others, and meditation are all good for our mental and emotional health. These are rhythms that God created for us to practice in good times and to cling to in times of stress. Make the "spiritual disciplines" more than disciplines in your routine. Invite them to become conduits, ushering in the presence of the God of hope.

Though the fig tree does not bud and no fruit is on the vines, though the olive crop fails and the fields produce no food, though the sheep are cut off from the fold and no cattle are in the stalls, yet I will exult in the LORD; I will rejoice in the God of my salvation!
—Habakkuk 3:17-18.



Dr. Juli Slattery is a clinical psychologist, author, speaker and the president/co-founder of Authentic Intimacy. She is the author of ten books and host of the weekly podcast "Java with Juli."

Maintaining Good Mental Health Amid The COVID-19 Pandemic

By Rahel Bosson, MD

Jesus warned us of what was to come when he said, “In this world you will have trouble” (John 16:33). But he did not stop there. He continued, “I have told you these things so that in me you may have peace.” Jesus offers peace amidst the storm, peace when COVID-19 moves from an outbreak to an epidemic to a pandemic plaguing almost every continent.

In the midst of our world turning upside down in the blink of an eye—school closures, travel bans, restaurants shutting down, stock markets crashing, and breaking news every hour arresting our attention—it is very easy to lose the perspective of the eternal and feel like life is spiraling out of control.

And yet, we also see that when Christ was led to the cross it seemed, at first glance, that He was no longer in control and was at the mercy of men.

Things looked hopeless when Pilate asked Jesus, “Do you not know that I have authority to release you and authority to crucify you?” (John 19:10). How Christ responds to Pilate, though, gives us proper perspective into how we should conduct ourselves as believers when we feel powerless. He replies, “You would have no power over me if it were not given to you from above.” (John 19:11).

So, in light of Jesus’ response to Pilate, how do we maintain a sound mind amidst the COVID-19 pandemic? Here are a few suggestions:

1. See life in light of God’s truth. Understand that although it may feel like things are out of our control, the truth is we were never in control. Power lies in the hands of a God who loved us enough to send His son to the cross. We can trust Him in our time of need!
2. Pray and pray often. The Bible tells us to call upon the Lord in the day of trouble, and He will rescue us (Ps. 50:15). Prayer reorients our hearts from only thinking about ourselves and our circumstances to seeing ourselves and our circumstances in light of a good God, who never slumbers or sleeps (Ps. 121:4).
3. Meditate on and read the Scriptures. The Word of God is our source of life and hope. How can we be comforted by the promises of God found in Psalm 91 unless we read his Word? Famed philosopher Immanuel Kant once said, “The Bible is the greatest benefit which the human race has ever experienced. A single line in the Bible has consoled me more than all the books I ever read besides.”
4. Take a break from the news and social media. I am not suggesting that you ignore the news, but you need to take breaks from watching, reading, or listening to new stories. The constant barrage of negative news media can be jolting and upsetting to say the least. Read and focus on other things.

Studies show that traits such as optimism and pessimism can affect many areas of your health and well-being. Having a positive attitude is also in line with what Scripture tells us, namely that we should think on “...whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things”. (Phil. 4:8). There is power in having a spirit of praise—it turns the eyes of mortal souls towards the everlasting God and gives broken hearts the strength to believe and hope.

5. Stay connected. God has made us social beings. He instructs us not to neglect meeting together to encourage one another. Social distancing notwithstanding, our world today provides ample ways in which we can stay connected (e.g., Zoom, FaceTime, Google Hangouts, and phone calls). Take advantage of these means to connect with those you love, including your church family.
6. Go for a walk. Research has shown that experiencing nature has an abundance of health benefits. One study done at Stanford in 2015 showed that people who walked in nature experienced less anxiety, rumination, and negative effects. They also experienced more positive emotions.
7. Remember you are not alone. Seek help if you need it. Talk to family, friends, pastors, and mental health providers.

Especially in this season of Lent, it’s important to remember that Christ, though left to die a humiliating death on the cross, did not remain there. He conquered sin and the grave. That same Christ is the one who promised peace in the midst of pestilence. We can take heart because, yes, He has overcome the world.



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The Christian Healthcare Mission And COVID-19

By Tom McKechnie, MD

The love and compassion of the Gospel is different from the sounds of fear and anxiety created by the COVID-19 pandemic. The love of Christ can be heard above the sounds of worry and gives hope that transcends our understanding of a worldly view. It can be as simple as a whisper of loving-kindness that drowns out the noise of despair, isolation, and hopelessness.

The storm that we are facing has us reflecting on the uncertainty of the things we put our trust in—jobs, health, or financial position. How do we bring more to the Kingdom in such trying times when we can't leave our homes?

We are all on the biblical timeline as our heroes of the faith in Hebrews 11:38, and our mission has not changed. Our mission as the body of Christ is to be a ray of light that gives hope and calm in the storm, at home and globally. God is performing miracles every day through those around us if we could only see through the eyes of Christ.

What is our global strategy to continue working on expanding the Kingdom of God in times like this?

It seems to me that Jesus's model of medical missions is apparent in his answer to John the Baptist when he sent his disciples to ask Jesus if he was the one. Jesus answered John's question in Luke 7:22, "Go back and report to John what you have seen and heard: The blind receive sight, the lame walk, those who have leprosy are cleansed, the deaf hear, the dead are raised, and the good news is proclaimed to the poor."

Christ clearly links compassion through health care to sharing the good news.

The question then becomes, how the Global North continues to support the Global South when they are faced with severe persecution or a medical crisis like the pandemic of COVID-19 and allow them to still be the beautiful feet of Christ.

Have we limited our brothers and sisters who live in these dark spiritual places with limited access to medical care by our approach to missions that creates dependency?

Through divine appointments, Teach To Transform, and other like-minded organizations have been blessed by a mission to empower national leaders with necessary medical skills to open doors for the Gospel. Who better to evangelize than a national pastor or evangelist who knows the language, the culture, and can witness long after we leave, breaking the cycle of dependency on the Global North?

Why teaching?

During a large medical camp, I had a divine appointment with a mother who gently handed her baby to me that had died during the night from a respiratory illness. What could we have done so this mother would have recognized signs of respiratory distress sooner? We have seen this scenario repeated over and over, mothers and babies dying during childbirth, starving, and dehydration in refugee camps, and the list goes on.

What is the answer?

In trying to make sense of this, we saw hope by empowering indigenous believers with medical skills to show compassion and share the Gospel of Jesus Christ through medical care.

We have seen a glimpse of Heaven through training courageous national evangelists.

Here comes Heaven,

when we see Christ in the passion of Christians who travel six days on the Amazon River to get to our training.

Here comes Heaven,

when men and women travel days out of the Himalayan Mountains or Indian evangelists facing severe persecution come to be trained because of their passion for sharing the love of Christ.

Here comes Heaven,

When followers of Christ in Sub-Saharan Africa boldly face torture or death to love one another in the name of Christ.

We have seen national evangelists trained in medical skills working throughout the world for the Kingdom despite our inability to go. Let's not go quietly to heaven. Give the gift of your medical skills to empower nationals to carry the Gospel to the ends of the earth.



Tom McKechnie is board-certified in emergency medicine, president and founder of Teach To Transform and an ordained minister.

What To Do If Your Mission Trip Is Cancelled?

By Drew Davis

Having a mission trip cancelled can feel as if the rug is pulled out from beneath you. You have spent lots of time in prayer, talking to others about it, fundraising, training, and gearing up for the adventure ahead. What should you do if it is cancelled? While not an exhaustive list, here are some key things to keep in mind as you navigate the days and weeks ahead.

- 1. Assume the best** – Have confidence that the organization and leaders for your trip are trying to make the best decision possible. This was not an easy decision for them and although you may have lots of questions, trust that they were looking at all the data and trying to make a wise decision for you and your other participants.
- 2. Get clarity on fundraising** – If you have raised funds for the trip, there are governing tax rules that your organization must consider. Therefore, their options for what they do with the funds raised are usually limited. In most cases, you can apply the funds to a future trip. However, there may have already been expenses (e.g. tickets, pre-purchasing supplies, etc.). The situation can be complex, so get clarity from your leadership or organization on how they will handle any funds that are raised.
- 3. Have patience and be flexible** – It is hard to sit and wait for updates. Typically, when situations arise, there are several trips that are impacted and dozens (if not hundreds) of participants. In many cases, like the COVID-19 pandemic, the situation will be fluid and changing on a daily/weekly basis. Leverage existing systems of communication to get regular updates, or jump in and ask if you can help the org/team in any way.
- 4. Pray** – While the situation is developing, pray for peace and wisdom for you, for your team, for your team leaders, for the organization, and for the partners/people in the field. A decision to cancel a trip will have a ripple-like impact. In most cases, it might be merely an inconvenience or delay, but for some trips, the impact is greater. Pray for clarity on the decisions that need to be made in light of this cancellation and the lives that will be impacted.
- 5. Communicate** – Once an official decision is made, communicate with your donors and those who are supporting you. They will want to hear from you directly, so provide them as much information as is practical (e.g. “the trip has been postponed and donations will be applied when I go in August” or “The trip has been postponed and due to the developing conditions, I will update you in a month with what our decision will be.”).

“While the situation is developing, pray for peace and wisdom... for you, for your team leaders, for the organization, and for the partners/people in the field.”

Regardless of what happens in the coming weeks, recognize that having a trip cancelled is usually just a delay. If your heart is set on that country, that trip, or those people, it is likely you will be able to accomplish that, but it might be next year or several months down the road. Leverage this time to help prepare your heart for what God might be doing in you, in your team, or in your field partners, so you will be ready whenever your time to go finally arrives.

Blessings on your journey, and remember — no matter how crazy things get, we serve someone who knows and is in control!



Drew Davis is a Community Pastor at Southeast Christian Church Crestwood Campus. Having previously served as the mobilization and awareness leader for missions at Southeast, Drew has been engaged in missions from serving locally, short-term trips and preparing people for the field for the better part of a decade. Drew lives in Kentucky with his wife and daughter.

Practical Ways To Help Seniors During The Isolation Of COVID-19

By Ruth Schenk

It's easy to feel helpless in the face of COVID-19. It's the danger of exposure, isolation, social distancing, fear, and uncertainty. It's easy to hunker down and feel there's nothing we can do.

That would be wrong.

At times like this, the church—God's people—shine brightest. They respond in crisis.

The Chinese use two brush strokes to write the word “crisis.” One brush stroke stands for danger. We see that everywhere. But the other stands for opportunity. Every crisis holds both. There is opportunity in the midst of danger.

Though we can't meet for worship, we can still be the church.

According to the CDC, older adults are at highest risk in this pandemic. Nursing homes post “no visitor” signs. Those over 60 are told to stay home, get groceries during designated times if they go out at all, to stock up on medications.

At the same time, they are lonely and afraid.

Threat is real. We've never been through this. These days when nothing seems the same provides a chance to reach seniors we do and don't know, to ease fear, to provide kind contact, to reassure them that they are not alone in the virus-battle.

When one woman in Louisville created a database of seniors who might need help and willing volunteers, she found that what people most wanted was someone to check on them—a friendly voice. They had enough toilet paper and their pantries were stocked. Loneliness trumped need.

This is the time to reach out, one person at a time, and live the Gospel from our homes.

Here are a few ideas to support others as we navigate uncertain days:

- To connect with neighbors you don't know by name, write a note introducing yourself to put in their mailbox or door. Explain that you would like to pray for them and help in any way possible during this crisis. Include your contact information. Make a list of those who respond.
- When you are going to the grocery store or drug store, offer to pick up something they may need. Add a fun item they might enjoy – a flower, ice cream, a balloon, hand lotion, a puzzle book.

- Think of creative ways to brighten long, lonely days. Two friends delivered daffodils and toilet paper to connect with older neighbors. They loved the flowers and laughed over the toilet paper. Quick porch visits six feet away opened doors to build lasting friendships.
- Make a list of those near and far away who would appreciate a phone call, text, note or Facetime visit. Technology makes connecting easier than ever before.
- Include your family in outreach. Everyone loves handmade cards and drawings from children. That's a win for both age groups. Kids are busy; adults are happy. One 6-year-old made and delivered paint-stick crosses he made and painted for neighbors on his cul-de-sac. They now decorate the front of homes.
- Share a treat. Since shopping is limited, make a basket or bag of wrapped snacks such as cookies, crackers, tea, a puzzle book or magazine.
- Offer to do small chores – rake a flower bed, take out trash, fill birdfeeders, walk a dog.
- Though COVID-19 is serious, depression will not stop it. Laughter is a good antidote for fear. Create a “laughing basket” with jokes or funny sayings written on folded pieces of paper, an envelope of seeds for a fun plant that will bloom, a clown nose and Groucho glasses.
- Write or color a cheerful message on the sidewalk of a neighbor's home. This can be fun for adults, children, and those who pass by.
- Ask a neighbor if they would enjoy a homemade meal. Package it to leave on their porch.



Ruth Schenk specializes in mission stories for a faith-based newspaper in Louisville, Kentucky.

How Do You Handle Fear And News In Light Of A Pandemic?

By Micah Pritchard

Depending on which news source and which day, it may appear as if the world is ending. Amidst this crisis (or the next one), how do we respond internally to what is going on around us?

What should be our response as those who follow Christ?

As a medical professional, you know the facts. And although there is plenty of guidance out there on the handling of this pandemic, one area we wanted to walk through is what is this doing to our soul, how should we respond both internally and externally, and what role might Jesus be asking us to take. A verse that has been helpful to me during this time is Isaiah 41:13, "I am the Lord your God, who takes you by the right hand and says to you, 'Do not fear, I will help you.'"

Everyone who has a relationship with Christ Jesus has a direct line to wisdom, strength, courage, and hope regardless of the situation we find ourselves in. We have put a few of our thoughts together below, but please know that if you go to Him, there is wisdom and direction for the days and weeks ahead specific to your situation (James 1:5).

First, spend some time in listening prayer. Take a few moments each day in the quiet of your house or car to create opportunities to give your soul some rest. If you are like most of us, you go from moment to moment with hardly 15 minutes for lunch. The isolation required by the pandemic allows us to take a moment to pause... take advantage of it! Give yourself some room to pause, pray, and listen each day (even if it is just one minute in your car before you go into work or enter your home... just take some deep breaths and allow a quiet moment to align yourself to God). Ask for wisdom, understanding, and peace that surpasses understanding.

Second, release this to God. There is a phrase popularized by John Eldredge lately where he simply prays, "Jesus, I give everyone and everything to you." Repeat that a few times when you are feeling stressed or anxious. Practice benevolent detachment by releasing patients, tragedy, or strong emotions to Him. Consider Matthew 11:30 and ask how Jesus might lighten your burden during these stressful times.

Third, consider your response... we are called to be light and salt to this world. There are neighbors, friends, family, co-workers, patients and community members who are completely freaked out and afraid during this time. Additionally, the necessary action of socially distancing ourselves will add to the fear, despair, and loneliness of those around us.

Find practical ways to love and be light during this dark time. Consider even small actions, like texting neighbors, making a meal/cookies for them, or just letting them know that you are thinking of them. Check in on neighbors, especially those that might be isolated. If you feel like taking additional steps, consider inviting them to dinner, board games, iced tea on the porch, etc. Even if you want to sit six feet apart on your back deck to minimize contact, any socialization will feel like light in this dark time. Be smart about your actions, but also recognize that this is an ideal time for Christ followers to help lighten other's burdens, ease their fear, and help share the hope that we have... and last we checked, viruses don't spread via phone calls or text messages, so even small steps can be meaningful.

Wherever your heart may be these days, remember that we have someone who created us and formed us before we had taken our first breath. Perhaps, like the tribe of Issachar (I Chronicles 12:32), we can be a people who understand the time and can see the path ahead. Or perhaps like Esther, we can consider where we have been put into our jobs, neighborhood, church, community, and family for "just a time as this" (Esther 4:14).

Most of all, during this time of isolation, know that you are never alone. Although the road before us is difficult, there is someone we can rely on for strength and understanding. Remember the promises of God, and, as appropriate, share that hope with others.

Deuteronomy 31:6, "Be strong and courageous. Do not be afraid or terrified... for the Lord your God goes with you; he will never leave you nor forsake you."

May the God of hope fill you with all joy and peace as you trust in Him, so that you may overflow with hope by the power of the Holy Spirit (Romans 15:13). Blessings on you as we journey together and lead others toward health in the weeks and months ahead.



Micah Pritchard is one of the co-founders of ServiceReef.com and Missional.Life, resources to help engage participants missionally and help drive efficiencies within our organization. When not solving problems, he enjoys the Colorado outdoors with his family.

COVID-19, Long-Term Missions, And The One Tool That Can't Be Taken

By David in Christ, DO

As COVID-19 spreads throughout the earth, the unknown complexity on society poses new questions about its effect on long-term missions, particularly for those already on the field and those eager to go.

Missionaries across the globe find themselves in self-quarantine, wishing they could enjoy the in-person fellowship of local believers or longing to do quarantine with more than their six kids under the age of 10. Mobilizers and field workers alike may feel that their labor has been taken from them by the virus for the foreseeable future.

Thankfully, the church is not swayed by quarantine anxieties or pandemic fears. We have Jesus. “Take heart, I have overcome the world” rings in our ears. To help, long-term workers and wanna-be’s can put into practice the following six heart attitudes.

1. Missions is all about intimacy with Jesus. Often our jobs distract us from “the one necessary thing (Luke 10:42)—Jesus Himself. Don’t let the rat race of the virus-chase steal away this opportunity to refresh your personal relationship with your Best Friend and rekindle your desire for oneness with Him (John 15:5; Ps. 27:4). Get up early or take turns watching the kids—somehow—plan hours a day to sit quietly with the Lord and wait on Him (Ps. 5:3; Ps. 37:7; Isaiah 40:31). As Martin Luther put it, “I have so much to do that I shall spend the first three hours in prayer.”
2. Remember that Jesus’s work in the cross and resurrection is finished, yet He’s still working! Hebrews teaches us that He “always lives to make intercession” for the church (Heb. 7:25). Do what the most skilled long-term missionary did—no matter if your plans are cancelled or you can’t leave your house—follow Jesus by interceding for those in your target people group by having them “constantly in [your] prayers night and day” (2 Tim. 1:3). Those on the field know best—long-term missions is primarily about interceding for those far from God and, then, secondarily about preaching the gospel.
3. God in you is the best thing you bring. First Thessalonians 2:8 says: “Because we loved you so much, we were delighted to share with you not only the gospel of God but our lives as well.” Your presence re-presents Jesus. They may have heard He is a Western god or only a prophet, but by becoming one of them (i.e., eating their food, living in their neighborhoods, experiencing the same illnesses) you present Him to them anew. This time as the All Sufficient when there is a lack of resources, as the Healer and Hope in the face of deadly sickness, and as the Joy-Giver and Comforter in any trial. This is why you became a missionary! Don’t be disillusioned—you’re still likely the only example they have of what turning to Jesus looks like, and leaning into your own neediness is the place where the Spirit’s supply shines bright. His kingdom is not a matter of talk, but of power (1 Cor. 4:20), a power to do miracles and an inner power of ceaseless gratitude and sacrificial love. Who knows what doors

COVID-19 will open to unengaged hearts and the least reached regions when the people of God stay, remain, and abide in His love and with those suffering?

4. Don’t be ashamed—preach! The Gospel is the power of God for the salvation of everyone who believes (Rom. 1:16). Face mask on or off, we must share this news with our lives but also with our lips! The news of COVID-19 spreading has hit the ears of billions within weeks. Oh, that The Cure for the worst of all diseases would be known and feared in all of the earth! Perhaps governments that used to suppress the Gospel are too busy with virus-prevention and now is the open door we’ve been praying for! For example, some in the Chinese church are walking the streets with megaphones. Let’s be men and women who obey all of Jesus’s words, including Matthew 10:27—“What I tell you in the dark, say in the light, and what you hear whispered, proclaim on the housetops!”
5. Deepen discipleship. Workers across the globe are using online formats to meet one-on-one with disciples and challenge them to personally go deeper into the Word, in a way that can multiply from them to others they know.
6. Don’t forget that “Missions exist because worship doesn’t” (John Piper). Your family worshipping God in that place, even if you can’t leave your apartment or don’t see conversion in twenty years, glorifies God, who is “highly exalted” (Psalm 47:9). Sing songs of joy as you let your spirit soar with love for Him in a way that will impact the spiritual forces of evil overarching your region.

In summary, 1 Peter 4:7 says “The end of all things is near; therefore, be self-controlled and sober-minded, so that you can pray.” COVID-19 is stealing away much in view of worldly opportunities. But there is a tool that can’t be taken, and that tool is prayer.

As one practical application, if you would like to pray for 30 minutes a week over the phone with believers across the USA for unreached people groups to know Jesus, please email jesusinvasion@gmail.com. Or let us know and we can resource you to start your own phone prayer group.



David graduated with a Doctorate in Osteopathy and is currently in a Family Medicine training program. He has seen God save different people from different cultures through the same forgiveness found in Christ, and plans to lead a long-term team to an unreached region in the future.

Therapy Tools For Explaining COVID-19 To Children

By Christine Rogers, OTL/R

The coronavirus has disrupted all of our lives, but the population this disruption may be impacting the most are children and individuals with special needs. Children with disabilities rely heavily on routine to function successfully throughout their day. For many families, a season of quarantine is being met with extraordinary difficulties in behaviors and meltdowns as they try to understand why life suddenly looks so different.

The season of coronavirus makes it both more challenging and more important than ever for therapists to care and remain a vital part of their patient's lives. The challenges are real as many of the patients that we work with are medically fragile and the potential risk of exposure to this virus could be costly. Therapy is often based in a school or clinic setting and when school is closed, and the clinic holds risk of contamination, one of their greatest supports is often eliminated. Despite these challenges, the need for ingenuity and creativity to step into our patients' lives and walk this road with them from distance is extremely important.

Teletherapy:

Teletherapy is the number one resource to keep treatment as consistent and safe as possible during COVID-19. Not only does it allow us to continue addressing therapy goals, but it carries some unique benefits that outpatient or school-based therapy often does not allow for. Teletherapy allows therapists who are accustomed to addressing goals outside the home, a window into the environment where they use it the most. It also provides an opportunity to equip parents to "become the hands of the therapist," a huge benefit for carry over of home exercise programs and family buy in.

Social Stories:

Carol Gray, the creator of Social Stories, states, "Social Stories are a great tool to help us manage difficult or confusing situations. It's a way to give information about those situations, including what is expected or what might happen, in a supportive and reassuring way." Social Stories are an excellent tool to simply and effectively explain to children who have difficulty understanding why all school, appointments, and trips in public have suddenly ceased and why hand washing for 20 seconds and standing six feet distance from neighbors are new strictly enforced rules. Examples of social stories explaining the coronavirus can be found on carolgraysocialstories.com.

Visual Schedules:

As therapists, a significant way that we can help our families through the coronavirus is by helping them survive cabin fever. One of the greatest gifts you can give the families you work with is the gift of structure. Children with special needs often thrive on well communicated routines. In times of chaos and transition, it is vital to help give handles on their new normal. Help your clients design a routine that will work best for their family and provide the sensory and movement input the child needs to stay regulated throughout the day. Suggest the visual/picture schedule be posted where the child can see it and use it daily. The simple act of crossing things off a list, even if it's just eating breakfast and getting changed, makes you feel productive and positive at the end of a day being locked inside.

Home Exercise Programs:

With a lot of time at home, parents will be looking for ideas to keep their kiddos occupied. This is the perfect time to reinforce the importance of home exercise programs. I often use the metaphor of getting abs: If your goal is to get abs and you go to the gym once a week, your success is unlikely. But if you complete a daily core workout, your likelihood of success is much higher. It's the same with therapy. We will see the greatest success when parents are addressing the same goals every day at home that we are in our sessions. Make home exercise programs simple to complete, fun for the child, and effective for the greatest commitment.

Checking In:

Lastly, above all else, don't forget the heart. Check in with your clients and caregivers on how they are doing. Take the time to listen. Help support them wherever you can. This crisis is deeply effecting many of our families emotionally, financially, and physically. Use your therapeutic use of self to walk the journey alongside them, letting them know they are not alone.



Christine Rogers works as an occupational therapist for the Shandy Clinic specializing in developmental delays, autism, and psychosocial trauma. She graduated from James Madison University, with a master's degree in Occupational Therapy, receiving the Katrina McMullan Global Impact Award for her research and work with survivors of human trafficking in northern Uganda. Christine continues to focus her time and study on the areas of pediatric development and neuro-rehabilitation, facilitating trainings throughout the country to physicians, healthcare professionals, educators, and caregivers.

How Telemedicine Is Impacting The Fight Against COVID-19

By Matt Henry

In my fifteen years in the telemedicine industry, this is certainly the most unique time I have encountered. By virtue of our client telemedicine consultations, we are quite literally seeing the public deal with the COVID-19 virus both physically and mentally.

People are sick and wondering if they have the virus. People are scared and dealing with anxiety. From phone, to video, to online messaging we are daily working with individuals as they assess their own situation and ask our doctors and medical providers (eg: psychologists, pharmacists) to help them determine their right next steps.

While there remain many questions about what is 'next' in this COVID-19 pandemic, telemedicine is proving that it is a key tool in the fight.

Let's take a brief moment and lay some groundwork. The word 'Telemedicine' is a fairly new term for most of us. In short, telemedicine is the process of using digital technology (ex: phone, video, online messaging) to foster healthcare interactions that improve a patient's health status. As we all can agree, the 'phone' sitting in your pocket right now has radically altered the way we do life...including the way we do healthcare. Can we, in good conscience, even call it a phone anymore? What was once only a 'cell phone' is now a shopping cart, credit card, bank account, calendar, encyclopedia, phone book, game system, flashlight, camera, and more. Consider, for a moment, that the phone in your pocket has more than one million times more memory and has 100,000 times the processing power¹ of the Apollo 11 spacecraft computer that put humanity on the moon and brought them home.

Within the last decade, this now ubiquitous device has also become a medical clinic and a new frontline defense against COVID-19.

I want to give three examples (all names are pseudonyms) of people utilizing their everyday technology (phones, tablets, laptops) to access telemedicine services in direct relation to this pandemic:

Asia – Stephanie and her husband are missionaries in Asia with their three adolescent children. They were impacted quickly as COVID-19 gained a foothold in Asia and began to spread regionally. Stephanie used her tablet to login to her telemedicine account and securely message back and forth with telemedicine physicians in America. This asynchronous interaction was an important convenience as it eliminated the time change issues involved with live communication. Over the course of a couple weeks, Stephanie and her husband were able to work with the telemedicine physicians to better understand the complexities of the situation and make the best decisions for their family.

Washington – Alex lives in Washington state and has been monitoring the virus closely since it first arrived in the US. His location was one of the first areas in America to be impacted by COVID-19. As a precaution, Alex began working remotely from his home. He began feeling poorly and turned to his telemedicine service for help. He initiated a first available video consultation and within 30 minutes was having a real time video consultation through his laptop. Based on his symptoms, the physicians felt that Alex was experiencing a common cold. Since that initial consultation, Alex has stayed in touch via messaging and the physician team has helped him treat his symptoms, which continue to be assessed as a common cold.

“As we watch COVID-19 unfold, telemedicine is rightfully getting a lot of attention. Regardless of your location, the technology in your pocket is now a lifeline to medical experts. The doctor has come to you.”

New York – Vanessa works and lives in New York City. She rides the subway every day. She began feeling poorly and called the toll free number for a telephonic consultation while she was at work. Within 40 minutes she was on the phone with a physician. The physician used the most current COVID-19 triage protocols and determined that Vanessa may be infected. She was directed to immediately leave her place of work, find the closest place where she could be tested, and quarantine herself in her apartment until she had results. Vanessa tested positive and has been put under the care of a local physician while she manages her symptoms and recovers.

As we watch COVID-19 unfold, telemedicine is rightfully getting a lot of attention. Regardless of your location, the technology in your pocket is now a lifeline to medical experts. The doctor has come to you. Consider these quick points of how telemedicine is uniquely positioned to fight against this pandemic:

- Patients are being efficiently triaged prior to accessing in-person medical facilities
- Healthy users are able to treat routine health issues and avoid COVID-19 exposure
- Rural and international patients have a medical provider access point
- Telemedicine physicians are staying productive by reducing their exposure
- Ongoing monitoring of quarantined patients is simplified by phone, video, and messaging

During this historical pandemic, telemedicine is helping patients make better health decisions and more efficient use of healthcare resources. It is a valuable complement to the irreplaceable face-to-face relationship of a physician and patient. As the globe continues working together to combat COVID-19, let us be grateful for the ways technology is giving us help...but let's be even more grateful for the men and women healthcare professionals putting it all on the line and tirelessly working on behalf of their patients.

¹Graham Kendall. (2019, July 2nd) **Your Mobile Phone vs. Apollo 11's Guidance Computer**. Retrieved from https://www.realclearscience.com/articles/2019/07/02/your_mobile_phone_vs_apollo_11s_guidance_computer_111026.html



Matt Henry has spent 15 years in the telemedicine industry. He is a vice president at eDocAmerica (www.eDocAmerica.com) and co-founder of the Romanian-based telemedicine company Telios Care (www.Telios.ro). He lives in Little Rock, AR with his wife and three children.

Priorities For Healthcare Missions Workers In Resource-Poor Areas In The Midst Of COVID-19

By Paul Hudson, MD

Following are key priorities for healthcare in resource-poor areas, with actionable suggestions that address missional areas of:

- Growth in Christ
- Integration of Faith and Practice of Faith
- Building Teams that Include the Church
- Development of Local Leaders

Preventive Practices: Hygiene/Handwashing

In communicating the importance of hygiene—and specifically handwashing—during this crisis, develop a few solid biblical messages, e.g., about what is ‘clean’ and how this purity relates to hygiene. Engage believers and churches to ensure the right messaging. Build community, church, and staff teams to deliver the message. Select and mentor some youth and church leaders.

Staff Education Concerning COVID-19

Emphasize Biblical hope, calling, and sacrifice, in the midst of uncertainty. Engage believers and churches to ensure the right messaging. Build a staff development team to be both scientific and pastoral. Mentor and empower staff leaders to educate and grow others.

Triage and Open Air Measures

Understand that Christ did not heal all. Determine care of patients by need, not by position or wealth. Engage healthcare staff with ethics of serving without enough resources. Build triage tents or shelters for healthcare, and build temporary places to do hospice-type care if needed. Develop local leaders by bringing together volunteers with building experts.

Protection of Staff

Conduct regular prayer and Bible study on relevant topics, such as caring for the Body of Christ and “one another” passages. Home supplies will be needed by staff to care for home needs when they are called to extra measures in serving in healthcare. Involve teams including the local church to meet need for supplies to protect staff, such as locally produced masks, face shields, waterproof aprons, etc. It is best if care of the local staff is seen as coming from local leaders (to decrease a sense of superiority and hierarchy).

Avoidance of Nosocomial Spread

Growth in Christ will be realized in caring for others (the concept of being a watchman). In integrating faith and practice, it will help to understand excellence as it pertains to our faith and works. Physical barriers, as well as personal protection are critical for teams. Encourage teambuilding with concepts such as “it is the responsibility of everyone” and “success in this is dependent upon accountability within the team.” It will be better if lessons are taught by local leaders rather than expats (they are better in contextualizing).

Home-Based Care

Help everyone understand that care is being part of the body of Christ. This is an opportunity to break down walls dividing health care and other ministries. Get churches involved in home-based care. Involve teams from churches for outreach, compassion ministries, and prayer coverage. In-home care offers another chance to develop local leaders in the community.

Avoid Burnout of Staff (both Mission and Local)

Where possible, hire extra people, carefully manage staff scheduling, sick days, and rest days. Consider local believers to fill the role of chaplains to the staff, and use imagination for other creative ideas. Together with the local church, build teams to consider creative approaches to developing and keeping margin in the midst of confusion. Church can be central to ministering to the staff, and can build hearts of compassion and service. Recognize the need to care for staff and colleagues in order to prolong service and health of the team. Lead by compassion.

Shift to Essential Services

Prayerfully consider “what is a just or righteous approach to “essential”?. Engage the community both as professionals, as well as religious leaders. Seek assistance of church leaders to differentiate essential vs. nonessential services by prioritizing the needs of the community served. Discern when nonessential services actually limit essential services.

Money

The loss of ordinary patient revenue (inability to work, etc.) because of the deliberate shift to care for those with COVID-19 can be met in ways that facilitate spiritual growth. Local transportation, meals, or other costs can be addressed with pastors and local Christian organizations—and they can step in to help with essentials such as soap, household items, and phone time to ensure being “on call”. Teams including the local church can help with staff overtime—hiring local professional medical staff and professional educators. They can help with accommodations for those who come early to develop staff, provide materials for needs such as tents and other building materials, and cover rent for temporary use of other buildings. Supplies will be needed locally and from afar, so shipping and transport of supplies can include the local church. Local leaders can be developed through the needs for per-diem or temporary non-professional help, hiring of professional staff developers, local coordination, and diesel.



Paul Hudson, MD, MPS, FACP is the health ministry point person for SIM. He and his family have served in Ethiopia, Nepal and Thailand in clinical medicine, public health, HIV/AIDS ministry and leadership development.

Perspectives

A Christian Healthcare Worker's
Response To COVID-19

A Pharmacist's Perspective On COVID-19

By Jeff Lewis, MD

As one of the nation's most accessible healthcare professionals – drop by anytime, no appointment necessary – I'm grateful for the individual and collective commitment that pharmacists have in supporting the well-being of our communities during such troubling times. In times of uncertainty, fear, and confusion, it is also encouraging to witness the sincere collaboration of the entire healthcare team – setting aside self and, collectively, ministering to the health needs of others.

People are scared. They're attempting to interpret the ever-changing information being funneled to them via the media. They're looking for a sense of control over the elusive...peace within the chaos. Unfortunately, the early stages of a pandemic are filled with more questions than answers. And, yesterday's answers are often invalidated today. The accessibility of pharmacists – especially those serving in community pharmacies – puts them on the front line of answering questions, triaging care, and infusing a measure of security into the lives of others.

A pandemic drastically changes the manner of a community pharmacist's daily business. Here's a little glimpse 'behind the counter'.

One challenge of the community pharmacy is changing workflow in an effort to reduce community spread of the coronavirus. In an environment that is regularly visited by individuals with illness and/or risk factors making them more vulnerable to the most serious effects of the coronavirus, it is of critical importance for the environment to become more orderly and respectful of social distancing recommendations. With cautions leading to a slower workflow, patience – on the part of everyone – is required more than ever. Other strategies being employed to limit community spread include such things as telemedicine communication and 'parking lot'/home delivery of medications to an extent never before seen.

Although the pandemic consumes the conversations, meeting the ongoing needs of patients in the management of chronic medical conditions requires extra attention. Pharmacists around the country have been quick to engage state agencies aimed at easing prescription refill regulations – ensuring that self-isolation doesn't overly disrupt ongoing treatment plans.

The present pandemic is caused by a virus for which there is neither a treatment nor a vaccine. Yet, there are emerging medications in both categories and it is incumbent on the pharmacist to maintain a keen

awareness of both the scientific data and the potential ramifications of community awareness.

Of note, a medication that has been used for many years in the treatment of malaria – hydroxychloroquine – has been identified as a potential treatment for coronavirus. It is also used to treat symptoms of rheumatoid arthritis (RA) and systemic lupus erythematosus (aka, lupus), diseases of the immune system. Usually, this medication is in limited supply in a community pharmacy because of the rather small patient population that uses it. However, the purported potential of the medication to effectively treat coronavirus has created a number of unexpected, and very concerning dynamics. Chief among them, prescribers have been prescribing the medication for themselves, family, and friends to have 'just in case' any of the individuals become infected. This has created a shortage of the medication in pharmacies, such that individuals who regularly use it for the treatment of RA or lupus are unable to get it.

Further, should the medication prove useful for the treatment of coronavirus, those individuals who are sick will be unable to receive it. From a healthcare ethics perspective, the principle of 'distributive justice' would stand in strong opposition to such hoarding of medications. In response, pharmacists are implementing strategies to help ensure that the supply of hydroxychloroquine (along with its "cousin" chloroquine) are reserved for those who presently, or urgently, need it.

Pharmacists are using their expertise in medication compounding to meet unexpected needs. Only weeks ago, nobody would have imagined that the nation's supply of alcohol-based hand sanitizer would have been, effectively, exhausted. This was less related to hoarding, and more related to the fact that everyone needed some, and the on-hand supplies were insufficient to meet the needs. In response, pharmacists are employing their expertise in the compounding of hand sanitizer.

Pharmacists are, indeed, the public's medication experts – and, they maintain a strong commitment to ensuring that the nation's medication supply and distribution system serve the public good. But their role extends far beyond that. People are often, in the midst of life's most challenging times, looking for answers that transcend their situation. They're looking for purpose, control, and comfort.

During such times that pharmacists who are believers in the Lord Jesus Christ are in positions to offer more than just medications and related counsel. They are in positions to offer hope, answering the questions that aren't being explicitly verbalized, but are clearly evident in the eyes of those they serve. Thank you, pharmacists, for all that you do, selflessly serving others in times of crisis as Christ serves the Church, always.



Dr. Jeff Lewis is dean and professor of pharmacy practice at the Lloyd L. Gregory School of Pharmacy, Palm Beach Atlantic University (West Palm Beach, FL). Dr. Lewis has a diverse practice background, has engaged significantly in medical missions and teaches healthcare ethics in the School of Pharmacy.

So What Now?

By Andrea Wilson

You've been dreaming of serving in missions and preparing for it. Now with COVID-19, everything is on hold. Or is it? What seems like harm for our community could also turn out to be for our good. How can we take advantage of this time right now? We'd like to share a few practical things you can be doing now to prepare to launch into missions soon after travel restrictions are lifted.

Meet with potential supporters: What better time to meet up online with friends, family, church leaders, and potential supporters?

They might need your encouragement right now. They might have more time and availability to pray. You might stand out in their minds because they think you're crazy, but then it gives you the opportunity to share with them why this is so important: people are living and dying right now without Jesus and we have an opportunity to change that!

Do theological study: Now is the time to build a strong theological foundation.

Many organizations require some seminary, but while not all healthcare professionals choose to take seminary courses, having a strong spiritual foundation will help you thrive personally and spiritually, as well as make a greater impact on those you're going to serve.

Check out this free program through Gordon Conwell Seminary: Dimensions on Faith

Here are some suggested courses we recommend whether auditing, online, or in some other setting.

- Systematic Theology
- Old Testament Survey
- New Testament Survey
- Hermeneutics (Bible Interpretation)
- Church History
- Perspectives on the World Christian Movement

Study language: There are multiple ways to study language.

Check out great resources like Transparent Language, which has many more obscure languages than some of the other apps. Also, libraries do have some great beginner books for the more common languages, as well as e-books.

Build cross-cultural relationships online to learn culture and practice sharing your faith.

There are ways that you can find online communities or individuals who would like to learn English or become a language partner for

you to learn their language and culture. There are other platforms, but try meeting regularly with someone to learn about their culture and their religion, as well. This will help you know how to better engage the people you hope to serve one day. Make sure this relationship is not one-sided, but one of give and take. One platform to consider: is ITalki.

Grow in other areas like writing, speaking, teaching, business skills or more.

As a mission worker, you'll be expected to write lots of updates and newsletters, perhaps even do some grant writing. You'll also be asked or expected to speak in churches and other communities. Now's a great time to hone those skills - maybe even take a preaching course or one on teaching. You could consider taking intercultural skills courses. Business skills often come in handy on the mission field, as well. And don't forget that learning to take good photos, produce videos, or do graphic design can all enhance your communication with others as well. These skills will help you share the awesome things God has done and is doing. Here's a link to one free opportunity: FutureLearn.

Pray for least reached.

Now is the time to learn and pray more! Be diligent in researching and lifting up least reached. If there's not already a people group on your heart, visit Joshua Project and pray for their featured workers. Watch videos of different countries through PrayerCast. Also consider checking out PeopleGroups.org and Operation World. LiveDead Journal will challenge and stretch you and help shape the way you pray for least reached.

Grow in spiritual disciplines: prayer, fasting, silence, Scripture memorization, generosity, confession, worship, fellowship, celebration, service, rest.

Have you ever considered tithing your time? 10% of 24 hours = 2 hours and 24 minutes. What would it look like if you spent that much time every day communing with the Lord through prayer, listening, digging into Old and New Testament, singing worship songs, and more? Try committing the next 30 days to this and see how it transforms your life! Whether you are able to commit that type of time or not, do consider growing in areas of spiritual discipline and find a friend or two who will do this with you.

Rest: God modeled it and we should do it!

Did you know that God's original plan included a whole year of rest? Don't believe me? Look up the Year of Jubilee in scripture. Not only are we meant to Sabbath weekly, but we're meant to rest, take sabbaticals, and change things up, not just pushing hard all the time. People who rest on average 8.5 hours a day have been found to be more successful in their work and happier in life. Studies show that burnout can be more harmful and more difficult to get out of than depression.

Missionaries, and especially medical missionaries, tend to push this issue to the limit and to the detriment of their teams, ministries, and families, often resulting in coming home from the mission field early. How can this be avoided? By truly learning to set boundaries and intentionally planning times of rest; or in this case, taking advantage of times of rest. You were designed by the Creator for rest and for recreation, so why not enjoy what He's given you? Time to rest and play!!



Andrea Wilson has served with her husband Monte in missions overseas in Bolivia and now in sending missionaries since 2003. She currently serves as the Director of Recruitment with SIM.

Always By Prayer

By Joshua Bogunjoko, MD

Many of you are sheltered in your homes. Others are cut off from loved ones in distant countries. Plans for travel have changed. Many of you have family and friends who have lost their jobs and income because of COVID-19.

The Lord is not unaware of all these realities.

At a time like this, it can be tempting to wonder if the Lord is hearing and answering our prayers. We know He does, but sometimes it can feel like walking between two high walls of water, fearing they might collapse at any minute, like the Israelites crossing the Red Sea. But the plans of the Lord were unfolding in that very moment, in answer to their cry for deliverance.

Remember the passage in Joshua 1:6, “Be strong and courageous, for you will give the people this land as an inheritance that I swore to their ancestors to give them.” This was a time of significant uncertainty among the people of God. Their leader of forty years, Moses, was now dead, and the rod of Moses was no longer available. The people of God were now asked to cross a flooding Jordan River into a hostile environment.

God was not rushing them through a flooded Jordan because heaven had run out of manna for them to eat in the wilderness. No, God was working in accordance with his own purpose, plan and timing “for the Jordan overflows all its banks all the days of harvest” Joshua 3:15. God wanted his people to simply trust Him, even without the rod of Moses, which was instrumental in crossing the Red Sea. He wanted them to step, by faith, right into the rushing waters.

Perhaps we feel like we are facing a raging river with neither Moses nor the rod of God, or like the Israelites, facing a wall of water with the Egyptian army breathing murder behind. It might seem like everything has come to a halt, that we are unable to move or do anything meaningful. However, our greatest work is still ours every day—the work of prayer.

Prayer knows no boundary, no quarantine, no confinement. Prayer knows no travel ban or city blockade. Prayer is still the work. Like the Israelites, we may discover at the end of this time that the Lord has been at work all along, winning battles we were never even aware of.

Think about it, we prayed for governments leading countries through the crisis. Today we are already seeing an increase in their response and in the urgency with which they are now dealing with COVID-19 pandemic.

The key is to keep our eyes on the Lord, not just the statistics and the media. We may not know everything, but one thing we know is that our God is still on his throne. He says through the psalmist, “Be still, and know that I am God. I will be exalted among the nations; I will be exalted in the earth.” Here is the psalmist’s response, “The Lord of Hosts is with us; the God of Jacob is our high stronghold (or refuge)” (Psalm 46:10,11). He still is!

Let’s keep up our courage. Let us be strong in the face of an uncertain future, in the face of a disease we do not understand. Let us serve our neighbors and those in need around us, expressing the love of Jesus in a time of need. This is what Christians through the ages have done in the face of fear and disease. As we have done for more than 125 years, so we will do today: pray. He will yet be exalted—even amidst a global pandemic! May the peoples praise Him!



Dr. Joshua Bogunjoko was born in Nigeria. He attended an SIM established mission school where he came to faith in Christ. He obtained a Bachelor of Medical Sciences in Pharmacology from the University of Port Harcourt and MBBS in Medicine and Surgery from the same University.

He is a Fellow of the West African College of Physicians and consultant in Family Medicine. He has a Master of Arts in Leadership and Management (Organizational Leadership) from Briercrest Biblical Seminary in Saskatchewan, Canada. In 2006 he was appointed SIM Deputy International Director for Europe and West Africa. In June 2013 he became the first non-westerner to lead SIM as its International Director.

A Healthcare Student's Role During The COVID-19 Pandemic

By Barbara Ihrke, PhD, RN

This week reminds me of the days in the 1980s when I worked in Africa. It was the beginning of the HIV/AIDS crisis. I worked in a rural hospital and school of nursing in a tropical rain forest. I was uninformed about HIV/AIDS. Nursing students continued to care for patients with resistant tuberculosis and 'wasting syndrome.' Blood samples were collected and hand-carried in a thermos to the nearest testing center several hours away. Each sample came back as positive.

I became fearful, my security shaken, and anxiety ruled.

COVID-19 'happened,' and all of a sudden, those same fears, thoughts and potential scenarios ruled my mind. As a leader in the School of Nursing, I shared with the team what God taught me in the 1980s. I shared Psalm 91 with our team of healthcare educators: "Whoever dwells in the shelter of the Most High, will rest in the shadow of the Almighty. I will say of the Lord, "He is my refuge and my fortress, my God, in who I trust" (Psalm 91:1-2).

Healthcare education dramatically changed. Nursing clinical experiences were canceled, nurse practitioners are unable to complete hours, the NCLEX-RN exam schedule changed, and the list goes on. All healthcare students (medical, therapy, nursing, etc.) requiring face-to-face practice experiences are affected, impacting graduations, jobs, and life plans.

The happenings the past few months in China, Italy, the US, and most countries around the world were unplanned, unthinkable, and unfathomable. So how does a healthcare student who is a faith believer face uncertainty?

I am discovering that instead of social distancing, I am practicing physical distancing. I need social interactions. I like working and living in community. Healthcare students need social support as they recognize that education is changed, and it will affect their immediate future (postponed or canceled graduation). Students need an opportunity to express their fears, disappointments, and losses in safe environments. Faculty need to provide opportunities one-on-one and in groups to grieve together, to laugh together, and share what God is teaching them through losses.

Time for sharing Scripture verses, answers to prayers, and solutions to feeling isolated must be provided to students and faculty and family. God is teaching each of us lessons, and sharing the experiences benefits the faith community.

So what is the role of the healthcare student during the COVID-19 pandemic? It is to be the voice of hope for fearful people; it is to share community, especially for those who are isolated and alone, and to trust God for the future of their healthcare careers.



Barbara Ihrke is the vice-president for Academic Affairs, School of Nursing at Indiana Wesleyan University. She worked overseas for several years as a nurse and traveled extensively with students. She teaches Global Healthcare and Transcultural Nursing.

Rallying Call Christian Health Care Workers: Perspective And Response For COVID-19

By Florence Muindi, MD

We watched it grow. At first, it was pretty distant unless you live in China, or specifically in Wuhan. It increased in size and its impact travelled before it. Eventually, it was declared a pandemic and its blow thundered across the nations, globally.

It's no longer business as usual all over the world, in every sector, including the church. We are in disaster response status. As Christian health workers, what should be our perspective and response at this time?

Our Perspective

Our identity is on the table. We are not health workers, but Christian health workers. We are invited to be what only people who know Christ can be in this response. We have an opportunity to live out our faith and serve from our identity. It's amazing that during a time like this, we are able to live and serve as children of the King, confident that he is still on the throne

Our hope makes us stand tall. It does not put us to shame. We come under a covenant established between God and Noah and all the generations to come. Our hope in this is once again pegged on our God. He will not destroy. We can echo that hope in the midst of every situation as it unfolds.

We can have courage. As fear, panic, and anxiety rise, we will be different. The Lord is with us. We will not be dismayed. He will strengthen us when we begin to fear. His outstretched hand is victorious. Let's take hold of it.

God watches over us. Has he not assured us he is our refuge and our fortress, and we can trust him? Surely, he will save you from the fowler's snare and from the deadly pestilence. He will cover you with his feathers, and under his wings you will find refuge; his faithfulness will be your shield and rampart. We can trust him. And even if he invites us into a pit, even there he will be with us.

He is depending on us to bring healing. We are the people God is going to use to halt this. His people, who are called by his name, humbling ourselves and praying and seeking his face and turning from any wrongdoing. This will cause him to hear from heaven, forgive and heal our world.

We are the aroma of Christ. To all who are affected, directly or indirectly. To one a fragrance from death to death, to the other a fragrance from life to life. Who is sufficient for these things? As men of sincerity, as commissioned by God, in the sight of God we speak in Christ. We are his aroma in this pandemic.

We do not rely on our ability. It could well be that this has happened so that we might not rely on ourselves, but on God. Our deliverer will once again deliver us from a deadly peril. On him we have set our hope that he will continue to deliver us and those we serve.

His love abides. To the end. Nothing will separate us from his love. No, in all these things we are more than conquerors through him who loved us. Nothing in all creation will be able to separate us from the love of God that is in Christ Jesus our Lord.

Our Response

- May we be a shining light to the nations. May those we serve see his glory shine through us. May we bring a word of hope to one and to all. Let his mercy flow through us that the nations may be healed through the power of Christ. May we display his uncompromised righteousness in this season, as we fulfill our role.
- Yes, we will stand. Does it feel like war? Well – here we come. Soldiers of the cross marching with him. His banner of love will be lifted by us. May he lead the procession of Christian health workers and may we be among that number. Until this has passed, he can count on us. We will stand by his passion and zeal. As duty calls, we will not be found wanting. We sign in.
- The end is around the corner. The finish line is just ahead. We will run and not be weary. We will walk and not faint. Though the night tarries, joy comes in the morning. Soon, we will look back and give thanks. Until then, we will fight a good fight.



Dr. Florence Muindi is considered the industry leader in community development work. A native to Kenya, Dr. Florence is the founder and president of Life In Abundance International, a nonprofit organization committed to bringing health to the poor through the local church in Africa and the Caribbean. She is a trained medical doctor, specializing in public health interventions, and has a diploma in Urban Poor Theology. She regularly speaks and writes about empowerment of the vulnerable, and sustainable transformation. After serving as a missionary in Ethiopia, she now lives with her family in Kenya.

Seeing God In Action Through COVID-19 Eyes

By Neil Thompson, MD

My wife Wannee went to the Philippines on Leap Year Day. Why would she want to go there, especially with coronavirus on the horizon? So that she, an OMF short-term worker coordinator, could see some highlights of integrated (holistic) outreach there in a two-week period. Short-term-worker coordinators there and new friends took her on an amazing journey to see outreach in three parts of the country.

What does outreach look like? In Davao City, a nurse took Wannee to a maternity center offering pregnancy care to local women; to a Muslim urban poor ministry teaching people healthy diets and skills in making handicrafts that supplement their income; and to a private hospital focusing on children's disabilities.

In Manila, Wannee joined OMF physicians who screen, diagnose, and follow up TB patients. They also train community health volunteers who can, in turn, help family, neighbors and friends with TB. Other outreach includes providing scholarships to students, sports ministries such as basketball tournaments, and health and nutrition training. In the Muslim community as well as elsewhere, they teach young children how to read and adults Christian values like honesty, obedience, and truth.

In Samar, Wannee experienced a very poor community with an older OMF Filipino missionary. That missionary and others support local pastors through training and discipleship.

When Wannee arrived in Manila over two weeks ago, only six cases of COVID-19 had been reported in the country. By the time she returned to the megacity, there were over 100 and the government was just announcing a lockdown of all domestic travel. She made it out just in time! She is self-quarantining at home. One virtual meeting after another!

Reflecting on that lockdown due to COVID-19, a veteran of ministry in the Philippines wrote:

“My biggest insight is about the change in the majority people's worldview the past 30 years. Throughout the 1990s, a fatalistic outlook was very evident. I don't think the government would have implemented these kinds of restrictions back then. They would have let people make their own decisions. Most people would have kept doing what they always do, thinking, 'If I get the virus and die, it was my time to die.' Plus, many of the relatively poor people I knew in the provinces did not want to live a long life. They were happy to die in their 50s and not reach the point of becoming a financial burden to their children. Now, the gospel has touched many of their lives. The economy has strengthened significantly. People have a higher quality of life and want to live longer. That makes them proactive. They exercise, eat better, and are happy to obey these restrictions.”



Dr. Neil Thompson was a missionary surgeon in Central Thailand for over 20 years. In active retirement, he has been OMF's "International Facilitator for Medical Missions, resourcing those serving in East Asia and mobilizing future medical professionals.

What The World Needs Right Now

By Ryan Porter, MD and Chelsea Porter, DO

When we landed in our target country a few weeks ago, the word “pandemic” still seemed like a remote possibility that elicited varied responses. From calm reassurance to outright mockery that this could ever get that far, everyone had an opinion. What a difference a few weeks make. We set out to Africa as first time long-term, full-time missionaries. During our travel we saw a few masks in the airport (and even one full body hazmat-type suit), but everything seemed like business as usual. Within two weeks of our arrival in-country, airports and borders all across the world began closing as that “remote possibility” became our reality. The pandemic was official.

At the time of this writing, our country of service in West Africa, that is less than 2% Christian, has just confirmed its first case of COVID-19. Ironically, this occurred on the same day that all airports were scheduled to shut down at midnight. Many in the missionary community had to make quick decisions about whether to return to their passport country or stay in the country where they serve. Most have stayed, including us.

In a country that ranked last on the 2019 Human Development Index and has as little access to healthcare as anywhere in the world, we are bracing for the worst. As Christian physicians, we are here at a unique time. Many people here, as is the case everywhere, are panicking and looking for answers. This poses an incredible opportunity to serve people through direct healthcare and also through education and comfort. We have the ability to point people to resources and reading material, but most importantly we can point them to our Father in heaven who loves His creation and wills that none should perish.

Despite all of our education, medical training, and procedural skills, the Good News of Jesus is still the greatest and most needed thing we can offer to people. We can offer medicine and the skills within our power, but the Gospel is “the power of God for salvation to everyone who believes” (Romans 1:16). We may not have a cure for this terrible pandemic, but we have the very power of God, the Creator of the universe, on our lips waiting to be spoken to a desperate and fearful world. “This is the same mighty power that raised Christ from the dead and seated him in the place of honor at God’s right hand in the heavenly realms” (Ephesians 1:19-20). That is what is available to us.

We not only have access to this power, but we also have the privilege of proclaiming it. This is what a sick and dying world needs more than medicine, more than vaccines and more than anything else we can offer. If we cure the body but lose the soul, what have we accomplished? People can call on a physician for medical care, but if they call on their Father they can have eternal life. “Everyone who

calls on the name of the Lord will be saved. How, then, can they call on the one they have not believed in? And how can they believe in the one of whom they have not heard? And how can they hear without someone preaching to them?” (Romans 10:13-14) Giving people an opportunity to hear is our first and most important responsibility.

In addition to offering the way to salvation, we can also offer prayer. Prayer for our patients, families, leaders, and the scientists who work tirelessly to develop tests, vaccines, and potential treatments. Prayer is one thing that cannot be shut down. It cannot be quarantined and it cannot be confined. Borders may close. The arms of the Father stay open. Coronavirus tests may be delayed. The Lord does not delay. Nations and stock markets may crash all around us. People may panic and all medical options may fail us. But our God remains on His throne. Our steadfast Prince of Peace is not surprised by any of this. He will use it for His good, as He always does.

So in this time of unprecedented challenges and uncertainty, let us remember who is on the throne and who is in control. It is not the physicians, the hospitals, or the politicians. All of those will fail us eventually. Of course we offer the medical care available to us, but we must turn to the Lord and point others to Him first and foremost. He is what a sick and dying world needs most of all.



Ryan and Chelsea Porter are a physician couple serving in West Africa with SIM. They are passionate about making disciples who make disciples and proclaiming the gospel through the avenues afforded in healthcare and beyond.

A Pastor's Encouragement To Healthcare Workers

By Greg Allen, MDiv

Our world has been devastated by disease before...many times. COVID-19 is not the first disease to create great fear for the people on this planet and cause them to become consumed with self-survival. This is a perfect opportunity for the people of GOD to demonstrate the peace and compassion that comes from the privilege of belonging to the One who created this world and the peoples who live in it. Today's healthcare workers have the greatest platform to let the world see the peace and compassion of God as they care for those affected by COVID-19.

People need to see what peace looks like. Peace comes when people are not afraid to die. Peace comes not from having enough money to buy food, medicine, and shelter, but from having no fear of the consequences of having none of those things. God's people have a deep peace because we know our future is secure, therefore we are not afraid of anything in our present.

Christian healthcare workers will naturally have the temptation to be afraid of the coronavirus. All of us are prone to fear. But we are not our own; we have been bought with a price. And greater is the One who is in us than he who is in this world. My prayer for our brothers and sisters in Christ who work in the healthcare field today is that they be overwhelmed with the peace that passes understanding. I pray they resonate with Jesus when he prayed in the Garden of Gethsemane that the Father choose a less painful path for him, yet he ultimately – full of peace – submitted to his calling. May there be peace in their hearts.

People need to know what compassion feels like. Compassion wells up in the hearts of people who realize how sinful they are, yet have experienced God's mercy to forgive their sin through Christ. The joy of being forgiven results in a deep compassion for others, and a desire that they also know the forgiveness of God. Christians show the deepest and best compassion because they know how it feels to have compassion shown to them. When Christian healthcare workers choose not to run from the Emergency Room, but rather run *to it* in order to help the person affected by the coronavirus, they are demonstrating God-like compassion.

There is another decision to consider. What if our fellow Christian healthcare workers find a humble way to tell their COVID-19 patient the reason they chose to work in the doctor's office or the ER that day? What if we all pray that God would give us discerning words to share with the sick, the fearful, the worried, the vulnerable, the forgotten

people who are deeply and even gravely affected by COVID-19? What if the people of God, who are called by His name, would humble themselves and pray and seek His face? Maybe, just maybe, God would hear our prayers, and choose to heal our land. And if He does choose to heal, would we be quick to tell others of His goodness, not ours? Could we give Him the credit, not take it for ourselves?

May the result of COVID-19 be that the glory and majesty of God be seen in His people as they demonstrate peace and extend compassion to all people.



Greg Allen is a campus pastor at the Crestwood Campus of Southeast Christian Church. He has been married to Laurie for 25 years, has three daughters and two granddaughters.

Christian Hospital Response In The Middle East

By Carol Spears, MD

“I’m scared, Doc. I don’t want to get this virus.” These were the words of my associate, a wonderful young Muslim woman with young children. Her face was full of anxiety and despair. I whispered a silent prayer as I sought to reassure her and give her hope. I wanted to echo and further explain the message that has been communicated from the leadership of our Christian mission hospital in the Middle East – “God is in control, our hope is in Him.”

I have the privilege, and rather unique situation, of working at a Christian hospital in a Muslim country in the Arabian Peninsula. We are fortunate to have a wonderful relationship with the royal family in this country who donated the beautiful modern facility that we work in. Our government responded quickly and aggressively to the threat of coronavirus with early closures and restrictions that so far have been effective in limiting the rapid expansion of COVID-19. The Ministry of Health and other government health agencies are working closely with both government and private hospitals to do detailed planning and preparation. A whole team of our staff is on overdrive, similar to most places around the world, creating processes, procedures, and protective measures for staff and patients. The quality of their work is on par with anything in the major developed countries around the world, and they are doing a fantastic job. All of this preparation, however, does not allay the fear and anxiety of people like my young friend.

This country is home to people from over 190 countries around the world who make up 88% of the population. Our hospital staff come from over forty different countries and many different world religions. This diversity ranges from the top leadership team to the doctors, nursing staff, support staff, gardeners, and cleaners. This creates a unique hospital culture and challenges, as well as unique opportunities to be “Light” and to give “Hope” to patients, as well as co-workers.

As I thought about what sets us apart in how we are responding to this pandemic crisis, the answer is not in our detailed policies, procedures, and preparedness – although those things are impressive. But rather in how we are attempting to show that we care. We are responding in a way that communicates the love of Jesus and the hope that is in Him – to both our staff and our patients – and our prayer is that this will have impact around the world. For our patients, we commit to provide medical and surgical care on par with the best standard of care available – and for that care to be carried out with the love and compassion of Jesus. That loving care is why patients come to this hospital.

What about the anxiety of our staff who are on the frontline? As the crisis began to intensify, there was a corresponding response from the hospital leadership offering encouraging words of Scripture, giving

hope and reminding us of the sovereignty of God. Decorative signs went up around the hospital with reminders to Stay Calm and Trust God and that our Hope is in Him.

The hospital core values of Being Christlike, Restoring the Broken, Intentional Relationship, and Being Rooted in Community are demonstrated by these examples of how hospital staff are being treated and assisted:

- as schools were suddenly closed a few weeks ago, the hospital responded with flexible work hours for parents
- when hospital babysitting services were cancelled, the administration assisted the staff to think through creative arrangements
- as some of our staff returning from leave needed to be quarantined and had nowhere to go because their home living conditions did not meet the minimal standard, the hospital arranged for private housing and gave these employees sick leave
- free counseling services have been made available for hospital staff

For people like my young Muslim coworker, these responses have provided hope and comfort that go beyond what is happening in other facilities in our community.

I feel blessed and thankful to be a part of living out the gospel in this part of the world. No matter where we live and no matter what our healthcare role may be, we can point others to the hope that we have in Jesus Christ.

“Though the mountains be shaken and the hills be removed, yet my unfailing love for you will not be shaken nor my covenant of peace be removed, says the Lord, who has compassion on you.” Isaiah 54:10



Dr. Carol Spears is a General Surgeon who currently serves at Kanad Hospital in the Middle East. She spent over thirteen years in Kenya at Tenwek Hospital prior to moving to the Arabian Peninsula. Her passion is to show the love of Jesus to those around her.

When COVID-19 Closes Doors

By Trish Burgess, MD

I have been pondering in my heart this sudden grounding of travel and thus missions. My job is sending out healthcare mission teams around the globe. We have, or should I say had 58 teams going to 25 different countries in the next year. We have now grounded 14 of them with the end of our “no gos” uncertain.

On a much smaller scale, I have been here before. I was on a mission to Vietnam that was canceled two hours before I was to leave for the airport. I was informed a few days beforehand of this possibility, but as the time got close, I had my hopes up more and more. So, the sudden loss was so disappointing. I don't have the time for details, but looking back on this just a few short months later it turned out that it was a blessing, as I used that time off to visit my aging parents.

I am sure most remember the Nicaragua protesting and crisis that basically shut the country down for over a year. Global Health Outreach (CMDA) sends 10 teams a year into Nicaragua, so this sudden turn of events was devastating to us. We had to cancel eight of ten missions that year. But mostly, many of our team members go back year after year. They have developed close relationships with our in-country director and his team there, and they were devastated.

We organized a relief fund to continue to help them financially while we were not able to go. Our hearts were breaking because it felt a bit like abandoning them in their time of need. So, if anyone is feeling that hurt and guilt, I understand. But here is the thing. While we did not go back for almost a year and a half, our mighty God and Savior was with them the whole time. And because no teams were coming in, they learned how to help each other through this tough time.

Many told us they realized they had strayed from the Lord and were brought back into his loving embrace through this struggle. When we were finally able to send a team back into a hurting country, we were superexcited and talked much beforehand about encouraging them and helping them. But our team was blown away by the spiritual growth and maturity. They shared with our team how God had been using that time to refine them.

I was in South America last month, serving on a human trafficking team to Bolivia. It was our first mission to this area, and they were blown away by our kind, loving team willing to come alongside them and support their ministry and help the women they have a heart and passion to save for eternity. They, like many, are learning a new trade and way to support themselves to stay out of “the life,” as they call it. Their business was in making fabric and leather goods, handbags, and jewelry. With this COVID-19 crisis, their

business is currently shut down. This will be extremely difficult for their ministry, as it will be for ours and yours, only on a much larger scale, as they do not have the resources our country does.

This saddens me, as I know you each have your own story to tell of bringing help and hope to the least, the last, and the lost. But we should all remember, while we are not going, God is with them. He will not leave them nor forsake them. Or you. I know we are all struggling with this, but know this; obedience sometimes means not going. Not serving and being still. Very hard for the American as we have perfected busy-ness. Submit to this call to be still. And while you are pondering and waiting, cultivate your relationship with our Lord. Because we will eventually be going once again. Let's have this time make a difference as well!

My best advice, after years of going and serving on the mission field is found in Psalm 27:14 “Wait for the Lord; be strong and let your heart take courage, wait for the Lord”. Sometimes, being obedient is to wait. Let's all commit to using this season to draw closer to Him. And one day soon, I'll see you on the mission field!



Trish Burgess is the Global Health Outreach Director for the Christian Medical and Dental Association. She has traveled to Cambodia, the Dominican Republic, El Salvador, Ethiopia, India, Kenya, Nicaragua, Moldova, Peru, and Zambia.

A Prayer Journey Through A Global Pandemic

By Angie Thomas, NP

Fear and panic seem to be running rampant across the globe as the COVID-19 pandemic wreaks havoc in one continent, country, and community at a time. As healthcare professionals and missionaries, many of us will be on the front lines battling this pandemic, caring for the sick and vulnerable. As believers in Christ, we have the amazing opportunity to stand boldly in faith and dispel fear and panic with God's peace and truth.

However, if you are like me, as this crisis has intensified, perhaps you have found yourself wrestling with fear in very real ways. Prayer is the antidote to fear as God is calling His body to stand in courage. How do we honestly and humbly address our fears with faith and hope in our Almighty God?

Perhaps, it is helpful to look at the biblical origin of fear. It shows up almost immediately on the scene in Genesis 3 after Adam and Eve commit the first sin. The sweet fellowship they enjoyed with their Maker is now disrupted by their fear of God, so much that they hide from him. That is what fear does. It disrupts our trust in our Father and challenges our identity as His children.

But prayer provides an opportunity and extends an invitation for us to connect to the heart of our Abba Father. Romans 8:15-17 says it so beautifully, "For you did not receive the spirit of slavery to fall back into fear, but you have received the Spirit of adoption as sons, by whom we cry, "Abba! Father!" The Spirit himself bears witness with our spirit that we are children of God, and if children, then heirs— heirs of God and fellow heirs with Christ, provided we suffer with him in order that we may also be glorified with him."

Our sonship in Christ must be the foundation of our prayers. Our identity in Christ as His heir diminishes fear and gives us immeasurable authority to proclaim God's truth and promises over every seemingly difficult and impossible circumstance we experience.

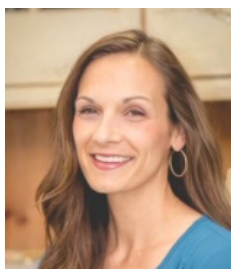
Prayer is undoubtedly one of the most powerful tools we have in this pandemic. As believers in Christ, we have the opportunity to engage in the spiritual battles going on around us with wisdom and grace, standing in a place of victory in Christ. What are some practical ways we can do this?

- Be honest with the Lord about your fear. We must confess it and not feel shame. Bring it into the light before the Lord and let Him shine His truth on every concern and worry hiding in our hearts. God knows our frame and understands that we are weak. He promises that His power is made perfect in our frailty. Write down your fears and then ask the Lord to speak His promises over them. Find Scriptures to renounce the lies of the enemy. Turn in repentance toward faith and trust in Your Heavenly Father.

- Immerse your mind and heart in truth. The Word of God is living and active, sharper than any two-edged sword. His Word has power to defeat the lies of the enemy and to give us proper perspective on what is happening around us. The Bible also provides words for our emotions and concerns. The Psalms are a beautiful catalog of prayers that reflect the doubts and lament of the writers of Scripture. We can take great solace in knowing we are not alone in our struggles, yet also find verbiage for our praises!
- Praise Him! Declare the names of God over your circumstances and praise Him for who He is! He is the Alpha and Omega, Everlasting Father, the Prince of Peace! Christ is before all things and in Him all things hold together! God rules and reigns in perfect love and justice and His Kingdom is being established in the midst of tragedy and chaos.
- Ask for God's grace to practice gratitude and thankfulness in the midst of hard things. This may be the perfect opportunity to start a gratitude journal listing 5-10 unique things a day you can thank the Lord for providing.
- Engage in prayer with the body of Christ. There is nothing more powerful than when two or three are gathered in the name of Jesus, seeking His heart and interceding. Utilize three-way calls or live online chats. Set-up 24-hour prayer vigils and invite friends and family to take a 30-60 minute time slot. Meet weekly with a few neighbors to pray or set-up a time each week to connect with a missionary overseas to pray.

These are just a few suggestions. Ask the Lord how He might want to grow and strengthen your prayer life during this time. Be obedient to what He lays on your heart. You can trust him as the Author and Perfector of your faith. Let us rejoice in expectation of what He will do and the joy of joining Him in His redemptive work!

"Now to him who is able to do far more abundantly than all that we ask or think, according to the power at work within us, to him be glory in the church and in Christ Jesus throughout all generations, forever and ever. Amen." -Ephesians 3:20-21



Angie enjoyed working as an NP in Allergy and Immunology for over 15 years, while engaging in missions through many short-term trips to Africa, Southeast Asia and South America. Since 2019 she has been honored to be a part of the GMHC Lead Team, helping mobilize and equip the body of Christ in Healthcare missions.



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