

A HANDBOOK: PHILOSOPHY AND POLICIES



HEALTH TALENTS INTERNATIONAL



A Ministry of Healing and Teaching in Jesus' Name

Health Talents International, Inc.

A Ministry of Teaching and Healing

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“Why do you . . . ?” “How do you . . . ?”

These are among the most common kinds of questions that Health Talents International (HTI) answers on a regular basis. Why does HTI minister where it does? Why doesn't it work over there? Why does HTI insist that indigenous churches be self-supporting? Why does HTI charge fees for some of its services?

Just beyond the “why” questions lies another set of “how” questions: How does HTI run its clinics? How does it decide what medical services to offer? How does HTI staff its operations? How does HTI spend the money it receives from donors?

HTI, its friends, supporters, and employees have been asking and answering these questions for 35 years. This small book is an attempt to put down in writing some of what we have learned—or think we've learned—so far. It is written both for those new to medical missions and for those who have been involved for many years.

As a tool for both novice and veteran, this booklet is meant both to explain and to challenge. It explains why HTI does what it does, and how it does it—but it also seeks to spur further thought and reflection on how we can serve the Lord better. We invite your suggestions for new or improved ways to serve God in the field of medical missions—whether in Central America, Africa, Asia, or right here at home.

“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 3:2–21 ESV).



Charles B. Campbell
President, Board of Directors
March 2009

This Handbook was compiled through the collaborative efforts of members of the Health Talents International Board of Directors with the intent to draw together in one document the important principles that guide HTI. Information contained in this Handbook is presented to inform our Board members, professional staff members, and those who support the work through financial contributions and volunteer personal service. An effort has been made to credit published resource material when appropriate. Any errors in form or substance belong solely to the authors. An extensive bibliography is included for those who may want to learn more about Christian medical mission work. To request additional copies of the Handbook see the last page.

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I. WHY—PHILOSOPHY

1. Overview

INTRODUCTION

Many people from various backgrounds and for a variety of reasons work with and for Health Talents International (HTI). This document is intended as a guide and a resource, and is meant to describe how showing God's love with compassionate health care is integrated with teaching God's love through Christ to accomplish medical evangelism. The various components of HTI operate through the committees of the Board of Directors for this purpose.

Health Talents International (HTI) is a Christian organization working in close association with restoration-tradition congregations, principally those known as the Churches of Christ. HTI exists to heal and teach in order to bring people to faith in Jesus Christ. Our goal is a restoration of health, described Biblically as wholeness in mind, spirit, body, and in social relationships. We believe we are called by God to serve those who are most in need of help and who are least likely to receive it. The work of HTI is focused in Central America primarily, Guatemala. In all we do, we endeavor to glorify God, encourage local Guatemalan congregations of Churches of Christ, and aid in their growth to maturity. We provide opportunities for Guatemalan and expatriate Christians to use a wide variety of skills as we work together in support of these objectives. In Central America HTI operates as Talentos de Salud Internacional (TSI).

2. Mission Statement (our God-given reason for existence)

The mission of Health Talents International is to proclaim the Gospel of Jesus Christ through teaching and healing ministries.

3. Core Values (describe who we are)

The following core values guide the ministries of HTI:

- The earthly ministry of Jesus is our primary model. Medical evangelism demonstrates concern for the whole person—spiritual, social, physical, and mental.
- We depend on God's gracious provision. Prayer is essential to our work. We ask God to bless the work of HTI as we seek to do His will in the power and guidance provided by the Holy Spirit.
- The aid of North American churches is critical. North American congregations in Churches of Christ are urged to support missionaries and to be responsible for their spiritual welfare.
- We demonstrate Christian compassion. Christian health care is a demonstration of the gospel in deeds of compassion to accompany in parallel the verbal proclamation of the gospel. Health care provided will be of the highest quality taking into consideration the location and resources.

- We affirm the sanctity of all human life. All life is a gift of God; the poor, the weak and the ill have a special need for Christian compassion. We do not advocate nor do we perform abortions.
- Missiological expertise is crucial. Sound missiological principles as learned by experienced missionaries and taught by mission educators are followed in all projects.
- Partnership is the norm. Ministries of HTI are conducted in ways that encourage the active participation of local Christians in all projects.
- Cultural norms are respected. Mission work will give due respect to local customs, traditions and cultural values when these are compatible with Christian faith.
- Respect for local government is of particular importance. Since we desire integrity in teaching and in health care delivery, these will be done in compliance with local laws and regulations and will be completely devoid of any political activity or bias.
- As a result of our work, new congregations should be nurtured to become mature and self-replicating. When possible, medical evangelism is accomplished in cooperation with the local church.

4. Vision, Strategic Objectives, Programs

Vision: Through medical evangelism in Central America, HTI will nurture self-supporting and self-replicating bodies of Christ.

Strategic Objectives:

1. To preach the gospel in word and deed through medical evangelism.
2. To train local Christians in medical evangelism: professional education, Health Promoters (HP) and Volunteer Health Promoter/Evangelist (VHP/VHE) training, evangelist training, Bible seminars, staff training and retreats, etc.
3. To assist in the development of local Christians/health care workers for the future through the ABC and Scholarship Programs.
4. To provide opportunities for North American Christians to use their talents in medical evangelism.
5. To provide North American college students with a real-life medical evangelism experience through the Medical Evangelism Training (MET) program.

Programs—projects to meet the strategic objectives:

1. Training and teaching programs; i.e. conferences, classroom teaching, retreats, seminars, etc.
2. ABC and scholarship programs
3. Medical, dental and surgical clinics: Guatemalan staff and North American teams.
4. MET Program

5. Medical Evangelism, A Better Way

ABSTRACT

The ministries of Health Talents International are derived from this understanding of what it means to be human. We are more than spirit and we are more than body. We are eternal, spiritual beings, inhabiting bodies that are temporal and physical. We live together in communities fractured by sinful choices and the forces of evil that remain at large in the world. This describes the people we serve, because this is the true definition of all people. We live in the time between the gate of Eden and the gate of heaven, a time radically altered by the cross of Christ.

WHAT WE DO

We are committed to practicing medical evangelism that is the artful application of a Biblical view of health to the spiritual, physical, emotional and social needs of people. Medical evangelism is not the addition of a preaching component to our offer of physical health care and is not achieved by requiring the sick to listen to a Bible lesson in order to gain access to physical health care providers.

Rather, effective and efficient practice of medical evangelism grows out of a Biblical anthropology that defines what it means to be human, both inside and outside the Garden of Eden. We acknowledge a four-fold creation in both “before” and “after” conditions. The human body was created in perfect likeness to God, but is now subject to disease and death. The human mind was created in tune with the will of heaven, but is has been corrupted by the deceitfulness of sin. The human spirit (soul) was created in perfect harmony with the Creator, but now exists at odds with God until it is reconciled to Him through Christ. God created humans with a desire to live in mutually supportive community, but this has been rendered difficult if not impossible by the presence of sin.

The ministries of HTI are derived from this understanding of what it means to be human. We are more than spirit and we are more than body. We are eternal, spiritual beings, inhabiting bodies which are temporal and physical. We live together in communities fractured by sinful choices and the forces of evil which remain at large in the world. This describes the people we serve, because this is the true definition of all people. We live in the time between the gate of Eden and the gate of heaven, a time radically altered by the cross of Christ.

HOW WE DO IT

- Our practice of medical evangelism is defined as helping individuals find redemptive, spiritual wholeness by speaking the truth of the good news of Jesus to them in a language they can understand, using methods they regard as appropriate, and doing so at those times when their hearts may be most open.
- We provide highly competent physical health care to individuals who, because of their social status, are least likely to have access to health care.
- We manage our work in ways which permit us to take the time necessary to engage people in conversations which alleviate their fears and restore their confidence in God's love for them, thereby encouraging emotional and communal health.
- We affirm that our spiritual nature is of greater value in God's eyes even when, at times, physical concerns may seem more urgent. From a practical perspective, any one of these four "needs" may dominate our activities at any time.

These priorities tell us whom we are to serve first. Because Jesus was concerned with the poor and abandoned, these should be our first responsibility. However, because our resources are limited, we cannot serve *all* the poor. The decisions we must make to use resources carefully and wisely are difficult and emotionally painful.

We are called to those whom the world has forgotten and who live at the margins of society—the abandoned ones. We are sent to persevere in service to those who will remain unserved if we do not serve them, to those to whom the usual and customary avenues to social justice and physical well being are summarily denied. In Guatemala, those are mostly the indigenous people. They are not persecuted; rather they have been rendered invisible. We are sent to "see" them and having seen them, to serve them.

EXPANDING ON THE ABOVE

Our priority is to preach the good news of the kingdom in ways that result in people becoming disciples of Jesus and members of His body, the church. (Matthew 28:18-20). We cannot do this alone. It is not our responsibility alone. We must work alongside our Guatemalan brothers and sisters in this holy mission. We take seriously their preferences regarding how and where to work. When our view of what should be done is different from their view, we seek useful compromise. We teach a better way only when we really have one.

Effective medical evangelism takes seriously the culture of the people among whom we work. In Guatemala this means understanding the culture of both Mayan and Hispanic peoples. Ethnic prejudice will, at times, hinder our work. We can diminish these problems by being careful to work in areas of locally perceived need.

A comprehensive grasp of local cultures along with an understanding of locally perceived needs will help us discern when the care we deliver is best offered in a home setting, in the community, or in our own clinics or hospital. Each of these options has its benefits and limitations.

We are called to be familiar with the worldview of those whom we serve. We intend to work in a way that respects local beliefs and practices while, at the same time, giving a strong, culturally appropriate voice to the gospel.

We select areas in which to work using these criteria and train as our co-workers those who appreciate these principles. This is done in partnership with those Guatemalan Christians who live close to the sites where we work. We consult with them to make them part of the solution. We build trust through our continued presence in their local communities.

Alongside the verbal proclamation of the good news is the urgency of meeting physical, mental, and social health needs. This “medical” part of Christian medical evangelism is not a “door-opener”; although it will open doors. Compassionate health care is a Christian calling, and to offer it in the name of Jesus follows His example and requires no other justification. While it is possible for non-Christian physicians to provide competent physical health care, it is also true that only Christian health care providers can minister this care in the name of Christ. On occasions we welcome as co-workers men and women who do not know Christ as Lord. But in doing so, we accept the responsibility for covering their lack of faith with our own. We are not a secular organization doing nice things for needy people. We are Christian medical evangelists. This is who we are. This is what we do.

The efficient delivery of coherent health care requires a legitimate partnership between competent evangelists, health care practitioners, trained Christian Health Evangelists, and local church members. A strong program of cross training is necessary. Volunteer Health Evangelists are trained in the principles of Christian living and in the principles of a sound social life. Health care professionals receive training in evangelism. This approach is effective only if partnered with local Christians. The international workers who participate in the work of HTI must have a clear understanding of these principles and a commitment to honor them while working with HTI.

Our founding principle finds its best expression in **Matthew 9:35** *Jesus went through all the towns and villages, teaching in their synagogues, preaching the good news of the kingdom and healing every disease and sickness.* There is a **priority** in His words that is intentional. We are sent to serve eternal purposes, while attending to temporal needs. The more immediate need may not always be the more important one. While we will always address the urgent needs in the best way we can, we acknowledge that our most important work remains that which was also the work of our Lord—restoring right relationships with God and neighbor.

(The section authored by Roger McCown)

6. Holistic Health Care

ABSTRACT

The Christian understanding of health (salvos) involves wholeness of the entire person: spiritual, social, physical, and mental. Jesus often healed by saying, “your sins are forgiven.” His teaching and healing was one mission. Physical and spiritual sicknesses are parts of the whole person, not separated. Holistic care moves beyond the conventional concept of missionary medical care as treatment of the sick person in a clinic or hospital in a religious (Christian) context and encompasses strategies which prevent disease spread and promote healthy living at the community level.

Holistic Health Care in Missionary Medicine I

The Christian understanding of health (salvos) involves wholeness of the entire person: spiritual, social, physical, and mental. Jesus often healed by saying, “your sins are forgiven.” His teaching and healing was/is one mission. Physical and spiritual sicknesses are parts of the whole person, not separated. Holistic care moves beyond the conventional concept of missionary medical care as treatment of the sick person in a clinic or hospital in a religious (Christian) context and utilizes strategies which prevent disease spread and promote healthy living at the community level.

Curative Medicine is defined as the treating of sick persons in clinics and hospitals using medical care appropriate to the setting and disease process. Since missionary medicine is practiced mostly in developing countries, a three-fold understanding of holistic health is most applicable.

Preventive Medicine involves treating persons before they become sick. Methods are used which attempt to prevent pathogenic organisms from entering the body, inhibit their spread, or render them ineffective by immunity. Personal hygiene and vaccinations are examples of these techniques. They do little, however, to eliminate germs or toxins from the environment.

Promotive Medicine calls for public health programs that require the collective action of the community to change habits and environmental conditions so that transmission of disease is no longer possible.

As an example, consider infectious diarrhea in a community. Curative medicine is the treating of the sick person with antibiotics and fluids. Preventive medicine involves teaching persons to boil water in the home for drinking purposes. Promotive medicine requires providing a pure water source (water well, water purification system, etc.) for the community.

Promotive medicine is logical, cost effective, and the most humane method of disease eradication. However, it is often ignored or relegated to a minor position in the overall plan of missionary medicine.

Why is curative medicine often at the forefront of medical missionary efforts? Because curative medicine meets a definite felt need of the sick person and family. It generates financial income, albeit limited. It is the immediate response of Christian compassion to an urgent situation. Results of medical treatment of the sick are seen quickly, often in a few hours or days. It requires health care facilities such as clinics or hospitals for which funds can be raised from North America. Supporters can see the physical facility as the fruit of their interest in missions. Health care teams are not displaced. They need go only to the facility to give health care to the people. Little or no community action is required of the local population. The patient needs only to seek attention at the health care facility.

Once the curative facility is established, an immediate response to the felt needs of the population is demonstrated. Usually the death rate for the treated disease processes will decline but the incidence of disease in the population may be unchanged. Preventive and promotive programs require much longer before measurable health improvement. Community action and change in established habits require prolonged efforts before results are obvious. However, over time the community will see that new ideas and cooperative efforts will improve the life of all.

Promotive programs have the lowest cost per patient but require longer for results to be seen. Income from these efforts is nonexistent. However, the results are usually a long-lasting improvement in the health and often the elimination of certain diseases from the community. Promotive programs reach the people where they live, require displacement of missionary health personnel to the community level, depend on mobilizing community action and ask the local people to take responsibility for change. Health care professionals are usually not needed for promotive health programs.

The difficulty of establishing programs of promotive medicine is well stated by Franklin C. Baer, "Most people are not willing to pay someone to convince them to change their habits."

The best health care utilizes all three of these approaches in an integrated program. Advantages of curative medicine such as meeting felt needs and income production are realized and concurrently preventive and promotive programs involve the people, leading to long-term health improvement of the community. For example, an integrated program to treat intestinal parasites would simultaneously treat persons ill with worms (curative), teach the importance of personal hygiene to avoid infestation (preventive), and stimulate community action to construct latrines (promotive).

Despite the best efforts curative medicine often unintentionally emerges as a priority. The continual stream of sick patients occupies the health care team, North American medical professionals expect to come to the mission field and practice curative care because this is what they are trained to do and how they practice at home. Supporting churches in the North American with little knowledge of public health methods expect to see curative

care. The construction of clinics and hospitals gives supporters (at least the appearance of) tangible evidence of good being done in the mission field.

Continued attention must be given to following the integrated model of health care. Scheduling of activities, allotting resources, teaching and training of personnel and solid commitment of the overseeing Board are essential. The goal of an integrated program is always the same: to improve the physical, spiritual, social and mental health of the community through Christian health care evangelism.

Holistic Health Care in Missionary Medicine II

Part I is a general statement in a general way about holistic health care in the mission setting. Part II suggests ways these principles can be applied to the work of HTI in Guatemala and other sites.

Curative care is now being given at the mobile clinic sites and at the surgery clinics held at Clinica Ezell. Physicians, dentists, nurses, and health promoters (HP) staff the mobile clinics. The surgery clinics are the peak of the pyramid of our work and get the most attention in the United States. They have the highest cost per patient and do a wonderful work. They permit North American surgeons to do what they are trained to do in the United States and do not require the surgeon to have any significant knowledge of missionary medicine techniques or the culture. They exist to SERVE the patients referred from the mobile clinics held in the villages. Christian compassion is demonstrated and dramatic results are seen in individual patients. The North American teams benefit greatly from each of these short-term mission trips. There is no change in community health or disease incidence as a result of these clinics.

Preventive care can be done in the mobile clinics. There is often time for teaching in hygiene techniques, diet instruction, infant care, water boiling, etc. Training of Volunteer Health Promoters helps achieve this objective. It is essential that each Health Promoter have a thorough knowledge of *Donde No Hay Doctor*. Immunization status of the children in each clinic site should be determined. Preventive care is the mid-level of the pyramid of our work. It reaches a larger number of patients than are seen in the surgery clinics and the cost is less per patient.

Promotive care has the lowest cost per patient, reaches the largest number of patients, and is most likely to reduce overall incidence of disease in the population but takes a much longer time. It usually does not require health professionals. Currently, efforts in this area have been attempts to supply pure water to the people in villages. Other measures include latrine building, stove construction, diet instruction, etc., and stimulation of community action to encourage the people to take the responsibility for their health. Promotive care is at the bottom of the pyramid and is the “grass roots” level of care. It reaches the most people and requires little or no participation by North American health professionals.

The Christian Health Evangelists (CHE) of Medical Ambassadors or Life Wind is one long-term means to help us achieve our goals. In our adaptation of this program we use the term Volunteer Health Evangelists (VHE). Our approach is to locate local church

members who live in each village and who are willing to be trained in promotive health. The candidates are those who come to the mobile clinics from the local church and work with our teams in the clinic. These helpers are VHEs or sometimes referred to as Village Health Promoters. The distinction is that these persons are local Christians in each village who do not travel and who volunteer their services. The CHE model requires modification for us to apply it to our program of mobile Christian health clinics which ideally are an outreach from each local congregation to their community and which should in the long term improve the health of the community and help churches to grow spiritually and numerically.

The approach to teaching public health (preventive and promotive) in each village must be individualized. The needs are different for each village. Some need pure water; some need teaching on personal hygiene or childcare. Others may need immunizations or latrine construction or teaching about trash disposal.

The level of local church understanding and involvement varies. Of primary importance is that our staff, especially the Evangelistic staff, understands these principles and takes the lead in involving the local church in these activities. This requires teaching of our staff in Guatemala before these ideas can be communicated to the local village churches and members can be involved.

An understanding and commitment by the HTI Board to integrated health care (curative, preventive, and promotive health care) is essential before implementation of these principles to the work in Guatemala. Staff understanding of public health care teaching from a Christian perspective at the village level is of primary importance.

Holistic Health Care in Missionary Medicine III

Health care missions in developing countries is a powerful demonstration of the Gospel. Jesus pointed to what He did when He was asked by John the Baptist's disciples if He is really Messiah. (Matt. 11:1-6) When we as disciples of Jesus extend healing in His name we demonstrate who He is and authenticate his Messiahship. Therefore, three patterns of thought must be blended in our work.

First, holistic health care from a Biblical basis is rooted in the understanding that healing is integral to the Gospel proclamation. It is a demonstration of the compassion of Jesus and who He is. Therefore, it is what we should be about. Healing ministries are an expression of the victory of the reign of God.

Second, the level of health care technology applied must be appropriate for the location and cultural conditions we encounter. Scientific medicine and public health practices must be adapted and applied in a way that they can be accomplished in remote rural settings by visiting North American as well as local Christians. High levels of technology are usually not feasible or appropriate. This means when possible using low technology methods and procedures that can be carried out with material and supplies available in the country. When current scientific standards require a higher level of

technical support this must be made available from the United States. The highest level of care must be given to the best of our ability with the resources we have.

Third, healing and verbal proclamation must be done in cultural context. Local cultural understandings and practices must be understood so that health care practices can be presented in such a way that they will be accepted while maintaining a proper scientific basis for what we do and not diluting the Biblical message. This may be no easy task. Christian humility and personal respect for others, no matter how different from us, must be a mark of our ministry. Scientific and cultural arrogance has no place in our work.

Three things must be blended with integrity in all we do: (1) a Biblical understanding of holistic health with Jesus as our model; (2) modern scientific health care techniques; and (3) respectful non-arrogant approach to local cultural traditions.

Authored by Quinton Dickerson, M.D.: Part I adapted from "The Importance of Integrated Medicine (1982) by Franklin C. Baer who worked in Zaire; Part II, see Donde No Hay Doctor (Hesperian Foundation); Part III see Health, Healing and God's Kingdom by W. Meredith Long, Chapter 10.

7. Responsible Use of Financial Resources

ABSTRACT

HTI recognizes the stewardship responsibility that must be honored in use of donations to Christian medical evangelism. Material gifts to the ministry must be used responsibly, prudently, and wisely and ought to respect the generosity of the donors, realizing that these resources have been given with the expectation that they will be used for the glory of God.

A. HTI recognizes the stewardship responsibility that must be honored in use of donations to Christian medical evangelism. Material gifts to the ministry must be used responsibly, prudently, and wisely, and ought to respect the generosity of the donors realizing that these resources have been given with the expectation that they will be used for the glory of God.

B. Health care and assistance to those in need is given in ways that avoid fostering dependence. We attempt always to encourage self-motivation, independence, and personal responsibility, respecting the dignity of those we serve. Therefore, HTI in its ministry does not give clothing, food, etc., in public distribution. We do not construct church buildings for indigenous congregations or build homes for families. Those helped should in every way be encouraged to take responsibility to care for themselves, their families, and communities.

C. Medical assistance to the poor is provided in ways that are not perceived as an enticement to become believers; health care is a demonstration of Christ's compassion,

not a way to “buy” the favor of those we serve. The ministry of health care requires that we expend significant financial resources to heal the sick in Jesus’ name. We ask those we serve to pay a nominal fee if they can and most do. We do not deny care to those who cannot pay.

D. We respect cultural differences of those we serve and recognize the unconscious tendency of those being helped to please those who help. Material assistance is best distributed through communities of local believers. For example, assistance for children in the ABC Program is channeled through local churches.

E. We strongly discourage North American churches from hiring and paying local preachers. We encourage indigenous congregations to support their own ministers consistent with local cultural and economic conditions.

F. Churches in the United States support U.S. citizens serving as missionaries in Guatemala. We also seek U.S. congregations to support local health care professionals working with HTI/TSI. HTI through TSI provides salary for health promoters, administrative and support staff.

G. We respectfully request of all those who visit and/or participate as short term missionaries in health care understand these policies and agree to abide by them.

RATIONALE:

Often visiting short-term missionaries (STMs) desire to distribute material goods (food, clothing, house wares, etc) when they visit the mission field. When goods are distributed to both believers and non-believers in the communities they visit the result is seldom beneficial in the long term. In order to understand why this is so, one must separate the *intention* of the donor from its *effect* on the recipient as these are seldom, if ever, the same.

On the one hand, the intention of the visiting STM may be motivated by a genuine desire to be “helpful” (while usually failing to grasp what actually helps) and to use material goods to open doors for the gospel (an approach to be avoided because of the risks it poses to a legitimate acceptance of the good news.)

On the other hand, the intention may occasionally derive from the STM’s sense of guilt at having an abundance of this world’s goods and seeking to feel better about what he/she has by giving away what he/she no longer needs, so assuaging to a degree this guilt. There are, of course, stages of motivation between these two extremes.

The first occasion of donated goods is almost never at the request of the local believers. Once they have learned that STMs are willing to do this, the requests are usually forthcoming.

Negative results are produced because of the following factors:

- a. Failure to involve local church leadership in the planning and distribution of goods. As noted earlier, the “idea” for donations is seldom if ever the brainchild of local believers *initially*. However, once they are trained to be recipients, they will all but demand more and more. Local church leaders rarely “own” the idea, and may, in fact, wisely distance themselves from the “give aways” in order to avoid the problems it produces.
- b. The STM has little or no understanding of the social/cultural setting in which he is working. What “helps” in one’s home culture will in many instances actually “hurt” in the host culture.
- c. The STM is almost always unable to converse directly with local believers in their own language without the use of an interpreter.
- d. The sense of goodwill that the STM feels makes it difficult to perceive clearly the negatives of this practice. (“If it feels so good, how can it be so wrong?”)

The end result of these donations usually results in the following:

- a. An increased dependence on STMs.
- b. Jealousy between those who received more and those who received less with resulting problems in both church and neighborhood.
- c. Anger on the part of those who, for whatever reason, were excluded in the distribution. (Acts 6)
- d. Expectation that those who come to faith will receive more goods.
- e. Growing desire for different kinds of help (building church buildings, building individual homes, providing financial support for church workers, etc).
- f. STMs become disappointed and frustrated upon seeing these reactions to attempts to be helpful.

Community & Family Development or Relief Projects:

In keeping with HTI's desire to provide curative, preventive and promotive care, we view community health projects that are developmental in nature as appropriate when considering projects by staff ministry team or volunteers.

Community development projects are defined as- Projects that are identified by the community with solutions that are culturally appropriate, sustainable and reproducible by the community without the benefit of outside financial assistance.

Family development projects are defined as- Projects that are identified by the community and families in the community with solutions that are culturally appropriate, sustainable and reproducible by the community without the benefit of outside financial assistance.

Community relief projects are defined as- Projects that are necessary as the result of natural or civil disasters, i.e. hurricane, weather related flooding, volcanic eruption, drought, earthquake, civil war. Projects identified within the first thirty days of such an event may be deemed emergency and if so, HTI along with its partners may assume the primary financial burden. Emergency relief projects will receive priority consideration.

(Examples of emergency relief care include, but are not limited to, food, clothing, medicine, and damage to an existing potable water source.)

Family relief projects are defined as- Projects that are necessary as the result of natural or civil disasters, i.e. hurricane, weather related flooding, volcanic eruption, drought, earthquake, civil war. Projects identified within the first thirty days of such an event may be deemed emergency and if so, HTI along with its partners may assume the primary financial burden. Emergency relief projects will receive priority consideration. (Examples of emergency relief care include, but are not limited to, food, clothing, medicine, and repair of damage to an existing potable water source.)

Non-emergency and Construction church/community projects will be considered as low priority in relation to developmental and emergency relief projects. The primary financial burden will fall upon the church/community and all projects of this nature will require a church/community commitment contract before any action is taken. [When the project's financial requirement is significant, HTI will consider, along with its partners, assuming a greater share of the financial burden, up to 50% of the total cost.]

Non-emergency & Construction "Family" projects will be considered as low priority in relation to development and emergency relief projects, though widows and homes with fatherless children will receive greater priority consideration. The primary financial burden will fall upon the community and extended family. All projects of this nature will require a community or family commitment contract before any action is taken. [When the project's financial requirement is significant HTI will consider, along with its partners, assuming a greater share of the financial burden, up to 50% of the total cost.]

All projects must be: 1) a response to problems identified by and perceived as a need by local church/community; 2) sustainable by the local church/community with little or no continuing assistance from TSI staff; 3) directly related to preventive or promotive care as described in the A Handbook: Philosophy and Policies, Health Talents International (Handbook); and 4) consistent with the Mission Statement and Core Values and contribute to furthering the Vision and Strategic Objectives of HTI as described in the Handbook.

8. Relationships: The Relationship/Interaction of HTI Board with TSI Board, Guatemalan Churches, North American Churches and TSI Staff.

ABSTRACT

The Health Talents International Board of Directors relates to and interacts with a number of different groups in carrying out the purposes of the organization. The HTI Board relationship with the churches in Guatemala is primarily one of encouraging and supporting the growth and development of the churches. The relationship of the HTI Board to North

American churches which provide financial support and spiritual oversight of missionary physicians, dentists, nurses and other North American personnel is set out in a memorandum of agreement with each individual North American congregation. The HTI Board interacts with the TSI staff members in Guatemala primarily through the Executive Director and the Director of Recruitment and Logistics who have been designated as the administrators of its medical evangelism mission program. The HTI Board relationship with the TSI Board has been defined as follows: the legal entity of TSI employs the professional staff and the supportive employees who carry out the day-to-day work of the medical mission in Guatemala throughout the year.

The Health Talents International Board of Directors relates to and interacts with a number of different groups in carrying out the purposes of the organization.

The HTI Board relationship with the churches in Guatemala is primarily one of encouraging and supporting the growth and development of the churches. The mobile medical clinics in the villages require the involvement of members of the local congregations as Christian volunteers and home visitors to pray with the patients and follow up to meet any needs that are identified. Also, it is a policy of the HTI Board to encourage the spiritual growth and development of partner churches in Guatemala by providing seminars for the men and women in those churches for in-depth study of the Biblical teachings and principals of personal spiritual growth and church growth.

The relationship of the HTI Board to North American churches which provide financial support and spiritual oversight of missionary physicians, dentists, nurses and other North American personnel is set out in a memorandum of agreement with each individual North American congregation. The agreement addresses the specific responsibilities of HTI including: providing planning and overall administrative supervision, facilities and logistical support; coordinating all spiritual, physical and communal health care activities; keeping the sponsoring congregation and the missionary fully informed; and, regularly reporting to the sponsoring congregation. The sponsoring congregations also have responsibilities, including: providing general oversight of the missionary, providing the financial support of the missionary family; maintaining contact with the missionary; to visit the missionary on the work site; and to provide funds to address an emergency. There are also several shared responsibilities identified. Each agreement is specific to the circumstances of the particular missionary.

The HTI Board interacts with the TSI staff members in Guatemala primarily through the Executive Director and the Director of Recruitment and Logistics who have been designated as the administrators of its medical evangelism mission program. These administrators implement the programs of HTI by employing the necessary staff persons and defining the employment responsibilities. The Board acts through the Executive

Director with regard to any issues that involve the TSI employees. Individual members of the Board participate in short-term medical mission trips regularly and develop close personal relationships with members of the TSI staff as brothers and sisters in Christ working together for God's purposes.

The HTI Board relationship with the TSI Board has been defined as follows: The legal entity, TSI, employs the professional staff and the support employees who carry out the day-to-day work of the medical mission in Guatemala throughout the year. This is a very narrow role for TSI, but very important to HTI. In its role as the legal entity to employ Guatemalans, TSI receives funds contributed by HTI as directed by the HTI Board of Directors and dispenses those funds according to employment contracts developed in cooperation with HTI administrative staff, and for purchase of materials vital to the mission, such as vehicles. Equally important, HTI benefits from the advice and counsel of Guatemalans who live in the areas where the medical evangelism mission programs are offered to better plan and carry out the work that God gives us to do.

II. HOW—POLICIES AND PROCEDURES

1. Patient Care

A. Medical, Surgical and Dental Clinics

ABSTRACT

The HTI Board, through the Medical/Surgical/Dental Committee, provides oversight of the delivery and management of its health care services. The primary responsibility and oversight by the Medical/Surgical/Dental committee ensures the quality of the health care provided to our patients by the Guatemalan medical staff and the visiting North American medical teams.

Introduction

The HTI Board, through the Medical/Surgical/Dental Committee, provides oversight of the delivery and management of its health care services. The primary responsibility and oversight by the Medical/Surgical/Dental Committee ensures the quality of the medical, dental and surgical care provided to our patients by the Guatemalan medical staff and the visiting North American medical teams. Specifically, the Committee:

- ensures that care is appropriate for the location and circumstances
- develops and modifies the formulary as needed
- approves new dental, surgical, and diagnostic procedures to be performed
- assists in obtaining medicines, supplies, and equipment, and
- supports and encourages continuing dental, medical, nursing, and technical education.

The HTI vision of holistic medical/spiritual care manifests itself when patients experience physical health care delivered in a manner so that it is understood as an expression of the compassion of Christ.

The Medical/Surgical/Dental Committee collaborates with the Evangelism Committee to stress the spiritual focus of the surgical/medical clinics. The benefits of this spiritual focus are inclusive for both Guatemalan patients and staff as well as North American staff, and are demonstrated in the following activities:

- Spiritual oversight and direction is provided by the Evangelism Director and the TSI Country Director, for patients and staff during surgical/medical/dental clinics as well as North American team clinics and day-to-day clinics to outlying villages
- TSI physicians, dentists, nurses, and health care staff will pray with all patients in all clinical encounters
- Follow-up spiritual and physical care is provided to patients returning to their villages.

Patients receive initial health care at mobile medical and dental clinics in the villages. Potential surgical patients are sent to Clinica Ezell or Clinica Caris for screening and scheduling. Surgery is performed periodically at Clinica Ezell by North American surgeons and dentists. Dental clinics are held regularly at Clinica Caris and Clinica Ezell.

Quality and Effectiveness of Care

Quality in medical care provided to our patients is a priority and is supported in the following ways:

- Medical staff competence is maintained through continuing medical education on topics relevant to the diseases prevalent in our patients.
- HTI staff members are prepared to practice as well as teach preventive medicine concepts and current public health education to patients and community members in each location.
- Educational programming for all members of the HTI staff focuses on the holistic vision of medical/spiritual care as we demonstrate the compassion of Christ.

The result of teaching and healing as Jesus did can be observed by improved physical health in the communities (reduced incidence of disease), and in an increase in disciples in the communities (church growth, new congregations).

B. The Ideal Village Mobile Medical Clinic

ABSTRACT

The local medical clinic serves as an outreach of a local Guatemalan church to its community providing holistic care in the name of Jesus.

Medical evangelism begins long before the patient has contact with the HTI/TSI medical staff. The image and reputation we project must be so obviously Christian that patients expect our staff to address the comprehensive nature of their situation.

The medical staff acknowledges that medical care is a demonstration of the compassion of Christ and follows His model of both teaching and healing. The provision of medical care is a proclamation of the word of God in deed and action.

The local medical clinic serves as an outreach of a local Guatemalan church to its community providing holistic care in the name of Jesus. Guidelines for The Ideal Medical Clinic include:

- Medical care is provided in the name of Christ as a witness to his compassionate nature.
- Mobile medical and evangelistic personnel on each village team share in medical and evangelistic duties. Local Christians are taught in advance by

health promoters and evangelists to serve in both medical and evangelistic capacities.

- The clinic is held in the church building or an adjacent structure when possible.
- Local church members and minister are present for the entire clinic day. At least two (2) members are needed at all times. Members may help with duties such as registration of patients.
- The staff arrives on time and begins the clinic with prayer together.
- A devotional may be held with patients who have gathered, and prayer with all patients at the conclusion of the clinical consultation is essential to bring focus and ensure the holistic approach to the visit is observed. Prayer may be led by a member of medical team or by local church members.
- Each patient's needs are reviewed by the mobile team and communicated to local members for follow-up visits to determine medical progress as well as to identify other family/home needs, and is a further expression of modeling holistic care.
- Because home visits with patients and family are important, the visiting church volunteer can assess the home environment. If the patient is not improving, the member can assist with the patient's return to the clinic.
- Consistency of the local member volunteers is critical to the overall success of the care. Local members can follow up with prayer and teaching as friendships and relationships develop.
- Local church volunteers are trained to participate in the activities described above. Staff from the base clinics, including health promoters and evangelists, can provide training sessions at local churches.

C. Short-Term Medical Mission Trips

ABSTRACT

Health Talents has been recruiting for and hosting visiting teams to Guatemala and Nicaragua since 1990. These teams have been a huge blessing for this ministry because each individual who participates shares his God-given talents during the week then leaves a bit of his heart behind when he goes home. It's been said that one is never quite the same after taking part in a ministry that allows and encourages its team members to share as intimately as one can on a medical evangelism clinic trip.

Methodology

The mobile medical, dental and surgical clinics hosted by Health Talents are vital to the ministry of Health Talents. It is through these clinics that patients are identified to receive further surgical, medical, and dental care. Visiting North American team

members also help create goodwill for HTI in the communities served. Through many years of experience, characteristics of a good team have become apparent. For this reason, the Board of Directors has carefully crafted parameters within which all our short-term medical teams function. These parameters are described as follows.

Spiritual Awareness

The underlying motivation for the entire HTI mission is to "reflect the compassion of Jesus Christ" to people who need Him so much. This principle helps open hearts for people to want to learn more about Jesus. It is our hope that the kind and gentle behaviors exhibited by the HTI team members toward our patients will reflect the depth of love and concern that God has for all His creation. In order for visiting team members to adequately and appropriately reflect Jesus' love in this context, we provide information and support to assist *them* in understanding how vital their behavior is to reaching our goal. Deeds of compassion, such as health care, proclaim the Good News in concert with verbal teaching.

For example, when teams arrive in Guatemala, everyone receives a t-shirt or scrub top with the HTI logo, a cross overlaid by the world, printed on both front and back. During the week, team members learn the meaning of the cross and logo so they understand that the outstretched extremities represent the basic needs of mankind: physical, spiritual, mental, and social. Members learn that Jesus' ministry focused on all these needs and this is the model HTI follows.

Team members also learn of the wide variety of HTI efforts to meet these needs in discussions regarding how we work through local Churches of Christ in all we do, so that people will see the work carried out as mission of the local churches to their communities, rather than as something "imposed" upon them by outsiders.

Finally, team member orientation includes a discussion of the philosophy and rationale for how HTI views handouts to the local people. Specifically, the HTI philosophy discourages team members from distributing gifts to the local people to avoid interfering with their natural ability to secure needed living supplies or appearing as Santa Claus to the local people. No matter how pure their motives in desiring to bring donated clothing (blue jeans, t-shirts, etc.) for the express purpose of giving to the poor, we ask all visiting team members to not bring such donations. We understand that our playing the role of Santa Claus creates unrealistic expectations among the Mayan for our being there and is counter-productive to helping people understand that God is the "Giver of All Things Good." All else is chaff.

An important spiritual aspect of each visiting team is the presence of a chaplain. His role is to help the team maintain a spiritual awareness of the focus of the mission. He does this through preparing daily devotionals for the entire team. Through leading group prayer for the patients and each other, the chaplain is able to intensify the spiritual awareness of the importance of what happens during the week.

HTI visiting teams are usually not able to engage in verbal evangelism activities. Because of language barriers (both Spanish and Mayan) personal evangelistic conversations with patients are difficult. There is a high risk of patients feeling manipulated into agreeing to Bible studies or even baptism in order to "get what we have that they want." Instead, HTI works very closely with Churches of Christ in the area. HTI creates opportunities for local Christians to reach out to their friends and neighbors who may be suffering physically and also bring spiritual relief. The Mayan people understand the close connection of the physical and the spirit world, as was the cultural understanding of those whom Jesus healed.

Cultural Awareness

There are many cultural differences between team members and our Mayan patients, and we encourage members of the visiting teams to be sensitive to them. One of the more obvious ones is their modesty, to which we respond by monitoring our attire. We do not wear skimpy, tight, or alluring clothing while in Guatemala.

Another important area in which sensitivity to culture is important involves showing respect when taking photographs. Mayan parents are understandably nervous about strangers photographing their children. Many adults do not want to be photographed. It is always appropriate to ask permission, and respect the response, whatever it may be.

Behavior is very much a cultural issue. In Guatemala, it is generally understood that Christian behavior includes abstinence from alcohol and tobacco, as well as activities we all accept as immoral, such as improper sexual behavior and use of illegal drugs. We ask all team members to respect the cultural norms and behave in a responsible manner.

Team Members Safety

HTI has as a foremost concern the issues of safety and legality for all medical professionals who use their professional skills on HTI teams. For this reason, HTI collects medical documentations from all visiting physicians, dentists, nurses, and other medical professionals, and submits this to the appropriate authorities in Guatemala City in order to obtain official approval for the clinic. The process includes purchasing temporary Guatemalan licenses for visiting medical professionals that are good for one year. A written report is provided to the authorities upon the conclusion of each clinic.

Physical safety is a key consideration in the planning for visiting teams. Each team member receives an information packet in advance that lists recommended immunizations for visitors to Guatemala or Nicaragua as outlined by the Centers for Disease Control in Atlanta. Prior to departure for Guatemala or Nicaragua, HTI purchases medical evacuation insurance for each team member. This is essential in the event of sudden illness or accident. This policy provides for medical evacuation back to a North American hospital as well as a life insurance policy.

Safety concerns and protocol discussions continue when the team arrives in Guatemala. Every effort is made to arrange for all teams to arrive midday to allow sufficient daylight travel time to reach their destination. HTI charters a local bus and selects a trusted driver to meet the team at the airport for transportation to the local site. To further ensure safety and provide alternative support, an HTI staff member follows the bus in another vehicle in the event there is a problem en route. Local HTI staff members are equipped with cell phones. In Nicaragua we rent vehicles.

At Clinica Ezell team members are urged to stay inside the compound. If there is a reason to be outside, the policy is for team members to always remain with the group. We consider the community around Clinica Ezell to be safe, but there is heavy, fast moving traffic on the road that fronts the clinic that can be treacherous. At other sites team members are directed to stay with a group and to exercise caution at all times.

HTI monitors food safety for each clinic by employing cooks from the community who have received instruction on food safety. Regularly tested filtered water is available at Clinica Ezell in the kitchen and bathroom sinks.

This Disclaimer appears in all HTI trip info packets: *Guatemala and Nicaragua are developing countries and often experience instability. Team members should understand that while HTI will take reasonable steps to ensure the personal safety of team members, there are risks inherent in living, traveling, and working in such situations. Each team member assumes a certain amount of risk when he/she commits to participate in medical evangelism.*

Financing the Visiting Teams

All of the Health Talents surgical and mobile medical/dental teams are financed through individuals who participate. Each STM pays a basic trip fee plus the actual connecting fee charge from their home airport to the international departure site, usually Houston. The trip fee covers the cost of international airfare, ground transportation upon arrival, food and lodging, and an HTI scrub top or t-shirt. The participant is responsible for preparation expenses, including immunizations and passport fees. Participants sometimes solicit contributions from their home churches or friends and acquaintances to support their trip.

Ideal Short-Term Mission Team Composition, Surgical

Experienced members of the surgical teams over the years have developed an idea of the essential skills that are necessary for a successful surgical clinic. An ideal surgical clinic mission team can be described as including no more than 36-40 people. Of this number, in addition to surgeons, there should be at least 6 R.N.s who are current in their job skills, to include at least one nurse who is comfortable as a recovery room nurse, and an R.N. identified in advance to serve as the nursing leader or head nurse. There should be 8 people qualified to staff 3 operating rooms. When there are fewer

than this number of nurses or surgical techs, then only two operating rooms would be used. There should be one more person than the number of operating rooms in use who are qualified as anesthesia personnel. There should be a sufficient number of auto-clave operators (volunteers classified as necessary specialized personnel) to cover the number of operating rooms in action. On the ideal short-term surgical mission team the number of non-medical personnel is limited to the places not filled by essential medical or necessary specialized personnel. With 5 surgeons, this model provides places for a chaplain and at least 10 non-medical persons on a surgical trip using 3 operating rooms. In this manner, serving the needs of the patients takes priority over all other considerations in filling the places on a short-term surgical mission team.

Ideal Short-Term Mission Team Composition, Mobile Medical

Since the purpose of short-term mobile medical teams is to provide relief for immediate medical or dental problems, an ideal visiting mobile medical team consists of 30-35 people comprised of 2-4 physicians or nurse practitioners, 2-3 dentists, 2-3 nurses, 2 pharmacists, 1 optometrist, a team chaplain and enough ancillary personnel to assist in providing these services.

In Summary

HTI has been recruiting for and hosting visiting teams to Guatemala and Nicaragua since 1990. These teams have been a blessing for this ministry because each individual who participates shares God-given talents during the week and leaves the love of God. It has been said that one is never quite the same after taking part in a ministry that allows and encourages its team members to share as intimately as one can on a medical evangelism clinic trip. The honest, heart-to-heart exchange between caregivers and patients breaks down cultural and language barriers more quickly than almost anything. HTI is very grateful for the hundreds of loving, skillful volunteers who have joined us in this effort to honestly and sincerely reflect the compassion of Jesus Christ in such a wonderful way.

2. Medical Evangelism Training Program for College Students

ABSTRACT

The Medical Evangelism Training Program (MET) exists for the benefit of college students who are considering future participation in medical evangelism, either as one component in their professional experience or as the main focus of their profession. MET provides to students a realistic experience in international field-based medical evangelism which will permit them to begin to evaluate their interest in medical evangelism as a possibility for them when their training is complete.

The Medical Evangelism Training Program (MET) exists for the benefit of college students who are considering future participation in medical evangelism, either as one component in their professional experience or as the main focus of their profession. MET provides to students a realistic experience in international field-based medical evangelism which will permit them to begin to evaluate their interest in medical evangelism as a possibility when their training is complete.

The MET Committee of the HTI Board provides oversight in the development of MET-related materials, reviews MET-related procedures used in selecting the students for participation in the program, and reviews student evaluations at the conclusion of each annual MET experience, generating MET-related policy considerations for the Board based on the combination of those evaluations and dialog with MET-related staff.

The physicians, dentists, nurses, evangelists and health promoters who make up the "teaching staff" in Guatemala, provide a realistic experience to students by doing the following:

1. Demonstrating full awareness of the purposes of MET.
2. Discharging all MET-related responsibilities at the right time and in the right place in a manner that enhances the student's experience.
3. Interacting with students as directly as possible.
4. Displaying clearly the individual components of holistic health care that combine to make medical evangelism an effective tool in community health. Effective tools include:
 - a. spending as much time with each patient as may be necessary to accomplish this even though it may at times place an artificial limitation on the number of patients to be seen on any given day, making some triage necessary.
 - b. demonstrating attention to the spiritual needs of the individual, praying for wisdom and healing where appropriate, explaining to the student the relationship between physical and spiritual health care.
 - c. providing adequate follow-up treatment to each patient and even making home visits where necessary. This demonstrates to the students that medical evangelism is not "clinic-bound."
 - d. practicing adequate record keeping to ensure continuing evaluation of the patient's range of needs.

Every TSI staff person provides this spiritual dimension of the program goals.

3. ABC Program for Children (Ayuda para Bienstar Christiano)

ABSTRACT

The ABC Program exists to provide spiritual, material, and educational support to needy children in Christian families as one means of providing to the church of the next generation a healthy well-educated membership.

The ABC Program exists to provide spiritual, material, and educational support to needy children in Christian families as one means of providing to the church of the next generation a healthy well-educated membership. The title ABC is derived from the Spanish phrase “Ayuda para Bienstar Cristiano,” helping bless children.

The ABC Program matches North American Christians with children in Guatemala. Monthly financial support from North America provides education expenses, food, clothing and health care and the local Guatemalan church provides spiritual encouragement so that the child can become a healthy, productive adult Christian contributing to the community.

Employees of HTI through TSI in Guatemala administer and oversee the program. Children are selected by a volunteer committee from the local church in villages where TSI works on a regular basis. Children who attend the local church, or whose family attends the church, are screened based on factors which include family income, age of child, and whether the child is in school.

Children may continue in the program so long as they meet requirements for church attendance, school attendance, behavior, and medical/dental checkups. Each child is required to write a letter to his/her North American sponsor annually.

Children are encouraged to stay in school, to graduate and to pursue vocational or university education. So long as they remain in school and meet other criteria they may continue to receive support as an ABC child, and may apply for a position as a Sherman Scholar or Bates Medical Evangelism Scholar.

The ABC Program provides the children with many benefits including family support in the form of school supplies, clothing, health care and food supplements. ABC provides for group recreational activities for the entire family and awards for the children for their participation in school, community and church life. Faith development is encouraged through the family’s participation in the life of the local church community, and each family is given a Bible in his/her own language.

The ABC Program is held accountable for funds and for activities through regular reporting by the staff to the TSI Country Director.

4. Bates Medical Evangelism Scholarship Program

ABSTRACT

The Bates Medical Evangelism Scholarship Program promotes HTI’s objective of proclaiming the gospel in word and deed through teaching and providing health care.

The Bates Medical Evangelism Scholarship Program promotes HTI’s objective of proclaiming the gospel in word and deed through teaching and providing health care.

The Bates Scholarship Program selects young Central American students because we want the physicians, dentists and nurses who work for HTI to have the best possible understanding of the culture and needs of the patients. We also want there to be continuity of the Christians who are professional medical providers for Guatemala and other Central American countries.

The committee carefully selects young people who have come to know Christ and are living in fellowship with a local congregation of Christians. These are the people who will eventually serve their patients with the compassion of Christ.

The spiritual/medical goals of HTI/TSI are met through the Scholarship Program in the following way:

During the time the students are studying for their professional health care career the committee keeps in contact with the student to review his/her academic progress and also to encourage them in their spiritual lives. We ask them to volunteer each year to work alongside HTI/TSI Christian medical and dental staff to learn from our physicians, nurses and dentists what it is like to provide health care in the name of Christ to people of the Mayan culture and heritage in remote villages. We also hope that the students will come to understand that working with HTI/TSI they will interact with STMs from North America regularly in the surgical clinics and mobile clinics. One important role of the members of the TSI staff is to share their knowledge with North Americans who come on short-term medical trips or come to Guatemala as part of the MET program. We assign a member of the Board or volunteer who works with HTI to serve as a mentor to the student to encourage them in their career and spiritual growth.

The effectiveness of the way the scholarship program is administered is measured by considering whether the students who are selected are successful in accomplishing their educational goals and whether the Executive Director of HTI and other TSI administrators decide that the graduate is qualified to become a member of the TSI staff as a professional medical provider, physician, dentist, nurse or technician.

5. Training/Teaching Program

ABSTRACT

HTI sponsors and provides conferences, seminars, and professional education and community health evangelism training for the purpose of encouraging and nurturing local churches and providing health education and training to local health workers.

HTI sponsors and provides conferences, seminars, and professional education and community health evangelism training for the purpose of encouraging and

nurturing local churches and providing health education and training to local health workers.

Each of the following seminars is presented at both sites, Clinica Ezell on the coast and in the region of Clinica Caris near Chichicastenango:

- Leadership Evangelism Seminars for men and for women
- Midwife Seminars
- Marriage Seminars
- Character Counts Seminars for local school students
- Health Promoter Training

The content of all programs and seminars is intended to be consistent with the Mission and Core Values of HTI/TSI and promotes and leads to accomplishing the Strategic Objectives and Vision of HTI/TSI. These teaching opportunities incorporate the principles of Medical Evangelism and Holistic Health care as described in *A Handbook: Philosophy and Policies*, Health Talents International. We affirm an approach to the study of Scripture in its appropriate context, seeking to understand God's plan for His followers through the ages. We stress the teaching and healing mission of Jesus, teaching that the church is a body of disciples seeking to encourage and edify each other by the power of the Holy Spirit. We teach that service to others (teaching and healing) is following in the steps of Jesus and is a thankful response to God's grace as revealed by the cross and resurrection of the Messiah.

6. Measuring Effectiveness of Programs

ABSTRACT

Determining the effectiveness of the medical care provided to our patients is a key responsibility of the Medical/Surgical/Dental Committee, and focuses on the goal of integrating both medical and spiritual care in a holistic manner.

Determining the effectiveness of the medical care provided to our patients is a key responsibility of the Medical/Surgical/Dental Committee, and focuses on the goal of integrating both medical and spiritual care in a holistic manner. Due to the limited ability to measure population outcomes in the country where we serve, measurements and methods are both objective and subjective. We believe and assume the following to be credible measurements: relief of pain and suffering; restoring hope for physically compromised patients; improving quality of life even for a short duration; and becoming the presence of Christ to our patients through our service. Long-term results include: reduction in disease incidences in communities, improved nutritional status (especially infants and children) in villages, and increased awareness and knowledge of principles of health promotion and disease prevention.

Also, the following objective measurements may be used to determine value and effectiveness of the holistic care we provide:

- Number of patients treated through mobile medical clinics
- Number of surgical procedures performed and outcomes achieved in surgical clinics
- Number of new local congregations formed
- Number of members in all congregations as a reflection of medical/surgical/dental care provided to community members
- Number of ABC students
- Number of local members who serve during clinics and continue to serve between clinics
- Reduction in specific disease incidences in communities
- Reduction of infant mortality in served areas
- Eradication of malnutrition in served areas
- Increased availability of safe drinking water in communities
- Increased good hygiene practices (latrines, hand washing, wearing shoes) in communities
- Enhanced mosquito control in appropriate locations

III. ADDENDUM

GLOSSARY

HTI	Health Talents International
HP	Health Promoter
MET	Medical Evangelism Training
STM	Short-Term Missionary
TSI	Talentos de Salud Internacional
VHE	Volunteer Health Evangelist
VHP	Volunteer Health Promoter

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Mission Resource Network: www.MRNet.org

David Werner's website: www.healthwrights.org

Lifewind International - The Village Changers: www.lifewind.org

TILZ (Tears International Learning Zone) for finding publications: www.tilz.tearfund.org

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