

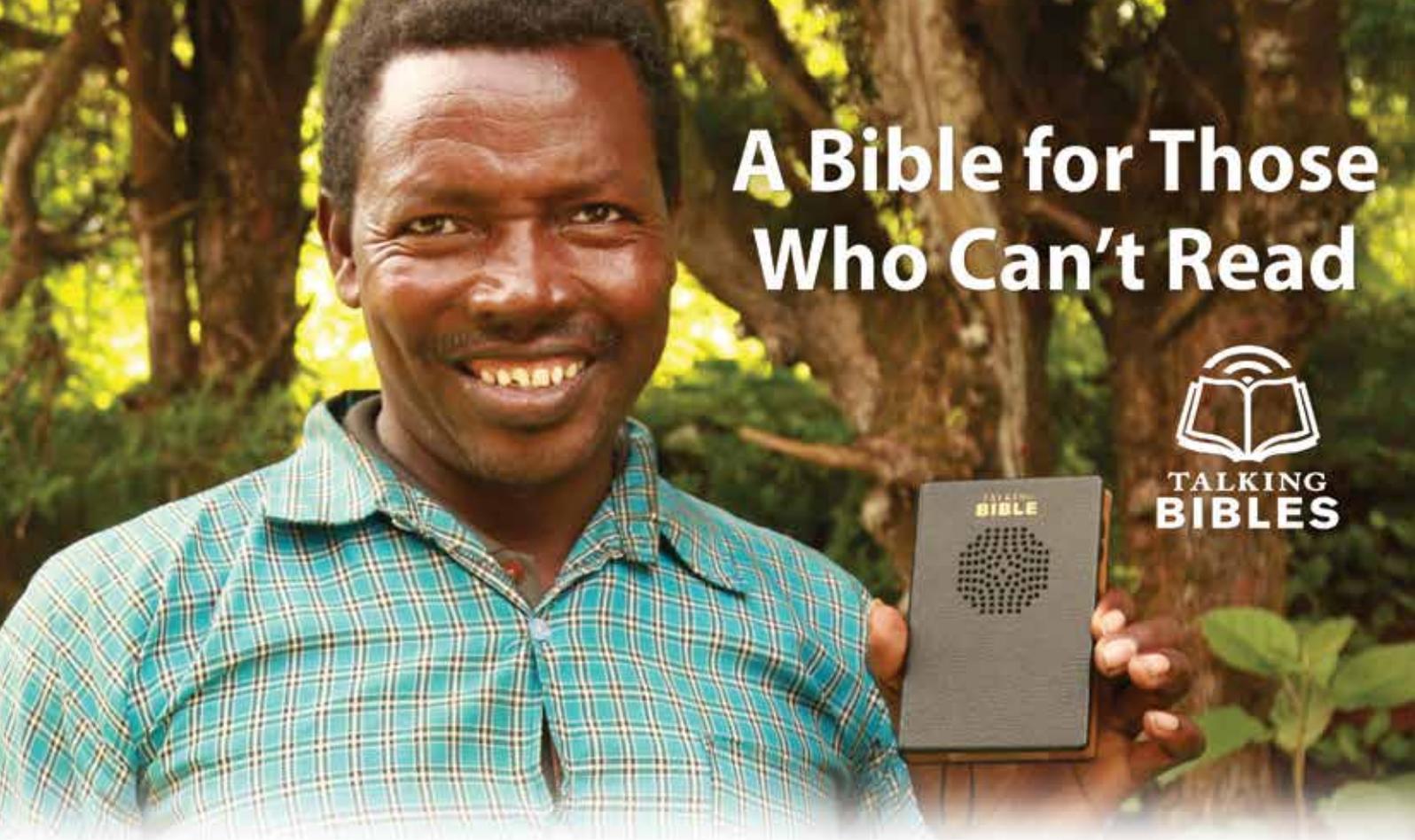
M I S S I O N TM FRONTIERS

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Healers and Preachers: Coming Together to Foster Movements in All Peoples



A Bible for Those Who Can't Read

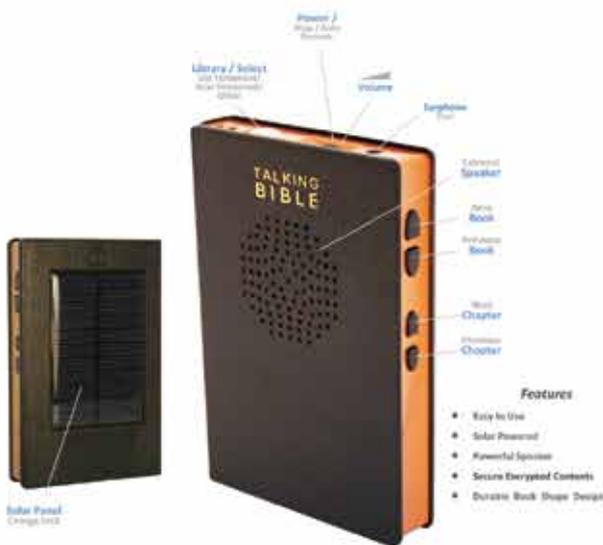


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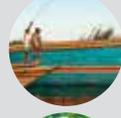
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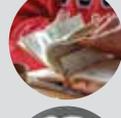
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Striking the Right Balance

BY RICK WOOD | Editor of *Mission Frontiers* | rick.wood@frontierventures.org



EDITORIAL

The battle has raged for over 100 years. It has split denominations and mission agencies. It has hindered the spread of the gospel to every tribe and tongue. People across the theological spectrum have wrestled with the question: “Should the mission of the Church include ministering to the physical needs of people, or should we focus largely on proclaiming the great news of the gospel of Jesus Christ?” Typical of human beings in general, we have tended to go to one extreme or the other. Either people focus exclusively on proclaiming the gospel, or they focus exclusively on carrying for the physical needs of people. This issue of *MF* seeks to help answer this question as it relates to the fostering of movements to Christ within every unreached or frontier people group. As we go out to foster these movements in every people, should we make it common practice to care for the physical needs of people?

One thing is very clear from the ministry of Jesus. He not only cared for the spiritual needs of people but also their physical needs. Wherever He went, He healed the sick, cast out demons and proclaimed the gospel of the kingdom. If Jesus is our model for the ongoing mission of the Church, then we have no excuse for not seeking to heal the sick as well. Not only did Jesus model a ministry of caring for physical needs, He told His disciples to go and do likewise.

In Matt: 10:7-8, Jesus sent out the 12 disciples with the following instructions: “As you go, proclaim this message: ‘The kingdom of heaven has come near.’⁸ Heal the sick, raise the dead, cleanse those who have leprosy,^[a] drive out demons.” We see this emphasis again in Luke 9:1-2, “When Jesus had called the Twelve together, He gave them power and authority to drive out all demons and to cure

diseases, and he sent them out to proclaim the kingdom of God and to heal the sick.” Clearly, in the ministry of Jesus and His instructions to His disciples, we can see the dual emphasis on both proclaiming the message of the kingdom of God and healing the sick. From the clear and plain reading of these Scriptures, it is not possible to say that Jesus cared only for the spiritual condition of people nor that He cared only for their health. Either extreme is not biblically supportable. Jesus cared for the whole person: mind, body and spirit. So, it seems clear that as we seek to foster movements to Jesus in all peoples, we need to figure out a way to incorporate ministry to both the physical and spiritual needs of the people we seek to disciple. Separating off the spiritual from the physical is not what Jesus modeled for us. The question then becomes, what and how much do we do to care for the physical or medical needs of those we seek to reach?

We’ve Been Here Before

Going forth in the name of Jesus to heal the sick is nothing new. Evangelicals have been doing it for over 150 years. Hospitals across the world have been started by Evangelical mission workers. What Evangelicals have not done well is striking the essential balance that Jesus did of both proclaiming the gospel *and* healing the sick. Typically, those mission workers who have gone out to do medical work have most often not done a good job of sharing the gospel and making disciples who go on to make more disciples. They have done great good for people, but not sharing the gospel will ultimately lead to tragedy.

Historically, the local people are unable to sustain or reproduce this level of medical care that the outsiders are providing. The medical care is usually

not indigenously led or managed and can lead to an unhealthy level of dependency where the local people neither learn how to care for themselves nor combine medical care with Disciple Making Movement methodologies. A new paradigm is needed.

A New Holistic Paradigm

If we are to see movements to Jesus in every people, we need to rethink the way we have typically done missions. This includes medical missions. The basic rule is that whatever we do in missions needs to be infinitely reproducible by the people we seek to reach and disciple. Just as everything in nature reproduces according to an established DNA code, we need to establish a good DNA code of ministry right at the start of our outreach to an unreached people. The ministry DNA we start with is the DNA that will be reproduced generation after generation of disciple making. Bad DNA leads to bad results. If we are to include a holistic approach to ministry that cares for both body and spirit, then we must have a good DNA for medical care that is indigenously led and infinitely reproducible one disciple-making generation after another.

As movements to Jesus spread to all the unreached peoples, so also should a reproducible and scalable system of indigenous health care, hygiene and nutritional training. The spread of the gospel has typically led to better health as people are saved and rid themselves of unhealthy things like tobacco, alcohol and drugs. But much more is possible if along with the gospel we teach basic first aid, good hygiene and nutrition. Many of the health problems we suffer with could be prevented through good health and hygiene training and taking every thought captive to Christ. Self-control is a fruit of the Spirit. Many health problems result from bad thinking, and bad thinking can be dealt with through good discipleship and the power of the Holy Spirit. Throughout this issue we present the idea of church-based health care and nursing which should spread as churches multiply in a Disciple Making Movement.

One thing that should not be overlooked in this discussion is the power of prayer for healing.

Prayer for healing should be a regular practice in all churches in all movements. In Scripture, healings go along with the proclamation of the gospel. The Disciple Making Movements we see spreading across the world today are propelled by prayer and the evidence of healings, signs and wonders. Movements are a supernatural event and are propelled by God's divine power.

Indigenous Medical Care

A holistic approach to reaching the unreached peoples needs to center around equipping them to care for their own medical needs rather than becoming dependent upon outsiders.

In our May June 1998 issue of *MF*, we featured the wonderful story of Steve Saint and his ministry to the Waorani (Auca) people of Ecuador. It is a great example of how an outsider can equip the indigenous people to care for and share the gospel with their own people. Through his ITEC ministry, Steve Saint taught the Waorani to care for their own dental needs and to use ultralight aircraft to travel to the remote areas of their territory. This was what the Waorani themselves wanted to do. They were in charge of the whole process, not Steve. Steve was there to help the Waorani accomplish their goals. The outsider was the servant to the needs and desires of the indigenous people—just the way it should be. This is an example for us to follow today as we seek to bring a holistic approach to ministry to the unreached peoples.

What we do not need is a top-down authoritarian approach by outsiders dictating to the indigenous people how things are going to be done. The people we want to reach with the gospel must be given the respect and dignity of being in control of the process. This is how movements work. They are indigenously led.

If we can finally strike the right balance and employ a holistic approach to fostering movements that involves ministry to the whole person, mind, body and spirit; it could be exactly what we need to fuel movements to Jesus in every tribe, tongue, people and nation. 





The Healers and the Preachers: Coming Together to Foster Movements in All Peoples



Jesus' Holistic Paradigm: The Key to Reaching the Final Ethne

By DR. "JASON LEE"

Dr. "Jason Lee" is a medical doctor working long-term with his family and team to catalyze disciple-making movements and transformational health movements among a cluster of Frontier People Groups in the Sahel of Africa.



Jesus' Paradigm

"Friend, your sins are forgiven... get up, and pick up your stretcher, and go home."¹

Jesus consistently intertwined life-changing teaching, piercing stories and convicting questions alongside definitive healing, powerful deliverance and a love that cut through the dark physical realities of our world.

He would, in one breath, definitively address both the spiritual and physical condition of the person or family in front of Him.

"Friend, your sins are forgiven... get up, and pick up your stretcher, and go home."

He taught us to pray, not only that our sins and debts would be forgiven, but that we would be given our daily bread and that His will would be done on earth as it is in Heaven.²

He deftly moved a conversation with a Samaritan adulteress from His own physical need for water to true worship and the Messiah. He immediately sent that now-changed Samaritan adulteress to be the messenger to her entire city.³

1 Luke 5:17-26
2 Matthew 6:9-13
3 John 4:1-42

He went from powerfully confronting the Legion of demons in a Gerasene man to end his suffering, to commissioning that now-changed man, hair still long and wild, voice still hoarse from screaming, wearing someone else's clothing to be the messenger to the entire Decapolis.⁴

Jesus defined the paradigm of addressing the spiritual alongside the physical in homes and among families:

He seamlessly moved Peter and Andrew, and James, John, and Zebedee from discussing their family businesses of fishing to making them fishers of men.⁵

He spiritually fed a massive crowd of families in a secluded place, speaking about the kingdom of God, but then also He fed them physically, multiplying resources they already had.⁶

And while this holistic paradigm of Jesus is reflective of His great love for us, it is also reflective of His purpose to stop the stranglehold that the enemy has on every facet of human life: spiritual, mental, emotional, social and physical. "The Son of God appeared for this purpose, to destroy the works of the devil."⁷

This holistic paradigm of Jesus is the outworking of the "warfare worldview" in Scripture.⁸ That we are, in partnership with Him, locked in the latest iteration of

4 Mark 5:1-20
5 Matthew 4:18-22
6 Luke 9:12-17
7 1 John 3:8
8 GA Boyd. (1997) *God at War*.

an ancient war with the demonic enemies of God, and our purpose too is “destroying the works of the devil.”

The Early Disciples Emulated Jesus' Paradigm

The first apostles and disciples emulated this paradigm while they walked with Jesus. But even after the ascension, Peter and John ministered holistically to the man at the Beautiful Gate;⁹ Paul and his team ministered holistically to Publius' whole household on Malta, including his sick father.¹⁰

In the second and third centuries, disciples continued to follow this paradigm. During the epidemics that swept the Roman Empire, it was the disciples of Jesus who sacrificially cared for the sick, offering truth and love along with tangible care, not only to their brothers and sisters in Christ, but also to their pagan neighbors. This care, and the church growth that resulted, was so significant that the emperor instituted pagan charities attempting to match the Christians' level of aid to stem the rate of conversions to Christ.¹¹

These were not bishops or missionaries or special church-designated physicians doing this holistic outreach. Rather, these were ordinary disciples of Jesus who so sought to emulate Jesus in their lives, that they were willing to risk death to share love, healing and truth with their pagan neighbors.

Missions Compartmentalization

However, in the following 1700 years, clergy and Christian physicians and educators became increasingly specialized and compartmentalized from one another. Some specialization may be expected with increasing sophistication of health care and educational institutions. However, as a result, Jesus' mandate to make disciples became compartmentalized and fractured from His mandate to love your neighbor. “Forgive us our debts” became fractured from “May Your will be done on earth.”

⁹ Acts 3:1-10

¹⁰ Acts 28:1-10

¹¹ R Stark. (1996) *The Rise of Christianity*.

Today: The Preachers

Many streams of missions have returned to emulating some of the ways of Jesus: abundant prayer, teaching by telling stories and asking questions, discipling by creating experiential learning opportunities rather than just sharing knowledge,¹² ministering in the *oikos*,¹³ and empowering disciples to pursue the miraculous with His Spirit.¹⁴

These were not bishops or missionaries or special church-designated physicians doing this holistic outreach. Rather, these were ordinary disciples of Jesus who so sought to emulate Jesus in their lives, that they were willing to risk death to share love, healing and truth with their pagan neighbors.

Most importantly, the focus of missions in these streams has again been placed squarely where Jesus clearly articulated it to belong: “make disciples.”¹⁵

In many cases, though, half of Jesus' paradigm is missing. These streams have rarely emulated the way that Jesus consistently intertwined the physical with the spiritual. There are exceptions, but rarely in these streams does physical outreach gain footing comparable to that of Jesus' ministry. These streams have made disciples and catalyzed movements, but how much more might be possible if they emulated more of Jesus' paradigm?

After the example of Dr. Charles Fielding in his essential book, *Preach and Heal*¹⁶ (referencing Luke 9:6), I will call these streams “preachers.”

¹² R Moran. (2015) *Spent Matches*, p.88ff. Also at roymoran.com/top-ten-mind-shifts-for-a-disciple-making-movement-to-emerge/

¹³ For an excellent study of the Biblical concept of *oikos*, see T and B Lewis. “As For Me and My House: The Family in the Purposes of God.” *Mission Frontiers* Mar-Apr 2012.

¹⁴ John 14:12

¹⁵ Matthew 28:19

¹⁶ C Fielding. (2008) *Preach and Heal*.

These include not only preachers *per se*, but movement catalysts, church-planters, seminary and Bible-school teachers, and the like.

Today: The Healers

To be sure, an entire other stream of missions has been striving to minister both spiritually and physically since the early 1800s:¹⁷ traditional western healthcare missions. The same is true of several other streams: agricultural workers, development professionals, teachers, and others. After Dr. Fielding's example, I will call these streams "healers." As I am a product of western healthcare missions, I will speak in most detail of this particular stream of the "healers."

"Healers" are no less devoted to Christ than "preachers." In fact, many healthcare professionals complete seven to 13 years of intense graduate and post-graduate training before they go to the field, forsaking six-digit incomes in the west.

"Healers" are no less devoted to Christ than "preachers." In fact, many healthcare professionals complete seven to 13 years of intense graduate and post-graduate training before they go to the field, forsaking six-digit incomes in the west.

However, as the level of care provided by healthcare missions has become more complex over the last two centuries, the focus of Matthew 28:19 has been diluted. Certain healthcare benchmarks are used to mark success, recruit supporters, and demonstrate God's blessing. Some examples are hospital infrastructure expansions, hospital admissions, surgeries performed, babies delivered, numbers of students or residents trained and development goals achieved.

¹⁷ It could be argued that the monastic mission station tradition institutionally pursued both spiritual and physical outreach in varying degrees beginning far earlier than the 1800s.

Again, there are exceptions: the patient who started to read Scripture and follow Jesus while hospitalized... the chaplain who has faithfully served the hospital, sharing the gospel for years... but these are generally overshadowed by the sheer mass of healthcare benchmarks.



In contrast to the "preachers," it is rare to hear from the "healers" about Bible study groups, churches planted, or movements to Christ. Most glaringly, it is even rare to hear from "healers" about "making disciples," the very heart of the Great Commission.¹⁸

Why Jesus' Holistic Paradigm is Particularly Important among the Final Ethne

RW Lewis, in her essential, iconoclastic 2018 article, refocused our pursuit of the remaining *ethne*. She advanced beyond defining the final *ethne* as *Unreached People Groups*, people groups with less than 2% evangelicals. She urged us to focus instead on *Frontier People Groups (FPGs)*, defined as "only those unreached people groups that have never had an indigenous movement to Christ."¹⁹

¹⁸ Some healthcare workers do mentor and train younger healthcare professionals who are already Christians. This is a good endeavor, but this is different in my mind than "making disciples from all the *ethne*" as in Matthew 28:19.

¹⁹ RW Lewis. "Losing Sight of the Frontier Mission Task." *International Journal of Frontier Mission* 35(1) Spring 2018.

Compared with other people groups, *FPGs* are more likely to originally be from countries with a lower *Human Development Index (HDI)*.²⁰ Most *FPGs* live in countries whose *HDI* is below the world average.²¹ In other words, broadly speaking, *FPGs*, the final people groups that most need the gospel and movements of disciples to Christ, often have greater physical needs than people groups that are not *FPGs*. They need better and more sustainable health care and lay health education. They need more effective and more accessible basic and secondary education. They need more equitable and more efficient business practices to provide the capital for development.

We Must Become More Like Jesus

As we continue to focus on the final *ethne* that still need movements of disciples, we must continue to critically assess how closely we are emulating Jesus' holistic paradigm. We must then be willing to make whatever changes are needed in order to better emulate Jesus, no matter how drastic.²² We must do this on every level: personally, in our organizations and institutions and as the Church.

Like Jesus, we must fluidly integrate addressing both the spiritual and physical condition of every *FPG*.

Like Jesus, we must adopt the biblical "warfare worldview," realizing that sickness, poverty, and malnutrition are just as much works of the devil as are sin, corruption and injustice.

Like Jesus, we must do all of this in ways that are fully sustainable and reproducible, so that new, local disciples are empowered to continue to make the next generations of disciples emulating the Jesus paradigm.

We Must Help Local Disciples to Discover How to Become More Like Jesus

In most *FPGs*, by definition, there are few to no local disciples. Some *FPGs* may be blessed with proximate disciples from other people groups who may already speak the language and know the culture. Other *FPGs* may have proximate disciples that are from people groups that are so disdained by those in the *FPG* that an expatriate disciple may have more rapport with them than the proximate disciple.



In our field context, we are working among a cluster of 19 *FPGs*, 15 of which are otherwise unengaged. Five years ago, my wife and another expat teammate led a local Muslim-background woman to follow Jesus. I'll call her "Bisharra." They had led her and some other women in her immediate *oikos* through our set of ten health lessons and "Prophet Stories" (Bible stories from Adam and Eve to Jesus). She is from an *FPG* outside of our cluster that is thought to have a few disciples in other areas of our host country, but none in our area and no movement yet. With discipleship and coaching from my wife and our teammate, Bisharra then led two other women from her extended family (her *oikos*) to also follow Jesus through reproducing the same health lessons and Prophet Stories. All three women are illiterate and either widows or estranged from their husbands. Our health lessons and Prophet Stories are designed

²⁰ hdr.undp.org/data-center/human-development-index#/indicies/HDI

²¹ personal research

²² As an example, I trained in and practiced general surgery for eight years. On our way to the field, it became clear that spending hours every day hunched over anesthetized patients wasn't the best way to enter the *oikos* of the *FPGs* we work among in order to understand their lives, hear their stories, and share God's story. I now do very little surgery. Instead, we focus on locally reproducible, grassroots health education and Bible storying in homes as well as some relational primary health care and prayer for healing, trying to follow Jesus' principles of disciple-making and movements.

to be done with, and reproducible by, anyone in our context, even those who are illiterate or who have no education.

Bisharra and her two *oikos* “sisters” continued to share concepts from the health lessons and the Bible stories in their daily lives, both orally and from SD cards on their phones; at the market, at the well, at their homes with visitors and at their neighbors’ homes. Soon word spread to an outlying village where they have additional, extended family. The women in this village wanted them to come do the health lessons and Bible stories with all of them as well! This is a mixed village with people both from their people group, some of our target *FPGs*, as well as additional *FPGs*.

Bisharra and her two disciples talked with my wife and our teammate about this opportunity.

“We need you to come with us,” they pleaded.

At this point these three ladies had been disciples for at least a year, Bisharra for five.

“No, you are ready to do this on your own! You know all the lessons and all the stories! Besides, it will make a scene if we, as outsiders, come to this rural village. They might miss the importance of the message. You will be much more effective than us!” my wife and teammate replied.

Emulating Jesus in seamlessly addressing the spiritual alongside the physical in homes and families of the Frontier People Groups is the key to reaching the final ethn.

Reluctantly, these three illiterate women, virtually irrelevant in the world’s eyes, but bold Ambassadors for Christ in the kingdom, began travelling the three hours each way every weekend to reproduce the health lessons and Bible stories with their extended family. They were well-received, and they completed the entire lesson set, demonstrating important basic health concepts and sharing the truth about who Jesus really is and what really happened on the cross, and praying with and for the other ladies in the group, each week urging these ladies to share with family and neighbors, just as they had done. They were then invited to continue coming and doing oral Discovery Bible Study with the ladies in this village, just as my wife and teammate and Bisharra had done with them. My wife and I and the other expat family have now been away for a time, and we are eager to hear from these bold disciples what God has been doing in their midst.

These women could have never overseen a mission hospital or a budgeted development project; these are just too complex and unsustainable. But they could share basic, sustainable concepts about health that give their communities more power over their health, as well as sharing the truth about Jesus in a reproducible way, hopefully catalyzing Disciple-Making Movements and transformational health movements among unengaged *FPGs*.



The Key to the Final Ethne is Emulating Jesus' Holistic Paradigm

I am not advocating that “preachers” necessarily do specialty health or development training, or that “healers” necessarily do specialty theological training.

Rather, I am advocating that every disciple of Jesus, including our newest disciples from among the *FPGs*, pursue hyper-detailed emulation of Jesus, sacrificially imitating every twist and turn of His holistic words and actions, and that missions sending organizations and churches do the same.

Emulating Jesus in seamlessly addressing the spiritual alongside the physical in homes and families of the *Frontier People Groups* is the key to reaching the final *ethne*.

How “Preachers” Can “Heal” More Like Jesus

Catch Jesus’ vision for God’s will done on earth as it is in heaven; realize and teach from Scripture that the spiritual and the physical are inextricably intertwined.

Model for and train seekers and disciples to pray for and tangibly address physical needs of their *oikos* and community, no matter their education level or skill set.

Engage in direct prayer with the lost, seekers and disciples for physical healing and for God’s intervention in the suffering they face on earth.

How “Healers” Can “Preach” More Like Jesus

Catch Jesus’ vision for disciples in every people group; focus on the *Frontier People Groups*; allocate new missionaries and local disciples to go to people groups that have zero disciples, regardless of where existing “healing” institutions or efforts are located.

Enter the *oikos* of locals as Jesus did, and train local disciples to sustainably do the same. Mission hospitals and large development programs may make a physical difference, but they rarely sustainably enter the households of the local people in the reproducible paradigm of Jesus that leads to movements of disciples.²³

Center health and development efforts around making disciples from among the lost as Jesus did; stop viewing numbers of patients seen, surgeries performed or babies delivered as markers of success. Stop divorcing Jesus and His commission to make disciples from what we call healthcare or development “missions” and rediscover Jesus’ gold standard for missions effectiveness: disciples in all the *ethne*. 

²³ See Fielding (2008), “Part Three: Health Strategy Possibilities,” for an excellent comparison of how well various health strategies enter the *oikos* and make disciples.

Midwife Missionary or Missionary Midwife?

Creating Sustainable Change for Mothers and Babies

By **CARRIE BLAKE**

Carrie Blake is a Certified Professional Midwife and holds a Masters in Public Health. She works in frontier missions and is passionate about being part of people movements and creating sustainable changes in MNCH (maternal, newborn, child health) without imposing her own cultural norms or creating dependency on outsiders.

Moussa asked me to come to his home and see Rahila, his wife, who had just given birth. He was worried about the baby, who was crying inconsolably. He has four wives and at least 18 living children. One day I asked how many of his children had died. Five. Five children had died before they were 12 months old: three of them on the first day of life.

They traveled on from Bethel, and when Ephrath [Bethlehem] was still some distance away, Rachel went into labor—and her labor was hard. When the labor was at its hardest, the midwife said to her, “Don’t be afraid, for you are having another son. ... Rachel died and was buried on the way to Bethlehem.” (Genesis 35:16-17 NEV, paraphrased)

Midwives most often usher in life. But, as with the few mentions of midwives in the Bible, midwives are often dealing with death. In the year 2020, roughly 210,000 women died during and following pregnancy and birth. 86% of maternal deaths occur in Sub-Saharan Africa and Asia—the 10/40 Window—and most are preventable. The World Bank shows the neonatal (first 28 days of a baby’s



life) mortality rate in eight of the 10/40 Window countries to be above 30 deaths per 1000 births (2020). The World Health Organization (WHO) reports that one third of all neonatal deaths occur on the day of birth. In Pakistan alone, 153 babies are born alive on any given day—and die on that same day.

The women and babies in the 10/40 Window are dying before they hear about what happened on that night long ago when God arrived on earth, fully human. They are living without knowing and following Christ and dying of preventable causes in pregnancy, birth, postpartum and early childhood. As we work to make Christ known in the 10/40 Window, **how can we equip Unreached People Groups (UPGs) to save the lives of their mothers and babies and improve overall health without creating dependency?**

How can we equip Unreached People Groups (UPGs) to save the lives of their mothers and babies and improve overall health without creating dependency?

For the past 100 plus years, missionaries have set

up clinics and hospitals, run and primarily staffed by outsiders. While these institutions and projects are good, they are not sustainable due to outsider initiative and dependence on outsider skills. The institutions answer the command to care for the “least of these,” but they most often do not address and solve endemic issues of poverty (physical and spiritual), nor do they equip the people to create their own sustainable healthcare infrastructure.

The WHO recommends all births be attended by Skilled Birth Attendants (SBAs). Births in the 10/40 Window traditionally take place at home, attended by village midwives (commonly called Traditional Birth Assistants and referred to as community midwives in this article) who are not skilled according to the WHO. These community midwives are: often illiterate and almost always under-educated; respected and trusted members of their communities; and the midwives who witness death far too often. They are skilled in providing care at the time of birth and immediately postpartum—to the level of what they have had the opportunity to learn.

SBAs have skills and knowledge that are useful regardless of where they are in the world. It is the SBA’s job as a missionary to walk *alongside* the community midwives and introduce them to Christ, providing example and teaching of vital medical skills, but not taking over the midwifery role. Approaching healthcare from the grassroots of community midwifery can and will result in sustainable change as these core members of UPG communities add to their skillset and understanding of Christ.

I arrived at Moussa’s house—five bedrooms lined up, each with a “front porch” of grass mats—and he led me to the newborn and her mother, lying on a porch mat, dust swirling around them as children scuffled nearby. The baby was crying inconsolably. “When was she born?” “Who was there?” “Tell me about it.” I asked them to call the community midwife to come over so that we could talk. The community midwife was open, and I learned from her the tradition of not having the baby latch until the milk was in on day two or three due to a belief that there is nothing available for the baby in those first days. In truth, the available colostrum is crucial for the baby’s well-being. I wracked my brain for a way to honor the tradition yet get the baby to the breast, which is what she needed most.

The community midwife told me she thought the baby was cold and asked what I thought we should do. I asked her what she thought we should do. Eventually, we agreed to try putting the baby skin-to-skin with Rahila. Within four minutes, the baby squirmed her way to the breast and latched on, thus ending her frantic crying.

“Midwife Missionary” is traditionally defined as someone who is trained in childbirth and women’s health and uses these skills to provide Christ-centered care in a cross-cultural environment.

“Midwife Missionary” is traditionally defined as someone who is trained in childbirth and women’s health and uses these skills to provide Christ-centered care in a cross-cultural environment. A midwife missionary can easily work in a hospital or clinic in any 10/40 Window community. She can easily spend her life caring for families and providing Christ-centered care. History has proven, though, that when the outsider midwife missionary leaves, progress is not sustained. We know that *outsider initiatives* do not result in long-term change without dependence.

When midwives enter as doers (as medical missionaries traditionally have), they and the people with whom they are living become performance-based rather than Christ-focused. Perhaps missionary midwives should enter communities, not hiding that they are midwives but not actively practicing either. They should invest their time and energy integrating into the culture and building relationships (which midwives are expert at doing) without the safety net of practicing. Rather than initiating practice, SBAs ought to wait for the community midwives to discover how they want the SBA to enter the UPG’s sacred world of midwifery. If we remove the expectation that midwife missionaries work in a hospital or clinic and instead set the expectation that the *missionary* call comes before the *midwife* call, then we can more reliably move toward sustainable healthcare and people movements because community midwives will be the ones with

ownership of any change, rather than the outsider.

Moussa and I were talking a few days later and I asked how the baby was doing. He lit up and told me she was the happiest baby of any of his children and that she was still at the breast “constantly.” He proceeded to remind me of how I would earn favor with God for my good deed of helping his family. I responded, “You know, this is the difference between your faith and mine. In your Muslim faith, you do good things in hopes of earning God’s favor. As a Christian, I do good things because I believe that through Christ God has already given me favor. I do good things out of gratitude.” His eyes widened and he exclaimed, “No Christian has ever explained this to me! Now I understand!”

Just as we must be willing to allow Christianity to unfold contextually, missionary midwives need to be willing to allow birth to remain in cultural context, likely never being the primary care providers. Given this, how can missionary midwives facilitate indigenous health infrastructure and changes in practices related to pregnancy, birth, postpartum and early childhood?

The king of Egypt said to the Hebrew midwives, whose names were Shiphrah and Puah, “When you are helping the Hebrew women during childbirth ... if you see that the baby is a boy, kill him; but if it is a girl, let her live.” The midwives, however, feared God and did not do what the king of Egypt had told them to do; they let the boys live. Then the king of Egypt summoned the midwives and asked them, “Why have you done this? Why have you let the boys live?” The midwives answered Pharaoh, “Hebrew women are not like Egyptian women; they are vigorous and give birth before the midwives arrive.” (Exodus 1:15-20)

Traditionally, Shiphrah and Puah are assumed to be Hebrew. However, it is more likely that they were Egyptians. If they were not Egyptian, how could Pharaoh command them to kill the Jews? And, if they were Hebrew, why wouldn’t they have shared his command with their people? Recent parchments (the Genizah fragment), clearly list Shiphrah and Puah as Egyptian women. Shiphrah and Puah were outsiders who had become alongsiders to the Hebrews.



“You know, this is the difference between your faith and mine. In your Muslim faith, you do good things in hopes of earning God’s favor. As a Christian, I do good things because I believe that through Christ God has already given me favor. I do good things out of gratitude.”

The missionary midwife integrates into the community, becoming an alongsider who is *available* to add to the community midwives’ knowledge and skills *when the community midwives express a desire for this*, but who does not take over the birth practices. Community midwives are expert at “performing” for outsiders who enter their communities as “doers” because historically, performance results in financial gain. This expectation can be minimized when the community midwives are the initiators, and the outsider is a member of the community through relationship (not profession).

A missionary midwife who is an alongsider can, in time, teach the community midwives healthcare

skills that will save mothers and babies. By using a community health evangelism model, the knowledge and skills learned by the community midwives can be the basis of an indigenous maternal/infant healthcare system that is not dependent on outsiders for sustainability. Missionary midwives share their faith in one-on-one relationships and by integrating the gospel into lessons and discussions about nutrition, relationships, resuscitation, stopping hemorrhage, breastfeeding, and any other topic in which the community midwives are interested. Structuring the learning in a manner that sets the expectation that the community midwives will carry forward what they have learned and share it with their people is vital. The community midwives are inside community members' houses sharing wisdom and skills, not the missionary midwife, thus allowing contextualization. In people movements, the insiders further the movement. Likewise, in improving healthcare structure and wellbeing, the insiders continue and grow the movement. Just as we pray for People of Peace who will be integral to moving a UPG toward Christ, we need to pray for the community midwives of peace who will be integral to moving the people toward physical and spiritual health, rather than instituting outsider initiatives.

When Jesus was born, a community midwife was likely present. She didn't know that the baby born that night was fully human and fully God. But she was present with Mary and likely became a trusted friend. Perhaps she was one of the women who followed Jesus during his ministry. Perhaps she then began sharing the Good News with every family with whom she worked, while at the same time continuing the cultural traditions practiced during birth, which probably included the recitation of Psalm 121. Integrating the Good News into her care was natural and did not require her to culturally change what she was doing. Missionary midwives can likewise be diligent to encourage community midwives to "do" midwifery as they always have while integrating their new skills and understanding of God in culturally appropriate ways.

The highest impact missionary midwives can have on the spiritual and physical lives of unreached people is as alongsiders. For the purposes of

sustainability, it is key that missionary midwives enter communities as learners instead of doers, waiting until they are asked to participate *alongside* the community midwives before teaching or practicing. Missionary midwives are in a unique position because their vocation naturally allows them entry into deep relationships with the UPG. As an alongsider who has been invited to facilitate growth and change, the missionary midwife has the capacity to equip the people group for lasting change—physical and spiritual—that is independent of her presence. Through the missionary midwife's relationships—professional and personal—with the community midwives, we can sustainably equip UPGs to save the lives of their mothers and babies.

I realized at that moment that God had used midwifery and my willingness to come alongside the community midwife on Rahila's and her babies' road to Bethlehem to forever change the trajectory of their family's life through a simple relationship with a man named Moussa.

Two years passed and Moussa came to me with news that Rahila had given birth again and that, this time, the community midwife put the baby skin-to-skin with Rahila soon after birth, allowing the baby to latch at the breast. I asked if I could pray for the baby. He said, "Of course!" I went and prayed a simple prayer, ending it with "In the name of Christ, Amen." I heard him repeat the phrase, "In the name of Christ, Amen." and I realized at that moment that God had used midwifery and my willingness to come alongside the community midwife on Rahila's and her babies' road to Bethlehem to forever change the trajectory of their family's life through a simple relationship with a man named Moussa. 

Rediscovering Health as Mission: the Key Role of the Faith Community Nurse/Parish Nurse



By **HELEN WORDSWORTH**

Dr. Helen Wordsworth is a Certified Professional Midwife with: RN, RM, RHV (tutor), RNT, MTh, DMin and QN credentials. She is a UK Baptist minister with regional experience in mission and church-planting. Helen is also a registered nurse teacher, founder of Parish Nursing Ministries UK, and international consultant for the Westberg Institute for Faith Community Nursing.

“Parish Nursing has been the most significant ministry in mission that I have encountered in 25 years of leadership” (experienced minister, leading a church in the UK.)¹

If, as a church-leader or planter, you could employ someone to serve alongside you whose work enables contact with one third more people than you presently know, would you want to read on? And if that person regularly had the opportunity to pray with people who had no other link with the church, would you be even more interested?

What is a Nurse?

When you think of a nurse, you are probably imagining someone in a uniform in a hospital wielding a syringe or an enema. But the practice of nursing, as Florence Nightingale would have defined it,

is so very much more than that. It is a leadership role, identifying concerns that affect our health and daily living activities, and finding ways to address them; educating people towards the prevention of all kinds of disease and potential complications, and promoting wellness. It involves referring to appropriate health practitioners, as well as recruiting and training volunteers to assist people in need with various daily tasks. It is not only practiced in an institutional context but in homes and communities for the whole cycle of life.

Nurses understand health as being something more than the search for physical cures or the absence of disease. They see it as a dynamic process towards wholeness, involving physical, mental, social, spiritual and environmental factors.

Wholeness for Christians

Wholeness is a key biblical concept, derived from Hebrew thought. It brings together body, mind and spirit, in the context of community and relationship to God. This is clearly demonstrated in the Old Testament laws, the Psalms and the wisdom literature, as well as through the voice of the prophets. It is evident in the ministry of Jesus as He addressed a person's spiritual state at the same time as healing their illnesses, and instructed others to do the same (Matt. 10:8). And it is continued in the mission of the early church as they preached the gospel alongside healing activities (Luke 10:2-3, 9; Acts 5:16).

¹ Solari-Twadell, P.A. and Ziebarth, D.J., (eds) *Faith Community Nursing*. Springer, Switzerland, 2020. p 140.

There was a time before contemporary health services became comprehensively available when it was common for churches to have a health and healing focus. Monks and nuns would care for the sick, deaconesses trained as nurses before theological studies, and London had “Bible nurses,” who carried the Scriptures in their medical bags.² But in the 20th century in Western nations, the healing work of the church gradually became less prominent, as state and private funders took over. Even when those private health organizations had a Christian foundation, they became largely separate from the local church.

Faith Community Nursing

Contemporary Faith Community nursing, also known as Parish nursing, began in Chicago in 1986, when hospital chaplain Granger Westberg began to realize both the health potential and spiritual value of assigning a Christian nurse to a church’s ministry team. These nurses would do home visits on request, run clinics to check for high blood pressure and diabetes, make referrals, identify resources, teach health education topics with the congregation, train volunteers and above all, offer to pray with people when appropriate. As registered nurses they would practice in line with their nursing code of conduct, ensuring confidentiality, adequate documentation and promotion of safe-guarding. Their work would vary according to the needs of the client group that the church identified, but they were to have a specific focus on spiritual care. That would include discussion about faith where requested, but would also address issues like purpose in life, relationships with family and friends, identity, forgiveness, hope and the search for peace, all of which are relevant to maintaining good health.

A training program commenced, from which today’s 36.5 hour “Foundations” course for registered nurses has developed. It is available in America through the Westberg Institute for Faith Community Nursing, and there is now an international version being taught in at least 12 other countries.³ It is therefore eminently scalable and reproducible.

² Prochaska F.K, Body and soul: Bible nurses and the poor in Victorian London. *Hist Res.* 1987;60(143):336-48

³ The Westberg Institute for Faith Community Nursing. www.westberginstitute.org

There are now several thousand Faith Community nurses attached to churches and at work in the world, in many different denominations. This is not just in Western nations. Many of these nurses work one or two days a week with the church, alongside a part-time role with other health providers. When they come across a client whose interest in spiritual things is growing and who would like to know more about Christianity, an invitation can be offered to attend a group exploring faith, or a contact name given for further discussion.

What are the Missional Outcomes?

My own interest in this practice developed because as a nurse I believed that people needed more than physical or mental health care, and as a Baptist minister I could see that people often needed physical or mental health care alongside the spiritual care that I was able to offer. Having founded the ministry of Parish nursing in the UK in the hope that it would enhance the mission of the church in a very secular context, I wanted to discover whether or not it had truly made a difference. That turned into a doctoral study that has been published in book form.⁴ Fifteen churches with a Parish nursing service were compared to 77 churches without that ministry. The findings were significant. In the Parish nurse churches:

- 1 ministry team members and church-goers spent more time on behalf of the church with people who did *not* attend church.
- 2 congregation members offered significant volunteering time around the health initiative.
- 3 the range of missional activities undertaken by staff and congregation together was broadened, not only in the realm of physical health, but across the board, in mental health, community health and spiritual health interventions.
- 4 there was greater engagement with other voluntary and statutory bodies, increasing the profile of the church within the community.

⁴ Wordsworth, H.A., *Rediscovering a Ministry of health; Parish Nursing as a Mission of the Local Church*, Wipf and Stock, Eugene, Oregon, 2015.

5 all fifteen ministers said that the mission work of their church had been enhanced, and 12 of them strongly agreed with this statement.

6 there was evidence of an intrinsically integrated form of outreach taking place in the work of the Parish nurse. This last point is of particular interest, because many of the outreach activities undertaken by churches and church-planters do not intrinsically integrate prayer and spiritual care with the individual or group social action being offered.

Similar findings have been recently shown in the Parish Nursing Ministries UK impact report, 2021:⁵

Twenty-seven churches submitted returns for 2021, showing an average of 450 service users each. Of these, 150 service users were not regular church attenders (that is, attending less than once a month). There were 75 churches with Parish nursing services altogether, so if all the services had similar numbers, the number of people benefitting would be 33,000, of which one third would not be regular attenders. A similar ratio has been seen in the statistics from previous years.

Those who have taken the step of becoming Faith Community Nurses or Parish nurses often testify that it has involved a real sense of God's call and they wished they had known about it earlier.

But does the work of a Parish nurse result in people being introduced to Jesus Christ? Yes, there have definitely been reports of this happening and of baptisms and new church members. However, in the UK, the nursing code of conduct prevents nurses talking about faith or politics in inappropriate ways, so great care is taken to ensure that vulnerable

people are not pressured in any way. Rather, it is often the love and care and prayer shared by the church through the Parish nurse ministry that draws people to explore their relationship with God.

A Variety of Demographics

Parish nurses work in all kinds of contexts. Guided by the strategy of the local church, some focus on one particular demographic, for example, homeless people in cities, older people in a rural area, immigrants/refugees or families in a newbuild area. Church-planters with those demographics in view would do well to link up with a Parish nurse in order to connect with the community they are trying to reach.



Do you know any Christian nurses? Why not introduce them to this concept? Those who have taken the step of becoming Faith Community Nurses or Parish nurses often testify that it has involved a real sense of God's call and they wished they had known about it earlier. Although it has brought them new challenges, it has become the kind of nursing that has more than fulfilled their expectations and brought much joy.

Everyone has health needs. Could this be a way for church leaders to connect with more people in your community of interest? Could this become a key strategy for church planting among Unreached People Groups? 

⁵ Parish Nursing Ministries UK impact report, 2021. Available through contact via www.parishnursing.org.uk

Go and Heal to Proclaim the Good News!

The Place of Medical Work in Christian Missions

By **CHRISTOFFER H. GRUNDMANN**

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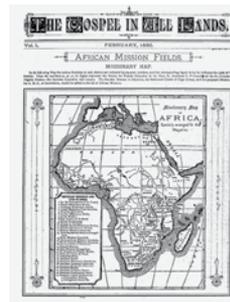


About 200 years ago, Christians engaged in foreign missions discovered a mighty means for making known the gospel to the world. This means was medical missions. Up until then the common practice of missions was to go out into the world, proclaim and teach the Good News and to receive new believers into the Church through baptism. From the middle of the 19th century however, when the healing art became truly effective enabling safe surgery and combating, even eradicating diseases which plagued humanity since the days of creation, pious physicians perceived this as a godsend.

Beginnings

"God's Hand in Medical Missions" was the title of an article published in London in 1914 stating:

The great mission work to the world had begun, but it was progressing very slowly. It needed what the medical art in service to Christ could alone give. But mark this: if the medical and surgical art had remained as it stood [that is, in 1840] ... the assistance rendered by it to the mission work of the world would have been comparatively very limited. ... Today the medical missionary has in his hands a marvelously increased knowledge of the pathology and treatment of a great variety of diseases ... This constantly increasing knowledge has made the position of the medical missionary one of singular value for the propagation of the gospel.



Already years before, in 1887 mission enthusiasts of the Student Volunteer Movement stirred by the watchword "The evangelization of the world in this generation!" hailed medical missions as the most suitable means to achieve that goal. Their call for medical missions gives an idea of the power ascribed to this venture: "The increase of the heathen population has been so rapid that evangelization has not kept pace with it, much less surpassed it. Evidently more effective means must be employed to evangelize the world. We believe that the means must largely consist in reaching the soul through the healing of the body, and the following reasons confirm our belief:

1. *it was Christ's method.*
2. *it was Christ's command to his disciples.*
3. *it was the apostolic method.*
4. *medical missions economize time.*
5. *medical missions economize funds.*
6. *medical missions can do the most work in the shortest time, because they are the best introducers of the gospel."*

As much as one might appreciate the excitement and vision expressed in these words, we must also ask, if those reasons given for engaging in medical missions are sound. While it is true that Jesus and the Apostles healed, it cannot be said that healing was the Lord's or the apostolic "method." Jesus healed because He was God incarnate, unlike the Buddha, Lao-Tse, Moses, Confucius, or Mohammed. As God incarnate Jesus could do no other than permeate all facets of life with His lifegiving word by proclaiming: "I have come that they may have life, and have it abundantly!" (John 10:10) Christ's healing ministry is not a method. It, rather, indicates the corporeality of salvation which came into the world in Him.

As God incarnate Jesus could do no other than permeating all facets of life with His lifegiving word by proclaiming: "I have come that they may have life, and have it abundantly!" (John 10:10)

Jesus sent out His disciples "to proclaim the kingdom of God and to heal" (Lk. 9:20), promising them "by using My name" you "will cast out demons ... and lay hands on the sick, and they will recover" (Mark 16:17-18). The Acts of the Apostles show that this was no empty promise as recorded in Acts 3:1-10; 5:122-16; 8:6-8; 9:17, 32-43, etc. Paul was also aware of healing as a "gift of the Spirit" (I Cor. 12:9), and the letter of James says that "the prayer of faith will save the sick" (James 5:15). Yet, unlike Christ the disciples "could not heal" always (Matt. 17:16) despite honest attempts (see Mark 9:18; Luke 9:40). Given that healing was not at their disposal, they could not employ it as a method.

Further, history has disproved the thesis that medical missions economize time and funds. Keeping qualified staff and equipping facilities according to required standards to provide reliable medical services necessitates huge and ever-increasing funds, which faith-based not-for-profit organizations don't have. Likewise, the assumption that "medical missions can do the most work in the

shortest time" is correct only when looking at first contacts as figures from surveys confirm. In 1900 there were 770 missionary physicians in the field. They represented roughly five percent of the total of 12,837 missionary personnel but had 2,545,503 initial contacts compared to 1,127,853 by all other missionaries, which is more than 50%. Since every medical missionary related on average with a population 11 times the number of their nonmedical colleagues, a prominent missionary leader in the UK dubbed medical missions as "the heavy artillery of the missionary army." Yet most people once they are healed, do not return to the hospital or the healer but go home to pursue business as usual as did nine of the ten lepers (Luke 17:11-19). The observation that "in 12 years of the operation of the Medical Missionary Society in Canton, there were a mere 12 converts from a total of 409,000 patients" also disproves the claim of medical missions doing "the most work in the shortest time." Treatment of patients is not geared at establishing local churches. Church-planting is alien to the medical task. That is why medical missionaries vehemently objected to the view of their work as a means to an end. Those toiling in China, by far the largest group then, protested: "Medical missions are not to be regarded as a temporary expedient for opening the way for, and extending the influence of the gospel, but as an integral, co-ordinate and permanent part of the missionary work of the Christian Church."

Developments

The overall situation of Christian medical missions work has changed dramatically since the emergence of a new global order in the aftermath of two devastating world wars and former colonies becoming independent, autonomous nations. The convenience of air travel accelerated and the ready availability of the internet quickened globalization at all levels. Today the World Health Organization (WHO), national healthcare services and numerous secular health-care organizations have taken over much of the work once done by Christian medical missions, at least nominally. Why, then, continue such work? To fill in the gaps left by other healthcare providers? As philanthropic agencies?

To address these questions aired by many in the field the World Council of Churches (WCC) and

the Lutheran World Federation (LWF) convened in 1964 a week-long conference of experts at Tübingen, Germany. Contrary to what participants expected beforehand, namely, to let go of medical work in missions, one of them reported afterwards, that the “consultation discovered in a quite unplanned way that to ask whether or not the time has come for the Church to surrender its work in medicine ... is to ask a theological question.” Before, “consultation participants leaned in the direction of the Church withdrawing from areas of healing now strongly occupied by the state.” But “the consultation was led to articulate the belief that ‘the Christian Church has a specific task in the field of healing’” which cannot be surrendered “to other agencies” because healing is “an integral part of its witness to the gospel,” and an expression of salvation. The findings of that conference, published and disseminated globally through the respective networks, resonated well with almost everyone in the field, because they addressed the decisive challenge. In which way can medical missions as an agency of healing be an integral part of Christian missions?



Healing and Salvation

Physicians aim at curing diseases by stimulating an imperiled living system with appropriate medication or surgery (or a combination of these) in such a way that the system regenerates itself. When the therapy is successful this results in healing, when not, death sets in. The dependency upon the self-regenerating power of the living system accounts for the religious dimension in all healings and makes the work of doctors a work of hope; even the most sophisticated treatment and top expert knowledge cannot vouch that the outcome will be successful. All medical therapy is based on hope, not on blind hope to be sure, but on hope informed by knowledge about the nature of the living system aided by professional expertise and personal experience. Such hope is not unfounded, because healing is a basic phenomenon of life. Without healing, life cannot flourish. Life thrives because God sustains it continuously as happens for example in the repair of damaged DNA in our body cells several thousand times each day (!) without our even noticing. Healing is a manifestation of God’s ongoing creation.

It discloses God’s doings, as Jesus explained to his disciples when healing a boy born blind: “He was born blind so that God’s works might be revealed in him” (John 9:3).

The skillful use of medicine within the context of organized Christian missions to bring about healing and prevent untimely death might be seen by many as a gesture of charity and a philanthropic act while those who regard the saving of souls as the proper and only business of mission tend to discard such work as not essential. Conventional missionary efforts every so often reduce the proclamation of the Good News to acts of verbal communication and emotional arousal. This attitude is owed to a view of the human being not originating from Scripture but from philosophical speculation, which perceives the human person as a composite of body and soul (or body, mind and spirit), valuating the soul/mind as more precious than the body. Thus, the main task of mission is understood to consist in saving souls from eternal damnation. Most missionaries past and present hold on to the soul-body divide, too. However, one among them, who was not only deeply immersed in the evangelical revival of the 19th century but a physician, too, challenged this conviction dramatically. Anyone responding negatively to the “claim of suffering,” either because of indifference or by focusing solely on the spiritual wellbeing of the diseased, would have the deaths of “murdered millions” on their consciences as George D. Dowkontt, author of a book by that very title, explained in 1897:

While people discuss and question regarding the future of the heathen, they would do well, yes, better, to interrogate concerning the future prospects of those who, having the gospel for their spiritual needs, and medical science for their physical ills, enjoy the blessings of the same, but fail to send or give them to their needy fellow creatures ... Thus, do they [the needy fellow creatures] perish by our neglect. ... Who is responsible for these lives if not those who could help them, but do not? Surely such are the murderers of these millions. To merely talk piously and tell suffering people of a future state, while neglecting to relieve their present needs, when in our power to do so, must be nauseating both to God and man, ... Christ ... combined care for the whole being of man, body, and soul.

One might think that this call got a hearing, because on occasion of the Ecumenical Missionary

Conference in New York three years later it was stated that “no mission can be considered fully equipped that has not its medical branch.

However, only 37 of the 128 North American mission societies active at the turn to the 20th century were engaged in medical missions, of the 154 British societies only 45, and of the 82 continental societies a mere 14. The overwhelming majority of mission boards and agencies regarded such ministry as irrelevant—and does so still.

Since all healing comes from God, every healing is a potential encounter with salvation regardless to whether it happens in a Christian setting or outside the Church.

Those holding this view not only ignore Paul’s declaration that “we wait for ... the redemption of [not “from”!] our bodies” (Rom. 8:23). They also overlook the fact that the souls to be saved exist in corporeality only, not as disembodied entities. Equally, when physicians treat patients, they never care just for diseased bodies as insinuated by the reductionistic rational-scientific approach they are trained in. Doctors always treat corporeal people, that is people with a distinctive personal biography each living in different mental, emotional and social contexts. This dense reality of human life has to be addressed and meaningfully related to when proclaiming the gospel. It is medical missions which does this unlike any other agency because they proclaim the Good News most comprehensively by witnessing to the corporeality of salvation in Christ.

Besides bringing healing to the neglected in even the remotest of places as “heralds of health” one of the specific tasks of Christian medical missions is to safeguard the proclamation of the gospel against its spiritualized and verbal attrition. In attempting to make the gospel become an experienceable bodily reality through healing, medical missionaries guard against unbiblical disembodied erosions of the Good News, a danger often not realized

but present since the early days of the Church. By pointing to God’s creation, the incarnation and bodily resurrection, North African church father Tertullian (ca. 160-220) alerted already in the third century to this lingering danger when asserting: “The body is the pivot of salvation!” More than one and a half millennia later John R. Mott saluted “medical missionary work” as “the climax of the integrity of [the] all-inclusive gospel” because “it gives us the most vivid apprehension of the real meaning of the incarnation and likewise the life of our Lord and Savior.”

Since all healing comes from God, every healing is a potential encounter with salvation regardless of whether it happens in a Christian setting or outside the Church. Within the context of Christian missions, however, those dealing with patients will make the potential encounter with God’s saving grace become an actual one. But how? Should medical missionaries preach? In the past some of them did like Dr. Dyer Ball (1796-1866) in Canton, China, and Dr. Mary Pierson Eddy (1864-1923) in Syria. Dr. Robert Raid Kalley (1809-1888) not only became the nucleus of revivals on the island of Madeira and in Brazil but became also instrumental in founding the Igreja Evangélica Fluminense, the oldest Protestant church in Brazil. Dr. Andrew Park Stirrett (1902-1948) working among the Hausa in Nigeria is said to have preached “not less than 20,000 times sermons that were heard by not less than 1,500,000 people.” But most medical missionaries overwhelmed by the never-ending queue of sufferers seeking their help and bound to attend to medical emergencies day by day will simply not find additional time and added strength for engaging in preaching or extra evangelistic activities. They need not, because their entire work is saturated with preaching. It is their dedication and commitment to the work, their personal piety, their professional excellence, their way of interacting with team-members, their attention to and their care of patients, their taking part in church life, their praying with the people of God and being prayed for by the people of God as members of the body of Christ. They proclaim the Good News not without but beyond words—as Jesus did once. ❏

Note: Sources of the quotes above - and much more - can be found in Chr. H. Grundmann, Sent to Heal! Emergence and Development of Medical Missions, Lanham, MA: University Press of America 2005; 375 pp. ISBN 0-7618-3319-6

Health-Promoting Churches:

A Model for Congregation-Based Health Promotion Ministry Among the Nations

By **MWAI MAKOKA**

Mwai Makoka is Program Executive for Health and Healing at the World Council of Churches. He received medical training from the University of Malawi and the University of North Carolina at Chapel Hill, USA. He is passionate for churches' missions on health and works with several ecumenical health organizations.

I come from a medical background. Having worked in clinical care, research and academia and with a national HIV program in my earlier career years, I joined the Christian Health Association of Malawi (CHAM), a network of 180 church-owned hospitals, health centers and health worker training schools. While at CHAM, I was exposed to the Africa Christian Health Associations' Platform (ACHAP), a network of CHAs in sub-Saharan Africa (including Madagascar) bringing together national fully ecumenical CHAs from 11 countries, Protestant and Catholic CHAs from five countries, and national-level denominational networks from five countries.

In their totality, these Christian health networks are significant providers of health care in the region. They represent the critical and historic healing ministry of the Church: often serving poor, socio-economically marginalized and hard-to-reach populations. Therefore, when I joined the World Council of Churches in 2016 as Program Executive for Health and Healing, the contributions of churches on health were not lost on me.

Nevertheless, I still reflected on whether facility-based health services and associated initiatives are



the only possibility to express the Church's mission mandate of healing and witness today. I felt that the congregations remained a hub and privileged space of the Church that can be optimized to promote health and healing. To my surprise, I found in my new office extensive literature and reports of consultations, research, program activities, journal articles, etc., all pointing to the central role of the local congregation in the ministry of healing. "The Christian ministry of healing belongs primarily to the congregation as a whole, and only in that context to those who are specially trained."¹ The theological grounding was firm, and the social, cultural and economic arguments were equally solid.



Health-Promoting Churches?

After the Alma-Ata Declaration of Primary Health Care of 1978

motivated by the Christian Medical Commission of the World Council of Churches², the World Health Organization enacted the Ottawa Charter for Health Promotion in 1984 to enhance contributions towards realization of the agenda of *Health for All*

1 *The Healing Church*, World Council of Churches Studies No. 3 (Geneva: WCC, 1965), 35.

2 Litsios S. The Christian Medical Commission and the development of the World Health Organization's primary health care approach. *Am J Public Health*. 2004 Nov;94(11):1884-93.

by the Year 2000. The Charter surmised that health is made or broken not in the hospitals, but in the places and settings where people live and work. Thus, they started the “healthy settings” approach, including “healthy cities,” “healthy universities,” “health-promoting schools,” etc. Unfortunately, places of worship were not included in this initiative for reasons beyond the scope of this article.

“Health is more than physical and/or mental well-being and healing is not primarily medical” and so ours is a quest for a healthy and sustainable balance between health promotion and disease prevention on one hand, and curative, rehabilitative and palliative services on the other.

“Health-Promoting Churches” would thus resonate with the WHO healthy settings approach while at the same time capturing the quest of the churches for wholistic health. “Health is more than physical and/or mental well-being and healing is not primarily medical”³ and so ours is a quest for a healthy and sustainable balance between health promotion and disease prevention on one hand, and curative, rehabilitative and palliative services on the other. The current health architecture globally is evidently tipped towards the latter; Health-Promoting Churches is thus both protest and prophetic action from the churches. Establishing Health-Promoting Churches where they do not yet exist is a way to build significant health capacity throughout the world and to empower the churches to participate in realization of God’s promise of wholeness.

Health Education in and through Churches

Knowledge is power, so health education is the first step in empowering individuals, families and communities toward wholistic health. During the

elaboration of the Health-Promoting Churches, I visited church communities in the Pacific, Caribbean, African and American contexts. When I asked church members what role they expected their churches to play in health, invariably health education topped the list.

The *Health-Promoting Churches: Reflections for Churches on Commemorative Health Days*⁴ provides a starting point for churches to engage on health by providing health education. On the appropriate date closest to the commemoration, a reflection can be read during church service and/or other church gatherings, published in church bulletins or on radio stations. Several themes are covered in this book to allow a broad exploration of health issues, thus stimulating the congregations’ interest on health matters.

These days are globally recognized, so there is usually already some mobilization from the national or local health authorities. Churches can therefore more easily plug into these mobilizations and establish partnerships with relevant health actors in their localities. For example, on World Diabetes Day, a church can link with the appropriate department of the Ministry of Health, diabetes associations or pharmaceutical companies and run a more comprehensive “health day” with health education and screening for diabetes. It is instructive that Christians expect to receive credible information from churches on health matters.

Programmatic Health Ministries

Health lies at the nexus of religion, medical science, politics and development. To be successful therefore requires that the church’s health ministries should be “bilingual,” or speaking the language of churches on one hand and the language of medical sciences and development on the other. The second language is analytical, data-driven and evidence based. Clear objectives and targets are required, inputs are tracked, and outcomes and impact are measured both quantitatively and qualitatively. Effectiveness of a church’s health ministry is therefore judged based on its ability to achieve the desired goals—

3 Jooseop Keum, ed., *Together Towards Life: Mission and Evangelism in a Changing Landscape* (Geneva: WCC Publications, 2013), 19.

4 Mwai Makoka, *Health-Promoting Churches: Reflections on Health and Healing for Churches on Commemorative World Health Days* (Geneva: WCC Publications 2020). <https://www.oikoumene.org/resources/publications/health-promoting-churches>

in this case, promoting health and wellbeing of the community and witnessing to the love of Christ.

Accordingly, the second volume is an attempt to provide hands-on tools for churches to initiate and run health ministries that are programmatically sound, with the rigor of public health programming while being solidly based on biblical teaching. *Health-Promoting Churches: a Handbook to Accompany Churches in Establishing and Running Sustainable Health Promotion Ministries*⁵ was thus prepared with these in mind.

Interestingly, the model was not developed *de novo* nor from a theoretical perspective. It is a synthesis of ongoing health ministries in several churches, harnessing good practices and building in measures to correct challenges faced and to safeguard against pitfalls that were identified. For example, “Roles and responsibilities of the church health committee” have been proposed in a way that promotes a multidisciplinary and diverse committee and avoids situations where medical professionals dominate the health ministry or where non-health professionals feel like they cannot contribute adequately enough to be on the committee.

Documentation, monitoring and evaluation were identified as major weaknesses in most church health ministries. The handbook therefore goes to great length to provide measures that strengthen this area strategically. For instance, each chapter provides standards of success, or key indicators to help ensure that the essence of the chapter has been achieved.

Challenging Health Matters

There are several diseases and health problems for which there isn’t much controversy as to what causes them and how they can be prevented or treated. However, this does not necessarily mean that such diseases can be easily eradicated. Nevertheless, efforts from all sectors can be easily harnessed to defeat the problems. Diseases like malaria and diabetes would fall in this category.

And there are other health problems that evoke controversy, raise deep moral and ethical questions

and even challenge our theology, in example, our understanding of God. Problems like mental health, infertility and HIV would be in such a category. These problems would require a deeper level of engagement. One such tool for deeper engagement is contextual Bible study methodology.

The third volume in the Health-Promoting Churches toolbox therefore is a compilation of 27 contextual Bible studies on such difficult health issues, including mental health, health care prioritisation, disability, population growth, stigma and discrimination and reproductive health rights.⁶ Developed from a participatory approach, these studies come from contextual backgrounds in different parts of the world.

Contextual Bible study involves re-reading familiar biblical text in new light and reading unfamiliar biblical texts in a familiar contextual light. For instance, the parable of the good Samaritan, if re-read in the context of health care financing where costs of health care are unaffordable to many, would shed new light on the innkeeper, his role in the healing of the injured person and the virtues that he embodies.

The ultimate goal of contextual Bible study is transformation: of individuals, communities or situations. Each study therefore ends with discussion of practical actions that the church community can take to realize the transformation that is required to seek redemption in their context.

The messianic promise of abundant life for all peoples remains our vision and calling for health and wholeness in these difficult times.

Vision of Health

To the extent that health challenges are now shaking our world(s) in strange proportions, they call us to still focus on health as a mission frontier, but with re-sharpened tools to engage in these changing times. The messianic promise of abundant life for all peoples remains our vision and calling for health and wholeness in these difficult times. 

⁵ Health-Promoting Churches Volume II: A Handbook to Accompany Churches in Establishing and Running Sustainable Health Promotion Ministries (Geneva: WCC Publications, 2021). <https://www.oikoumene.org/resources/publications/health-promoting-churches-volume-ii>

⁶ <https://www.youtube.com/watch?v=gAxyNfyEX6A>

The Vanga Story: A Revolutionary Approach to Healthcare

By **MIKE SODERLING**
AND **KATHERINE (FOUNTAIN) NILES**

Mike Soderling, MD/MBA was trained as an OB/GYN physician who worked in private practice for 10 years before following a calling to serve full-time in Central America for 11 years. Upon return he assumed the role of Director for Health for All Nations (a project of Frontier Ventures), an organization that seeks to catalyze solutions to complex global health challenges. Mike, his wife Chris, and daughter Leah reside in Pasadena, CA.

Katherine (Fountain) Niles, PA-C, received a Bachelors degree from Colgate University, Hamilton, NY and a Physician Assistant degree from University of Florida, Gainesville. Katherine was raised in Congo by missionary parents and is now serving with her husband Wayne, also a missionary kid raised in Congo. Katherine walks beside a network of 14 Baptist mission hospitals raised up through her parents' ministry as they pursued the ambitious goal of providing sustainable and quality Christ-centered health care to Congo's rural, marginalized and poor population



It's 1961 and war is raging in the Republic of Congo. The Congo Crisis was ravaging the country after they had gained independence from Belgium. This would last until 1965 and would take the lives of an estimated 100,000 people. Into this grim picture arrived a young surgeon missionary and his nurse wife; Daniel and Miriam Fountain. I would encourage the reader to read the two previous articles in *MF* regarding the work of this remarkable man at:



<https://www.missionfrontiers.org/issue/article/the-transformation-of-a-mission-hospital-in-congo>



<https://www.missionfrontiers.org/issue/article/the-transformation-of-a-mission-hospital-in-congo-2-western-medicine-and-sp>

These articles focus mainly on the cultural sensitivity Dr. Fountain displayed as he worked toward sustainable (a word that he would not have used at the time), locally owned health-related initiatives. The key lesson learned is that we can avoid unhealthy dependency if we follow certain best practices in global health missions.

In this article I will turn our attention to other lessons Dr. Fountain learned from his Congolese colleagues and patients and which he also wrote extensively about in his final work, *Health for All, The Vanga Story*. These were reinforced for me through a nearly ten year mentor/mentee relationship between Dr. Fountain and me.

The “Vanga Story,” in a real way, documented two careers dedicated to exploring and practicing a Christ-centered model of compassionate health care as it integrated the resources of modern medicine with a biblical approach to health and healing (individual and community), the role of the church, and the importance of Christ-following health care professionals. As I (Katherine Niles) walk beside this next generation of Congolese health care professionals, grown from my parents’ work, and see them straddling world views of secular/physical and animistic/spiritual, we continue to learn how integral to healing is the Church as the body of Christ, and how important we are to the healing of patients—as disciples of

Jesus trained in disease pathology. In our Congo world, the “reductionist understanding of health,” is overwhelmed by a spiritual worldview, and professionals daily face the challenge of finding language to bridge these worldviews as they care for patients, patients' families and the communities from which patients come.

A Biblical Understanding of Health

I believe if Dr. Fountain were still alive today, he would say the most important lesson learned was that the Church has struggled with a very limited and reductionistic understanding of health. Many in the West particularly think of health in terms of being disease-free, adding in perhaps that we eat well and exercise some. There is an occasional referral to our spiritual well-being, but it is difficult to find where all aspects of human existence are put into the context of a discussion on health. Dr. Fountain would say that health cannot actually be defined but that we must come to a more biblical understanding of health. It is the intimate nature by which our mind, body and spirit exist within a certain set of relationships we call community and culture. This is how the Church should be thinking about health. If she does this, I believe Dr. Fountain would say she will see where the gaps exist in her calling to heal people and make them whole. The Church can and should be playing a leading role in helping people live healthy and whole lives in Jesus. But the Church must be there to effect that type of transformation—to be planted where she does not exist, and to live up to her call as a healing agent where she does exist. Outside of that most important relationship, being a dedicated follower of Christ which is born out of discipleship, we cannot be truly healthy. That is where we experience the shalom of God.

But how can this become a reality? Churches that understand health from this perspective can then apply it to their local ministry setting. One way is to have church leadership attend a course we have developed called Christian Global Health in Perspective. Also, one of the overall purposes of our organization, Health for All Nations, is to work with and influence at least one seminary per year to begin integrating into their DNA this biblical understanding of health and getting it into the minds and practice of their students (and faculty).

In the West (and increasingly in all cultures and nations) healthcare has been dehumanized and turned into an industry that does a very poor job of treating the whole person.

Whole Person Care Using a Team-Based Approach

As Dr. Fountain became increasingly aware of the great needs surrounding the Vanga hospital (serving a population of 250,000 souls) it became clear to him that he could not serve, as just one physician, the needs of even those who were in hospital for treatment. This would lead him to see the value in a team-based approach to caring for people. “Dad taught nurses, and later doctors, to tease out and identify important spiritual roots to a patient’s pathology/disease as they spent time in routine patient diagnosis and care. The curriculum Dad developed for training nurses in the beginning (because none existed in Congo’s national health program) included a social/spiritual history so nurses—and later doctors—would be a conduit for spiritual pathology to come into the presence of Christ.” As the hospital chaplain, Mrs. Masieta’s gifts and understanding of the spirit paved the way for recognition of the value and necessity of the team approach.

In the West (and increasingly in all cultures and nations) healthcare has been dehumanized and turned into an industry that does a very poor job of treating the whole person. We want things to be as simple as possible. Our emphasis is on reducing the illness, or disease, to its most basic level so that we can apply the appropriate remedy based on material and social causation as best practices. An example from my own experience: one of the most challenging cases for me as an OB/GYN doctor, was a woman whose primary complaint was chronic pelvic pain. Being a good western technician (for that is mainly what we are) I would have my differential diagnosis list and based on symptoms and previous treatments might elect to do a laparoscopy to assess for endometriosis, a well-

known cause for pelvic pain. What I was not trained to do was to think primarily in terms of the social and mental or spiritual background that could have led to the presenting symptoms. Where is there time in our current western system to delve deeply into how a history of physical abuse may be the main problem in such cases? If this is something that is recognized as a potential root of the problem, we must set up a referral to another specialist who may or may not send us her/his assessment. The patient is fractured in her treatment and no one is caring for this person as an integrated being.



One of the most difficult and challenging lessons learned then in this regard would need to be to acknowledge that if all the aforementioned is true, we are whole persons, mind/body/spirit, living in community with many relationships, then perhaps the most important caregiver is not the physician but the one who is helping deal with our spiritual well-being (though this does not preclude the physician or other healthcare professional from filling this role). This will be extremely difficult to get into routine thinking about health and healthcare.

A Systems Thinking Approach

Dr. Fountain received a note from the Minister of Health for what was now known as Zaire. He was to report immediately to Kinshasa, the capital for a meeting with him. Dr. Fountain prepared for the worst. Thinking he may be sent home for some unfounded reasons he made the long journey with some trepidation. He needn't have worried. The meeting was called to applaud Dan's efforts

in increasing access to health care by developing a healthzone around the Vanga hospital. He provided expertise to Congo's Ministry of Health in the implementation of this model throughout the entire country (the DRC now is covered by more than 500 health-zones). Dr. Fountain had mapped his region, learned the population he was to serve and implemented a system whereby all those in his zone would be within a two-hour walk of a community health center, built mostly by the community, and to which a nurse trained in primary health care was assigned to live in the community and to provide primary and preventive health care to that community and villages surrounding. He and Miriam, together with their Congolese colleagues, developed an educational program at the hospital whereby individuals chosen by their community could come and be educated to provide primary healthcare services. This is what I would call a systems approach to a massive problem. Identify the complex challenge to be addressed, in this case we could say health for all in his zone of responsibility, map out assets, and jointly with the help of others make plans for how to overcome the challenge. This requires for some, especially from highly individualistic nations, a mindset shift. From a hierarchical mindset, where the physician is often assumed to be in charge, to one that acknowledges that to overcome complex challenges it will require a more adaptive/servant leadership approach. This requires input from a diversity of opinions and backgrounds.

Applied to the Unreached People Group Challenge

We believe strongly that these elements will also serve the Church well as she continues to address the Unreached People Group challenge. Some of the most significant breakthroughs in the most difficult parts of the world were catalyzed by health-related outreach efforts. If we take a deep understanding of health from a biblical perspective with us into the field and combine that with true whole-person care (as Jesus modeled for us) and a systems thinking approach we will find a much greater return on the investment being made to reach the remaining ethne who as of yet have no knowledge or witness to Jesus the Messiah. 



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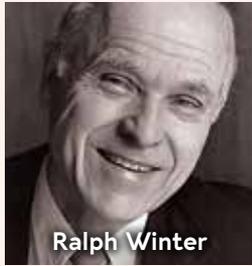
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The Groaning Creation and Our Response



Ralph Winter

Was Ralph Winter, in his later writings, on to something important in the progress of the mission to the frontiers through engaging the Church in the battle with disease? We think so. Much progress has

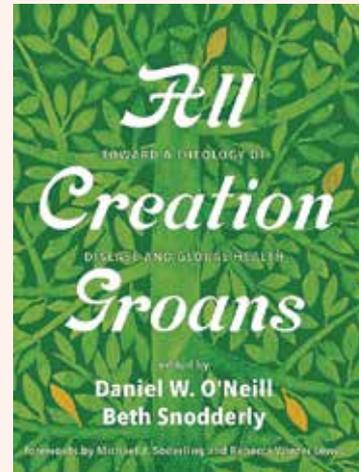
been made since his death in 2009 in articulating a more nuanced vision. *All Creation Groans: Toward a Theology of Disease* (Pickwick, 2021) is a cohesive compilation from theologians, health professionals, scientists, and missiologists that address theodicy questions related to disease and death that people have always faced, but that are being asked even more urgently and frequently during and after the current coronavirus pandemic.

The book is, in one sense, a post-humous festschrift for missiologist Ralph Winter and medical missionary Daniel Fountain, building on their legacies and enhancing a long-overdue theological and missiological conversation that highlights the often-forgotten responsibility of the Church to promote health and wholeness throughout the world.

The book brings together the exegetes of Scripture and the exegetes of humans in a full-orbed response to disease. It addresses the demythologized, dualistic and reductionist tendencies in the Western church and healthcare industry by addressing theological questions such as the following, from a variety of biblical, historical, global, scientific, contemporary, missiological and practical perspectives: Does the Church's mandate to care for creation

include fighting the root causes of disease? By tracing the origins of disease—physical, social, and spiritual—can more effective approaches be embraced when faced with major global health challenges? How do we embrace a holistic approach to life and death given the reality of evil, the powers, corruption, and disordered relationships? In what ways are we to understand the atonement as the continuum of the healing and liberating action of Christ and that of His followers throughout the world?

God desires for His people to demonstrate God's loving character not only by caring for the sick, but also by applying recent scientific knowledge and an integrated spirituality to attack the roots of disease globally. This is an important and often overlooked part of our basic mandate to exercise good dominion and to glorify God among all the peoples of the earth.



Available from: <https://wipfandstock.com/9781725290112/all-creation-groans/>

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https://www.amazon.com/All-Creation-Groans-Theology-Disease-ebook/dp/B096MZSJR9/ref=sr_1_1?keywords=9781725290112&qid=1656613945&sr=8-1

The Seventh Station of Short-term Healthcare Related Missions Outreach

By **MIKE SODERLING**

Mike Soderling, MD/MBA was trained as an OB/GYN physician who worked in private practice for 10 years before following a calling to serve full-time in Central America for 11 years. Upon return he assumed the role of Director for Health for All Nations (a project of Frontier Ventures), an organization that seeks to catalyze solutions to complex global health challenges. Mike, his wife Chris, and daughter Leah reside in Pasadena, CA.

Critiques have been mounting with regard to the effectiveness of short-term healthcare-related missions (STHRM) trips (short-term meaning between one day and two years, though a standard has not been established). It is possible that the majority cause more harm than produce a long term good. Some believe they are mostly designed to give the participants a sense that they have made a positive contribution to the well-being of those they served. But this author has found no article written nor research conducted as to the effectiveness of STHRMs to address the needs of the whole person. Is it possible to carry out whole person care in the context of a STHRM trip? In personal communications with a ministry working in a South East Asian context I believe the answer to this question could be YES, IF ... I will define how this can be done using the term “The Seventh station” which is derived from the work of the afore mentioned ministry. I will not be revealing



any details of the location and name of this ministry because of security issues. I would add that the following approach has catalyzed significant and growing movements to Jesus in that context.

A brief description of the principles employed by this ministry is in order. The work was based on the collaborative effort of five teams averaging ten people in each.

The first team was from outside of the host country and was half medical staff and funded the clinic.

Is it possible to carry out whole person care in the context of a STHRM trip?

The second team was made up of bilingual speakers living in the host country, both expats and those born in country. This team translated and created the connections which established and coordinated activities with the three fully Indonesian teams. This team also staffed the pharmacy and did physical therapy. Added to this team were an equal number of local healthcare professionals to match the number of expat healthcare staff, and this provided political strength in the way things looked.

The third and fourth teams were from two regions of the host country, comprised of local workers who are active in both community development as well as multiplying small community of faith groups. These were the teams with long term ministry in the areas, who had invited the other three teams to support them in the short term. The three teams agreed before coming that the success of their short-term ministries would depend on how well they maximized the ministries of the two long term teams. They agreed to adjust their typical processes in order to follow the lead of these long term local teams.



The leaders of the two long term teams had negotiated partnerships with local hosts for each day of the clinic. These local hosts were Muslims who were heads of different government entities and were responsible for getting permissions. The local long-term leaders invited selected participants to the clinic by rationing out tickets. They chose important government officials to get their endorsement, the medically needy locals who were leaders of small believer groups, their contacts with whom they planned to follow-up and form new groups (improving the likelihood of conserving the fruit), and the long-term team members.

The members of the fifth team were trained as counselors and manned the “consultation room,” the last of seven stages of the clinic. Some members of the long-term spiritual multiplication teams were trained in counseling, and other experienced counselors were added. Cross mentoring occurred in the consultation room during the short-term clinic. See diagram below for more detail on the other six stations.

Other pertinent principles:

Choose location carefully.

One reason for the effectiveness of this approach is due to the choice of the locations, that is, only locations were chosen where there were local partners who would select high value prospects to be those served and then do the follow-up. A second feature of location choice is there should be sufficient social capital with the local officials who hosted the team. They had sufficient social power which would form an umbrella of support and protection and which would increase their own social capital. This made the clinic mutually beneficial. A third feature is that the sites were considered relatively neutral and could tolerate having expats in comparison with other locations in the region.



Good administration of the healthcare outreach is key.

Another reason for success is the way the healthcare clinic was run. By the third year, everything had been evaluated and adjustments made so that the processes ran smoothly. One critical mark of success was that everyone who came was served. A mark of quality was that the attitudes of our people were felt to be centered on serving the local people and this was noticed by those being served, there

was kindness felt and this helped develop trust. A third crucial element in good administration is that the flow of the patient movement through seven stages is such that it assures that individuals make it all the way through to the end stations. Also, it is designed so that there is constant interaction between the staff and the patients which facilitates personal connections being developed throughout.

Appropriate attitude of the foreign healthcare professionals is key.

Foreigners serving on these teams must come with an attitude of serving and getting behind the local leadership teams rather than running their own program. The philosophy is that short-term teams serve long-term goals determined by the long-term local workers. This has been a make or break feature of these clinics. This is a paradigm shift from the mindset of most short-term teams, who tend to underline what they can do or have done during the clinic, without realizing the impact on the local teams who face the big risk and do the lion share of the work before and after in the follow-up. Being able to bring in qualified short term teams gives the local leadership team a real boost in their service, if the short-term team aligns with their leadership in the field. A key feature to get this is a very reliable multiyear partner living in the US, who comes each year and orients the rest of the expats to this mindset which is invaluable.

Another principle that bears fruit is disciplined and earnest follow-up.

Those who participated as part of the local healthcare teams would revisit the patients multiple times and had a lot of social space for deepening of relationships. During this period, effort is made to move from individuals given whole person care during the clinic, to their social groupings they gather to discuss the Bible's view of how Jesus cared for the whole person. However, follow-up can be made more difficult by mistakes made during the clinic.

A local study of the socio-political capital building and use is helpful.

Though this skill takes time and focus to learn and is fitted to context, the heart of the matter is negotiating a favorable reality together with local leaders for mutual benefit.

It makes sense to the local workers to bring in foreign healthcare workers, even though they have a negative view of them, since they respect their medical capacity.

The “Seventh Station” As a Means Toward Whole Person Care (WPC)

What is whole person care? One definition is as follows: “We define “whole-person care” as the coordination of health, behavioral health and social services in a patient centered manner with the goals of improved health outcomes, more efficient and effective use of resources.”¹

PRIME, Partnerships in International Medical Education, doesn't claim to define WPC as such, stating only that “At its most simplistic it is the balance between the body, mind and spirit that make up the individual.”²

We define “whole-person care” as the coordination of health, behavioral health and social services in a patient centered manner with the goals of improved health outcomes, more efficient and effective use of resources.

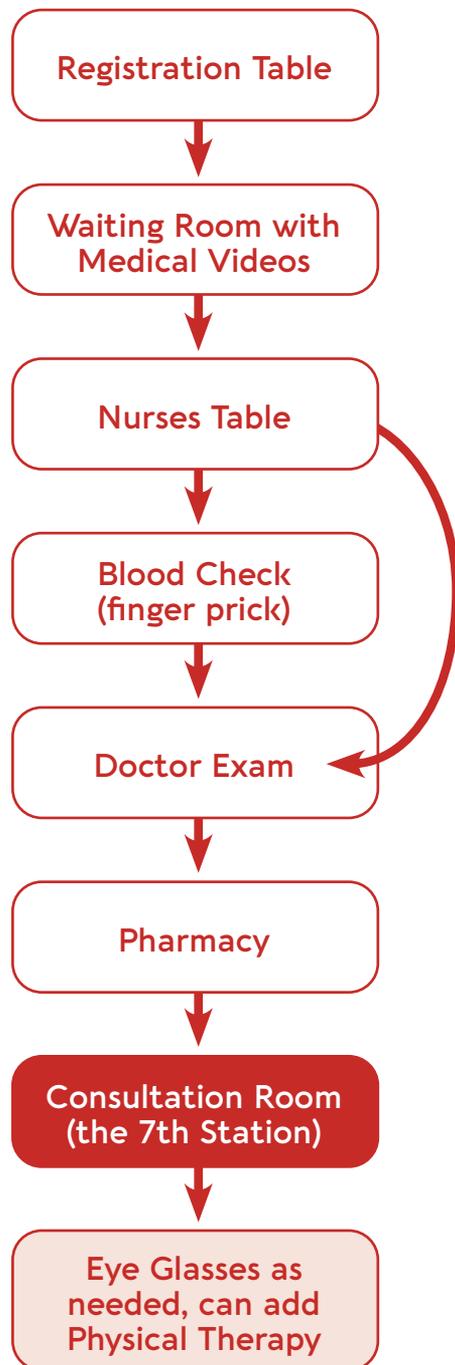
Duke University prefers to express whole person care as Integrative Medicine: “Integrative medicine includes the full spectrum of physical, emotional, mental, social, spiritual, and environmental factors that influence your health. This comprehensive, customized, whole-person approach to health care is beneficial, whether you want to maintain optimal health or you are coping with a chronic condition. In both cases, our services improve how your physical body interacts with your psychological and emotional well-being.”³

For our purposes, we will use the following: whole person care involves addressing the needs of all aspects of our existence as humans. This includes

- 1 https://publications.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=14261&lid=3
- 2 <https://www.prime-international.org/whatiswholeperson-medicine.htm>
- 3 <https://www.dukehealth.org/treatments/integrative-medicine>

the elements of spirit, soul and body in the context in which we live.

It seems likely that this would be extremely difficult to do considering the way in which the majority of STHRMs are conducted. But we believe it is possible and that the model described above is a step in the right direction. The flow of the clinic:



The Seventh Station Elements

- This is where the final elements of whole person care can take place.
- The staff in this station are locals only (to reduce accusations of proselytizing by expats).
- The staff are trained and experienced in both counselling and in multiplication of small communities of faith.
- The staff start with the question, “I see on your medical chart that you are *suffering from... high blood pressure, for example*. Are there any factors in your life that are causing you emotional, social or spiritual pressure that might be affecting your blood pressure?”
- The issues addressed in this station are
 1. questions to transition from physical condition to whole person issues,
 2. questions or statements to transition from whole person condition to prayer for solutions that God gives,
 3. questions to transition to follow-up, in their natural social groupings.
- Follow-up and follow through are crucial elements after this station. This is done by the people who brought or hosted them, who had already been trained to do so.
- As a result of the seventh station, we can address the needs of the whole person; soul/spirit/body and their social conditions. ❏



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The Frontiers, and Health and Mission?

By **KEVIN HIGGINS**

Kevin Higgins is General Director of Frontier Ventures (FV). He has a PhD from Fuller in Intercultural Studies with a focus on Translation Studies. He is married to Susan and is the grateful father of Rachel, Sarah and Emma and the proud grandfather of Henry and Eliza.

The Frontiers, and Health and Mission?

Just this morning I was reading through Luke's gospel these words about John the Baptist:

"So, with many other encouraging words he 'good newsed' the people" (Luke 3:18, my own version).

Right before that summary we are given glimpses of what the encouraging words were with which John was goodnewsing: calls to repentance, "children of snakes", and comparing people unfavorably to the stones from which God could raise up new heirs for Abraham!

Why begin here in a column about health and mission? To highlight a point:

That study seems to indicate that missionary care was the responsibility of the agency.

In our evangelical heritages we have tended to equate "good news" with a particular message, or particular points in a message, namely the wonderful message of the way Jesus' death for our sins has brought us forgiveness and justification. And hear me, that IS wonderful

news! But that is not the gospel, not in its entirety and richness.

So, John's words of repentance are also counted as good news.

Mark's gospel opens by saying "this is the beginning of the good news of Jesus....", and then tells the whole story. The life of Jesus, what Jesus said and did is the good news for Mark. Indeed, one might say safely that *Jesus* is the good news.

And now for my main point, to draw just one implication from the above, we see in the life of Jesus in all four gospels that a total, holistic healing of human beings was a part of the good news.

In Frontier Ventures, one of our core organizational values is "health" and we state it in this way:

Health: of body, soul, spirit, relationships; of organizational life, finance, systems, pace.

So, for us as a people in Frontier Ventures, we are increasingly shaping our way of being an organization, and being people, around what it means to be fully, wholly, healthy.

But how does this relate to frontier mission?

I opened with reflections intended to clarify that the good news itself includes "health".

Health and mission do not relate to each other in a "means to an end" mode. That is, there are some who might argue that missionaries should be involved with health-related service so that they can gain access, or gain a hearing, etc. In each example, health is a means to some other end.

Others normally not in the evangelical camp, might argue the opposite and suggest that health-related efforts should never be connected with evangelism, as serving and caring for the



health of people should be an end in and of itself.

My contention is that the truth is something other than either, something deeper.

Health, the total well-being of people in every facet of life, is not a separate “add on” to the good news, but inherently and deeply connected to it.

“Salvation” is the whole restoration of who we are as people: body, soul, spirit, relationships.

And so, the frontiers:

If one were to take a map of the world that highlighted all the locations of least reached peoples by using the color red as a shaded highlight, and then using that same map, using a highlight shade of, say blue, to indicate the regions of greatest need related to health, much of the red (least reached) would turn to purple.

That is, the peoples that are least reached and the peoples with the greatest need in terms of health and many other indicators, almost fully overlap.

The good news we claim to present in those frontiers needs to be the same good news we see in the New Testament. Who we are, what we do, and the good news that is our message all need to align, in the “frontiers.”

The peoples that are least reached and the peoples with the greatest need in terms of health and many other indicators, almost fully overlap.

This edition of *Mission Frontiers* addresses this reality in a number of ways. I trust it might also challenge us in our understanding of the good news itself. Maybe the good news is even better than we thought. ☒



24:14 Goal



Movement engagements in every unreached people and place by 2025 (40 months)

Media to Movements—A 24:14 Panel Discussion with GP, Jon Ralls, Chris Casey, and JLA

GP is a global media strategist serving teams with *Beyond* and the 24:14 Coalition. She lived and worked in the Middle East and North Africa (MENA region) for more than 20 years and currently assists Christ followers around the world to communicate the Gospel using media, technology, and the arts—both online and offline—to make and multiply disciples.

Jon Ralls and the Kavanah Media team, are a Christian marketing company working with over 20 organizations in 83 different countries. They develop ad journeys, do training, and run the marketing campaigns for ministry teams all around the world. Jon also is the host of the Christian Media Marketing show and podcast which is on all podcast channels as well as Youtube. On that show, he talks all things social media marketing to find seekers, make disciples, and see multiplicative efforts take place.

Chris Casey served as a Team Expansion global partner with his wife and two children in Bosnia for 10 years. He is currently the field team catalyst for OneKingdom.team. OneKingdom endeavors to raise up and coach field teams across Europe in Media to Movements strategies.

JLA served in North Africa for 14 years and was a teammate with those who pioneered using media to search for seekers. He got some experience as a disciple maker and then as a dispatcher, the person who connects the seekers with the disciple makers on the ground. He now serves with OneKingdom, a team focused on training Media to Movements teams in Europe.

Chris McBride moderated the discussion. Chris serves as a Global Facilitation Team Member with 24:14 and works with RUN Ministries as the Director of Special Operations.

Moderator: My understanding is Media to Movements means using various social media or other media outlets to find seekers, People of Peace, and bring them into the funnel of becoming reproducing disciples and disciple-makers. How has Media to Movements been successful in your sphere? How has it worked?

GP: I wish I could start with success stories, but the fact is some things just don't work. I was working with a large ministry using the internet to reach the nations. We launched a campaign to reach people in a specific part of the Middle East North Africa (MENA) region. I remember one day I saw the responses from Facebook posts and a couple of videos on YouTube. When I saw all their names and comments in Arabic, I was overwhelmed at the scope of responses. When you work one-on-one with people, you're used to meeting as a small group. But in this case, I saw hundreds, and then it became thousands. It kept me up at night because I knew we didn't have great connections on the ground at that time—someone to go and meet in person with a respondent. To say, "You contacted us and asked about Jesus. Can we meet for coffee together and talk about it?"

That was a crisis moment in my life because I felt we were being bad stewards. We were not honoring God, from the front end to the back end. I knew through my friendships that incredible things were happening on the ground to multiply disciples. That moment of crisis launched me into saying, “God, what are *you* doing? How do we connect all this wonderful work that’s happening online and through media like AM/FM radio, satellite TV and internet radio? How do we marry gospel-driven media with on-the-ground multiplying disciples?”

What I see happening that IS successful are those collaborative online/offline efforts where local Christ-followers take the lead and Christ-followers from outside provide assistance as needed. For example, when Muslim background believers create the online content, using their language and their vocabulary—it’s spot-on. Then as they work with others who might have expertise with Google ads and Facebook campaigns, their efforts become collaborative. And when they’re connected with believers on the ground, there can be quick follow-up. When a seeker contacts somebody online, we can be sure that within a short period of time, they’ll have a face-to-face visit with a Christ follower within a few hours or a couple of days. I love when it works like that! It’s collaborative. It’s people from many nations working together online and offline to multiply disciples.

Chris: I served in Bosnia for a decade and then started implementing the Media to Movements strategy. In the first 20 days, we saw more spiritual engagement than we had in the previous 10 years combined. The people were out there, when you put out an ad all over the country. We were getting more messages with people actually having dreams of Jesus, wanting a Bible, and wanting to talk. As we created that system, we realized it was pretty reproducible. We ended up coaching and training teams in two neighboring countries.

In one of those countries, they started running ads in three cities where they had teams. Within the first nine months, they began running ads in 16 cities. They were able to train about 50 church lay leaders and pastors in DMM principles, then train them in the media strategy and how to follow up with contacts. In that first nine months, they saw about 50 people come to faith, and about another 250 start in some kind of discipling relationship (during the previous

year, they had had only four people in a discipling relationship.). This added a catalytic element: if the word is true and the harvest is ready, this allows us to harvest at a quicker pace, even though speed isn’t the goal. It just broadens the capability.

The other thing it brought was the collaborative element you mentioned, GP. It was a soft approach for talking to traditional church people about DMM. We had tried to have that conversation, trying to implement DMM in Bosnia and in the Balkans for about a decade. But we ran into some obstacles in talking to traditional church leaders, probably because we came on too strong and said the wrong things. But the media thing was a soft approach to consider doing discipling in a different way. And the result was really encouraging—from impacting three cities to 16 cities in one of the countries.

Jon: I think sometimes we let the size of our feet determine what we’re going to do and the growth that’s going to happen. As the saying goes, we build a shoe and then that’s where the foot has to fit. I have a journal entry where (about two years ago) I wrote these three words: commoditization, competition and confusion. What I see is that we [some people] believe this thing is a magic bullet: you run a few Facebook ads and think you’re going to have a movement. I’m of the opinion that it’s not about the media. It’s not about the marketing. It’s not about the technology. It is the Holy Spirit working in people’s lives. All those things can play a part in it, but some teams are doing all the right things and they’re not seeing a movement. I think God is still pleased with that, and I also think they need to have what I call “grit” to keep going. You’ve got to keep searching until you find what is going to work in those places.

Yet security, technology and the ability to start from scratch are becoming harder. Yet it’s still working in certain places. One of the things I appreciate is the ability to see what’s going on globally. In some places it seems to work faster and larger than in other places. Interestingly, a lot of the remaining unreached places are among some of the slowest.

Recently, we launched with people in Bangladesh, working with Bible translators from the beginning. The Scriptures were translated into the language, an app was built, using content from the Jesus film, LUMO film (<https://lumoproject.com>—available in

over 1,050 Languages), and others. We're seeing a lot of messages coming in. Then we're using technology like Echo Global to protect the identities of the local responders there, who then are meeting with people and seeing things happen. It's costing 0.0004 cents per person to get them to watch nearly 45 seconds of a video clip from the Jesus film. In fact, there was a technology issue because of the website they were using where you had to click "accept" for the cookies to work, so the video wasn't working. People were messaging, saying, "Wait a minute! We want to see this video!" There's tremendous hunger when people have never had exposure to the word of God in their own heart language.

One night, we were going into a pub in London to eat supper and the Bible translator said, to me, "I've been praying for 60 years for this to happen, [and now it is] because you have multiple organizations and people working together to see this take place." They know it's not a commodity that you just plug and play. It's not a competition. It's complementary and it's not leading to confusion but leading to breakthroughs and insights.

We're running stuff right now in one North African country, averaging 30,000 people going to a website every two days and clicking through to see more content. That is filtered through several different pages before they even are messaging through. The quality of those messages from seekers is becoming higher. If I could pick one thing, it wouldn't be Facebook and it wouldn't be Tik-Tok or a certain type of video. It would just be Scripture: the Word of God. I think that is where the Spirit is working in mighty ways. In some of these hard places where teams have been running ads for a long time and still haven't seen breakthrough, they're still seeing exposure and they're meeting people. It's just not full-on movement-type things taking place yet. There's a lot of competition, the cost and the technical challenges are high, but I would currently recommend this method for anyone. It's amazing when you look at even 1,000 who have watched a clip of something or gotten the word of God in their hands for \$20 dollars versus any other approach. I was a church-planter in Taiwan for many years with my team. For \$20, there was nothing that I could physically do to get the scale, the speed and the scope that we can right now, by leveraging technology and media.

Moderator: I'm hearing you all say it has been a challenge to get from just media engagement to full-on movement. But whether or not we're seeing full-on movement, we're seeing the water level rise. We're seeing lots of people exposed to Scripture, and that affects a population whether or not we hit full-on movement immediately. JLA, let me ask you: "In this day and age, what do you see as the best applications for this **Media to Movements** strategy? What are the places where workers might likely see some good return on their investment of time and potentially money?"

JLA: I'm thinking of platforms. Worldwide, the most popular platforms are Facebook and Instagram, even in our focus country in North Africa. A scary number of people spend hours and hours on that platform. In my opinion, those are the ones with the major tools that can facilitate the crafting of the message and the delivery of the message to the right person. Other platforms are possible, but less developed.

Moderator: Anybody else want to comment?

GP: Yes, we want to reach more people faster but also more effectively, so that we're really making and multiplying disciples to see movements. Where we've seen the biggest traction has been in using Instagram and Facebook and a little bit on YouTube, but not as much. Jon was exactly right when he said some things work and some things don't.

We as the body of Christ, have been incredibly negligent in assuming that the messages we put out on Instagram or Facebook are really reaching the intended audience. If we're not using the right dialect or language, not using the right vocabulary or, when it's visual, the right colors, imagery and graphics—all those things speak—and will either reach or totally miss our audience.

When we emphasize Scripture and localize the message, that's where we join God. He is increasing spiritual hunger all over the earth. For those of us who worked among Muslims for decades, it's fantastic to see what's happening now. Thirty years ago, we were thrilled when we saw one or two Muslims a year have a dream about Jesus and want to follow Him.

But what's happening now is *hundreds every week* and *thousands every year*. We actually see millions of redeemed Muslims who follow Jesus now. So, Jon, I appreciate you saying that it's not about the media. It's not about the methodology. It's about joining God. If we're aligned with God, He's going to show us the best ways to harness media and technology to multiply disciples.

Moderator: Jon, what's the profile of a person or ministry that would come to you and say, "I need your help. I'm interested in getting started with Media to Movements"? What are the problems that person is trying to solve, and you could say, "Yes, I can help you"?

Jon: Let me add two cents on that other topic, then I'll answer this. There's push media and pull media. Facebook and Instagram, and platforms like that are push media. We're putting out content that we hope resonates with people that would spur them on to click, to learn more and watch more. Search engines, like Google or YouTube, are a pull strategy, where people already show their intent by what they're searching for. Things like, "How do I get a Bible?" or "Who is Jesus?" The goal there is to pull them from that search engine result page to a place where they can become aware of the message and "chew" on it, learn more and build a sense of trust. Then we hope they will reach out and send a comment.

If a team is just getting started, I would recommend working organically. Just learn one thing and get good at that first, even if it's just like the YouVersion Bible app, where you put Scripture in the local languages over a nice local picture. Do stuff like that before you start blasting away or trying to do whatever else. Learn and see what words people are choosing on Google search, and put something up there. You can be pretty direct on it and you'll probably see there's not a lot of competition and cost in those kinds of areas. The people who come to us at Kavanah Media are usually agencies or teams that are already frustrated. Either they're overwhelmed by these things or they've been doing it and realizing, "This doesn't seem to work." We dive in and say, "Here are some of the technical reasons, or here are some of the marketing reasons, or some other parts of it." Maybe just a little tweak would be helpful. Sometimes there's nothing

wrong. They've done everything well. They just need somebody to say, "You're doing well. Just keep going!"

But there's a high sense of burnout right now. I've had three different mission organizations come to me privately and say, "Our people are frustrated and burned out." I think part of that comes from unrealistic expectations. It takes six months to a year before you may see any kind of traction, depending on what country you're working in. At Kavanah Media, we see people who get into it and then say, "I didn't go to the field to learn Facebook. I went to the field because I wanted to talk to people about Jesus." One of the things I appreciate about that is staying "in your swim lane." What do you do well? Do that well and let others who specialize in other things do those things. Then consider: how can we work together? If somebody came to me and said, "I'm in country X and I want to do this media strategy," I might ask them, "Who else is already doing it there? Who could you partner with? What local people are involved in those endeavors already?"

We want to maximize effort instead of everybody trying to learn everything and spending too much to make a video that's going to have just a 15-minute shelf life. Let's figure out how to be the Body of Christ together. If someone needs technical assistance, I can help with that. But if they need to learn DMM, I'll send them to someone who has expertise in training DMM. I've gone through the training, but let those experts do what they do really well. If you want to learn Adobe Premiere then I'll introduce you to some of the great media people out there. Whatever it is, I think there's great value in introducing people to each other, and to things that are already working. We want to help people not reinvent the wheel.

Moderator: 24:14 is a coalition of movements, with over 1400 movements globally as a part of our coalition. I'm interested from *their* perspective. It seems that Media to Movements focuses a lot on getting something started. But is there an application for existing movements? Do any of you have partnerships with existing movements?

Jon: I work with two different groups; one is continuing to use media to do that. If you look at where the people coming through their system are coming from, part of it's through a satellite feed, part

of it's through social media, part of it's just through people sharing their faith in taxis and wherever else. You see all these pieces coming together into an integrated system that allows that essential follow-up, as GP said. People are followed up *quickly* and nobody falls through the cracks.

There's another one that's a full-on movement and what blew me away about it was that they're trying to add media back *into* the movement, because they've set up the framework. They're saying, "Now we can handle even more in the top of our "funnel." It's a funnel that comes down to a point where it then begins to spread out. That's the movement part of it. Having all those pieces in place can do that. You have one ministry that is "purely born," just an on-the-ground movement that's now adding media into it and you have another one that in many ways was *born* out of media, but a big part of that now has nothing to do with media. It's just boots-on-the-ground, seeing stuff happening. I appreciate the diversity of the Spirit's work around the world in that.

GP: I do too. It's not one size fits all and we don't have a silver bullet. This is the Spirit of God working all over the earth. Like Jon said, there is a group with an established movement that has already jumped into other languages and other countries. It's a massive movement of movements.

They've used various aspects of media, but they got to a point of crisis where they said, "Oh no! We've got thousands of new believers in different people groups and the training we're doing here with these leaders we need to put into other languages." That's a unique, urgent need. We see other teams at the very beginning of movement engagement. They want to see movement, and they've been laboring faithfully but aren't seeing response yet. Some are feeling overwhelmed and don't feel like they're effectively following up with people.

We've got teams on the ground now saying, "We need media specialists as part of our team. The movement of movements we referred to has already jumped into other lands. They're saying, "We need these soft skills. We need media specialists and communication specialists who will put in the time to build relationships of trust and to work alongside movement leaders."

I want to encourage you that God's up to something. This is not just one person or one group. This is the body of Christ responding to two things: 1) our own crisis of belief and desperate situations, amidst 2) a global Spirit-led convergence of Christ-followers working in media, church-planting and disciple-making, who want to work together.

The desperate crisis that kept me up at night was that we were spending time, effort, and money to reach the lost online, but we weren't really multiplying disciples on the ground, and that God would judge us for that. But God in His mercy and compassion is giving us an opportunity to say, "We can do this better. We can do this differently, in a more effective way."

I know you've heard the statement, "If you keep doing the same thing, you'll keep getting the same results." We need to consider:

- *what are we doing that works that we need to keep doing?*
- *what are we doing that doesn't work that we need to change?*
- *what are we doing that is not yet bearing fruit, but we need to persevere? May God show us the next step!*

Moderator: Thank you panelists. We look forward to seeing how God will use this.

Some additional links:

- mediatomovements.org • kingdom.training • Christian Media Marketing Podcast • <https://open.spotify.com/show/4jpCpjr3Sjxvf5hHt7Mf6B>
- Media4Movements • Visual Story Network
- Disciple Tools, Mobile • Ministry Forum • Indigitous Resources • Jesus Film • Project app, Indigitube • Scripture Earth • Max7 Animated Bible Stories • Kolo World app (Android & iOS) • Free Bible Images

Training Communities:

- Campfire Creatives - An online community for media content creators with extensive Media and Arts experience for Missions training
- Zume—discipleship journey available in 40+ languages, teaches small groups how to obey the Great Commission and multiply disciples
- Mission Media Coach

Apps:

- <https://thedmmplatform.com>
- <https://waha.app>
- <http://SPapp.website> 

Small Disciple-Making Habits Make a Huge Difference

By **C. ANDERSON**

C. Anderson is an experienced field practitioner and leader. The past 27 years, she served in Asia with YWAM Frontier Missions. Anderson trains and coaches both international and indigenous church planters toward the launching of Disciple Making Movements. She blogs weekly about DMM related issues at dmmsfrontiermissions.com. Other articles on member care, language learning, visa stress, etc. are available at missionarylife.org. Her 30-day devotional for church-planters, *Faith to Move Mountains*, can be purchased on amazon.com.



Goals excite type A personalities. The setting, achieving and working toward them can be very motivating. After reaching an important goal, however, many feel a sense of emptiness and loss.

Long-distance runners often experience this after completing a marathon. They've trained for months to compete in a race. Driving toward that goal gave training a clear purpose. When the race is over, there is an emotional downswing. The big challenging goal is completed. So, why am I going to the gym today? Those who train runners warn against low-level depression in the days following a big race.

In a reverse scenario, we can experience intense disillusionment when an important goal seems elusive. Perhaps the goal of catalyzing a rapidly multiplying Disciple Making Movement feels that way. We may need a change in our focus.

Goals vs. Systems

New York Times bestselling author, James Clear, writes about this in his popular book *Atomic Habits*. On page 23, Clear writes, "Forget about goals, focus on systems instead." He describes the difference in this way. "Goals are about the results you want to achieve. Systems are about the processes that lead to those results."

While this book has a humanistic, self-help slant, as I listened to the Audible version on a long car

ride, a series of lightbulbs exploded in my head. "There is so much in this book to apply to disciple-making and the pursuit of movements!" I mused, taking copious notes.

If you haven't had the chance to read Clear's book, I recommend it. There are many takeaways for life in general as well as disciple-making. After listening to it, I decided to buy the actual book and re-read it in light of disciple-making habits. This article shares some of the insights gained and what I am experimenting with.

While I'm not ready to let go of the God-sized goal of a DMM, I see the book's point about systems. It's not having a DMM goal that will get us to movement. If that were the case, we would have many thousands more movements than we do already.

What will catalyze and sustain a DMM are disciple-making habits we put in place in our lives, in the lives of those we train and in those our disciples train. Normalizing a few key habits and simple systems in our movement efforts sets the trajectory for multiplication. This leads to something far beyond the superficial goal of reaching 4th generation growth and a certain number of groups or streams. If you are not familiar with the definition of a DMM, please see <https://www.dmmsfrontiermissions.com/disciple-making-movement-what-defined/>. While this definition has merit and is helpful, it is not the

end goal. Nor does it come directly from Scripture. The real aim is to see disciples that multiply rapidly and continue to do so as we see in the New Testament. So again, just aiming for 4G and multiplication isn't enough. We need habits, systems and practices that get us there.

With that established, let me first illustrate some of the *Atomic Habits* concepts in a personal and practical way. From there, we'll then turn attention to the applications for disciple-making.

Habit Stacking vs. Despairing Over a Challenging Goal

My husband and I currently live in Thailand. We have been here for about six years. Before this, we lived for many years in Nepal and India. When in those nations, I learned to speak Nepalese and Bengali. It is a personal value to understand the culture and worldview of those around me. I want to find bridges and ways to share the good news of Jesus with my neighbors. This is true even though I now travel a great deal and my ministry is more global than local.

Learning Thai has been hard. Perhaps it's the fact that I'm now over 50, or maybe because it's a tonal language, or it could be because I travel in and out and have a full ministry schedule. I'm not exactly sure why, but I've found it exceedingly difficult to gain even market fluency in Thai.

At times I feel determined to learn. At other times, I'm deeply frustrated and want to give up. In all honesty, I'm ashamed to have lived here so long and to speak so poorly. My heart aches to be at a place of fluency where I can share the message of my wonderful Savior freely. Many, many Thais around me don't speak English and have never heard the gospel in a way they could understand.

As I read *Atomic Habits*, I realized I should change my focus. Instead of the goal of being fluent in Thai, it may be more helpful to concentrate on developing a consistent daily study habit. Now, each day after my quiet time and writing hour, I study Thai for 30 minutes. That consistent habit is already making a difference! It has set me on a trajectory where I definitely will reach my goal of speaking Thai one day. I'm no longer feeling discouraged but can trust the system to get me there. I've habit stacked Thai study (a concept he talks about in the book) on top of two other habits I already have in place in my life and enjoy.

Another helpful concept from this book is what James Clear calls the Law of Least Effort. It's followed by the

Two-Minute rule (Chapters 12 and 13). They come under the habit law he describes as, "Make it easy." The basic premise is that a new habit should be so simple you can't talk yourself out of doing it. If you can do it in two minutes, you don't need much willpower to put that habit into place. Thus, it is far more likely to become a sustained practice. After a simple habit is established, it is far easier to increase it.

Again, allow me to demonstrate how I'm applying this personally. I find motivation for strength-building difficult, though I know it's important at my age. I've recently started doing just five pushups and five sit-ups every day. This takes two minutes and is so easy that I can't talk myself out of it. From there, I can increase to seven, then 10, and in six months I'll be doing 50 a day.

Don't Despise Small Beginnings

How does this apply to disciple-makers? Is this humanistic thinking? Or has James Clear actually observed something about human behavior that God designed?

Zechariah 4:10 comes to mind. "Do not despise these small beginnings, for the Lord rejoices to see the work begin, to see the plumb line in Zerubbabel's hand." God rejoices in small beginnings and tells us we too should celebrate them! Psalm 139:14 says that we are "fearfully and wonderfully made." Created in God's image, to display His glory, if humans make progress through regular habits, it's because God created us to do so.

An overlapping concept is the idea of spiritual disciplines, also called spiritual practices. Richard Foster, Dallas Willard, Ruth Hailey-Barton, and others have helped us see their vital importance in spiritual transformation. Prayer, Bible reading, gratefulness, silence, solitude and others are transformative in our lives. Why not add to these key disciple-making habits as well?

Experimenting with Disciple-Making Habits

Each reader should prayerfully consider what habits they could begin. Think of what would set you (and those you train) on a consistent trajectory toward the rapid multiplication of groups of disciples. Here are a few new habits I am experimenting with. Perhaps they will spark ideas to consider.

1. *Always asking the server how I can pray for them when they bring my food.*

Initiating spiritual conversations can be difficult, especially for introverts. I needed to create a habit

where I don't have to think about what to say, or how to transition into talking about Jesus. In the last few weeks, I've started a new practice. Every time we eat out, after the server brings the food I say, "We are followers of Jesus and like to thank Him for our food. We appreciate your serving us today. Is there anything you'd like God to do for you? We'd love to include that in our prayer." As a result, I'm having new spiritual conversations every time I eat out.

2. *Praying every day at 5:50 AM for five people I am coaching as well as for 50 new movements.*

Last week we met as a Disciple Makers Increase (disciplemakersincrease.org) leadership team. We talked about *Atomic Habits* and decided together that each day at 5:50 am our team would set an alarm and pause to pray. Each of us is choosing five people we are coaching life-on-life. At that time, we will pray for them, then pray for our big corporate goal of releasing 50 new movements.

Prayer is such a key to seeing greater fruit! Developing a simple prayer habit that you and those you train can follow could have a massive cumulative impact. Especially if it is one that is related to praying for the lost and for those you are training as disciple-makers.

3. *Stopping to chat a few minutes with any neighbor.*

In many cultures, this is already normative. If you see someone, you stop to greet them. In other places, particularly in the West, we barely notice the people around us. We don't engage with lost people, nor do we know their names or pray for them, even if they live next door!

It may feel overwhelming for those you train to think of skillfully giving a clear 10-minute Creation to Christ presentation to their neighbor. Make it easy! Something that takes only two minutes. The first habit can be to regularly stop and say hello and ask someone how they are doing. Do this whenever you see a neighbor outside. It may mean you stop your car and roll down your window to greet them. You won't be late, it only takes two minutes. Practice friendliness.

Then, after that simple exchange, pause to offer a breath prayer for God to bless them.

Once this habit is established, add other habits to it. You might add other open-ended questions like "What's been good about your day today?" Follow that by sharing something from yours. Or add sharing a three-minute testimony or Bible story. First, though, we have to become comfortable engaging in conversation with lost people.

At recent meetings, one of my Indian friends decided to learn how to swim. The hotel where we stayed had a swimming pool, and each day she and her husband practiced simple steps. The first step was to become comfortable in the water. She needed to learn to relax there and simply enjoy being in the water.

Many Christians used to staying in their church-friend bubble have forgotten how to be comfortable in the water that lost people swim in. Train yourself and others to take one small step. Apply a super easy habit, engaging intentionally with the lost around you.

4. *After sharing a testimony or having a spiritual conversation, always ask "Would you like to hear more about this? Or read the Bible together sometime?" then follow that up with "Is there anyone you know who might also like to join us?"*

This is a simple habit for those who regularly share the gospel. It can lead to the formation of groups of disciples.

What Disciple-Making Habits Could You Begin?

Time and space don't allow me to unpack all the applications to disciple-making that my learning from *Atomic Habits* holds. If this article has sparked interest in you, get the book and prayerfully think it through. Feel free to write to me with your applications and we can think and grow together in this.

I've given enough though, for you to think of one disciple-making habit you could put in place this week. One that would set you on a trajectory toward greater fruit. You may want to discuss this article with your team and come up with a few corporate habits that you do together.

A characteristic of Disciple Making Movements is that every believer functions as a disciple-maker. It is not only the professional clergy making disciples and sharing their faith.

Motivating church members to make disciples can be too big a leap. Make it easy. Start small. Do it together. Habit stack. Don't concentrate only on the goal of leading people to Christ, starting groups, or a movement. Focus on the systems and habits that set disciples on a path that leads to multiplication.

What new disciple-making habit will you start this week?  

Further Reflections

By **Greg H. Parsons** Frontier Ventures staff since 1982, and currently serving as Global Connections Strategist.

Many times over the last ten years, I've been in gatherings where English was not the primary language. That is a shift from when I started to go to global events around 1990. Now, I often feel out of place—just how some of our sisters and brothers feel when they come to our English centric meetings.

A few years ago, I was in China to help with training. Thankfully, I was with a good friend who spoke Mandarin (and Cantonese.) We were staying at a hotel in the middle of the country, waiting to be picked up for the day's activities. As you often see in hotels, there was a little shop near the front and while we were waiting for our ride, a little old man came out sweeping up, getting ready to open the shop. Another man came over to him and began talking to him. I didn't think much about it. The sound of the language they spoke didn't seem different from Mandarin speakers I'd heard many times before.

The point is that we all need to be learners, working to understand how to best do what God has called us to do.

When they finished talking my friend turned to me and calmly said “I did not understand one word of what they said.” They were speaking one of the regional languages and he felt like I did all the time there—similar to what you feel when you realize you don't know what is going on in some situation. You wonder if you are missing out on important information? You *know* you are missing something.



If you travel to places that are different from your own, you've probably felt it. We try and act like we understand and fit in—in part as a helpful protection from those who would take advantage.

Naturally, this also happens to those global servants who go to serve in different cultures. Even when they learn the language there are still things they don't understand.

This issue of *Mission Frontiers* has practical illustrations of this for those doing medical work in mission settings. A central idea, almost always pointed out as “standard practice” is: medical personnel—even doctors—must *not* come in acting like experts. To do effective medical or development work, you must *listen* to the perspectives of the locals. I'm not talking about basic surgery—which is cut and dried (no pun intended). In some parts of the world, it is assumed that the doctor knows everything. The average person does not expect the doctor to ask any questions. They chime in with the right answer and everyone follows their orders! Thankfully, often they can be right. In the West however, doctors ask all kinds of questions to narrow down the possibilities (and so look ignorant when they go elsewhere where they are just supposed “to know.”).

The point is that we all need to be learners, working to understand how to best do what God has called us to do.

These kinds of cultural complexities and unknowns can bring critiques from those who are removed from the local situation. We always want to be learning and growing—both those sent out and those sending them.

Let me give a real illustration I heard years ago. Global workers were sent out and “on the ground” among the people they had prepared long and hard to serve. Their churches were behind them. They had clear vision and calling to translate and share Scripture to see the gospel take root. They were ready and had begun that process, but didn’t see much fruit yet. In the process, they found out from the local people that what would help them the most was to put up a fence around their burial place! The workers were a bit taken back. “That isn’t what we came to do” was their first thought. They knew that the people were so poor, they couldn’t afford a fence, but wondered at supplying the funds for that kind of work.

Thankfully, they listened and learned that when burying their family members, they couldn’t dig deep enough because of the soil and water level issues. As a result, dogs or other animals would come at night and dig up the graves which was deeply disturbing to the people.

The workers built a fence, and the locals felt heard and loved. But what would the folks back home think of these efforts? These kinds of cultural complexities and unknowns can bring critiques from those who are removed from the local situation. We always want to be learning and growing—both those sent out and those sending them.

I heard a quote attributed to Einstein that curiosity is the most important characteristic of the scientist. It is true for the global worker and their friends back home as well. We need to be the kind of believers who work hard to *really* understand both the Word and the people’s culture we are called to, so we can more clearly communicate the Word to them.

I call it “cultural empathy.” Let’s get good at that no matter where we live and serve. 📖

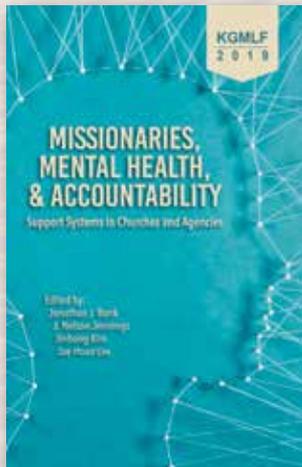


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Missionaries, Mental Health, & Accountability

Support Systems in Churches and Agencies

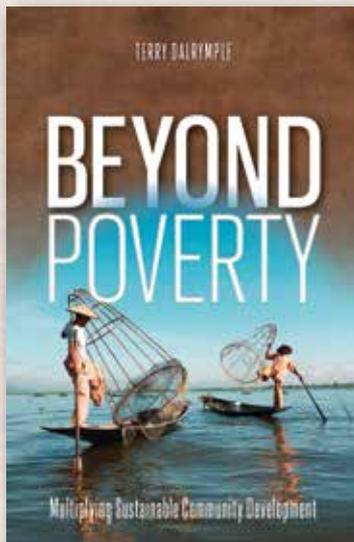
Jonathan J. Bonk, J. Nelson Jennings, Jinbong Kim, Jae Hoon Lee (Editors)

Field workers cross linguistic, cultural, and ministry boundaries, but they still experience the same mental health challenges as

everyone else. It's time to let go of the stigma and embrace mental health.

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Beyond Poverty

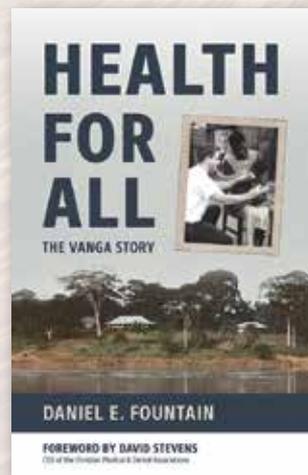
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Terry Dalrymple (Author)

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Health for All

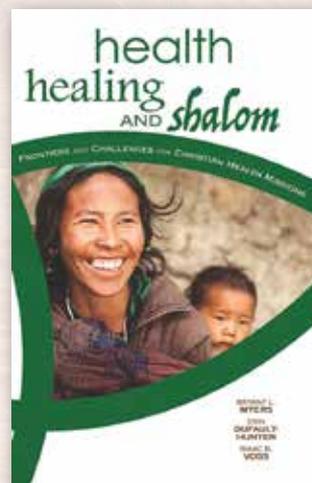
The Vanga Story

Daniel E. Fountain (Author)

Health for All tells the story of an ever-increasing vision—from curative care to community health, from a barely functioning hospital to a network of successful health services, from a lack of qualified workers to a local residency training program, from biomedical reductionism to whole person care, from cultural stalemate to worldview transformation. Dr.

Fountain's insights into health and wholeness have changed countless lives and communities. Part memoir, part history, part textbook, *Health for All* is the legacy of a man who patterned his life and labor after that of the Great Physician.

234-page Paperback: \$14.99 eBook: \$9.99



Health, Healing, and Shalom

Frontiers and Challenges in Christian Health Missions

Bryant L. Myers, Erin Dufault-Hunter, and Isaac B. Voss, (Editors)

Ever since Jesus's proclamation in word and deed as the Great Physician, his followers in mission have assumed that salvation and health are intertwined. Yet for every age,

Christians need to examine how they can best announce the gospel message of God's healing in word and deed in their own context. Authors with an interest in health missions from a wide variety of experiences and disciplines examine health and healing through the theological lens of shalom. This word, often translated "peace," names a much more complex understanding of human well-being as right relationships with one another, with God, and with creation. Reading various aspects of healthcare missions through these glasses not only yields much-needed correctives to current practice but also exposes the Spirit's invitation to participate in God's ongoing work of tending, caring, and healing our broken world.

236-page Paperback: \$24.99 eBook: \$9.99

Village Medical Manual is a user-friendly, two-volume healthcare guide for lay workers in developing countries with special features that trained medical professionals would also find useful. The intended use is for those who are required, by location and circumstances, to render medical care. The clear vocabulary, along with over a thousand illustrations and diagrams, help Western-educated expatriates in isolated locations to medically treat people and intelligently refer those that can be referred accordingly. It contains clearly defined procedural techniques and diagnostic protocols for when sophisticated instrumentation and lab tests are not available. It also offers solutions and advice for overcoming barriers to best practices in global health.

Volume 1 elucidates medical principles, symptoms, and procedures for routine medical care, as well as emergency situations.

Volume 2 includes vast symptom, disease (common and tropical), drug, and regionally-relevant indices to assist the reader in step-by-step diagnoses and treatment. This is a crucial reference for all who lack formal global health training but must know how to meet health care challenges in developing areas lacking medical infrastructure.

Combined eBook Edition has approximately 20,000 internal hyperlinks for easy cross-referencing. The fixed-page layout allows for perfect parity with the print version. For added convenience, get anywhere in the eBook within four clicks!

The Village Medical Manual is the perfect resource for teaching the ability to deliver reasonable and competent healthcare in areas where professional care is unlikely/unavailable. The manual's diagnostic protocols and extensive information on tropical diseases are incomparable. I highly recommend these books to anyone interested in delivering effective healthcare to cultures remote from realistic medical care.

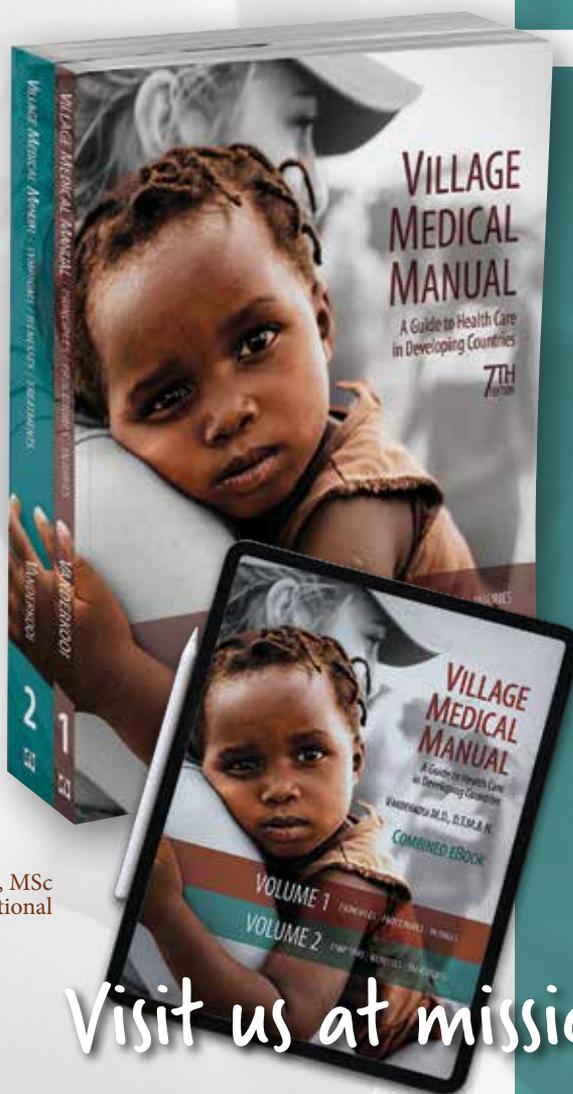
—FREDERICK “BO” KAIL R.N., MSN
Professor and practitioner
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Along with her husband, Garret, she serves as a missionary with Equip International. The couple have two adult children, Mark and Ellen.



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Scripture references are from the *English Standard Version* (ESV). Images in this guide (marked with an asterisk *) come from the International Mission Board (IMB). We thank the IMB for their exquisite images, taken by workers in the field.

SEPTEMBER

■ 1 Sikh Mahtam in India

Most of the Mahtam Sikh (or Rai Sikh) in India's Punjab are migrants from Pakistan. Punjab is the only state in India where Sikhs are in the majority. Today, they are primarily farmers, but many are engaged in other trades as well. They maintain cordial relationships with the scheduled castes, who have low status, and other artisan and service castes of the nearby villages.

But for you who fear my name, the sun of righteousness shall rise with healing in its wings. You shall go out leaping like calves from the stall. —Malachi 4:2

- Pray that this people group would fear the name of the Lord and experience His healing.
- Pray for a movement of God's Spirit throughout Punjab state and throughout all Sikh communities, especially the Mahtam.

■ 2 Tibetan in India

In 1959, thousands of Tibetans fled violence in their homeland and settled in India. Today, over 100,000 remain exiled in India, many of them living in Tibetan enclaves in Dharamshala and Bylakuppe. Most are small-time farmers or nomadic shepherds. The vast majority are Buddhist who also practice astrology. Their cultural and religious beliefs make the Tibetans difficult to reach.

But he answered, It is written, man shall not live by bread alone, but by every word that comes from the mouth of God. —Matthew 4:4

- Pray that today's people group to learn and understand that the Bible comes from the mouth and mind of the one, true God.
- Pray for the Lord to give the Tibetans a hunger for His Word and for them to seek it out online.
- Pray for their spiritual eyes to be opened and for the light of the gospel to penetrate Buddhism and traditional religion.

■ 3 Khalka Mongol in Mongolia

In the thirteenth century, Genghis Khan formed the largest empire in world history. He united all nomadic Mongol tribes. The Khalkha Mongols consider themselves the direct descendants of Genghis Khan, and they believe they are the true keepers of Mongol culture. Many are nomads, living in herding camps and migrating seasonally with their animals. The Khalkha Mongols were traditionally shamanists but were introduced to Buddhism in the 16th century.

The people dwelling in darkness have seen a great light, and for those dwelling in the region and shadow of death, on them a light has dawned. —Matthew 4:16

- Pray for this people group to see the light of Jesus Christ.
- Pray for Christian Mongolians to start a church planting movement among the Khalka Mongols.
- Pray for the Mongols to be open to hearing and receiving the gospel message.

■ 4 Balkan Egyptian in Montenegro

The Balkan Egyptians are closely associated with the Ashkali people. Some have associated them with the Roma Gypsies, though they would disagree. They speak the same language in the countries where they live. Thousands left the Balkans for Western Europe during the wars following the breakup of Yugoslavia, and others were deported. They are victims of economic and social discrimination.

Blessed are the poor in spirit, for theirs is the kingdom of heaven. —Matthew 5:3

- Pray that this people group to recognize their own spiritual bankruptcy and come to Christ for the riches of His forgiveness.
- Pray for Balkan Egyptians in Montenegro to call out to Almighty God to redeem them from their sins.
- Pray for a movement to Christ to flourish among them.



■ 5 Imazighen Berber in Morocco

These unique people continued to maintain their traditions even after the invasion by Arabs, bringing Islam. However, many Imazighen people were forced to become Muslims, and most of their descendants today are Muslims. There are some who are attempting to achieve recognition of the "Moroccan Amazigh identity," but others are happy to live and mix with Arabs. There are many opportunities for the Imazighen to hear the gospel: satellite programs, internet, and local and foreign believers.

You are the light of the world. A city set on a hill cannot be hidden. —Matthew 5:14

- Pray for this people group to become a light to the world reflecting the goodness and grace of Jesus Christ.
- Pray for the Holy Spirit to open the hearts of Imazighen people and bring seekers into contact with Christian programs or believers.

■ 6 Rif Berber in Morocco

The word "Rif" is an Arabic word meaning "the edge of cultivated area." In the Northern Shilha of Algeria and Morocco, known as the "Rif Berbers," are numerous tribes of people eking out an existence on the harsh slopes of the Rif Mountains. Berbers are indigenous to North Africa west of the Nile River, the largest concentration in Morocco.

Beware of false prophets, who come to you in sheep's clothing but inwardly are ravenous wolves. You will recognize them by their fruits. Are grapes gathered from thornbushes, or figs from thistles? —Matthew 7:15-16

- Pray that the Lord gives this people group the discernment to recognize false prophets and the grace to know the true Prophet, Priest and King, Jesus Christ.
- Pray for an abundant harvest this year for the Rif Berbers as a sign of God's caring heart and power.
- Pray for the Rif Berbers to have hearts that are willing to seek and find Jesus Christ.
- Pray for fruitful efforts to make disciples and plant churches among Rif Berbers.

■ 7 Makuwa in Mozambique

Although part of the larger Makuwa people, the word "Nahara" translates into "fisher" and reflects the occupation of this distinct people group. They live in rural communities on the coast of northern Mozambique, catching fish as their main vocation. They prefer a simple lifestyle.

And do not fear those who kill the body but cannot kill the soul. Rather fear him who can destroy both soul and body in hell. —Matthew 10:28

- Pray for believers in today's people group to be courageous in their witness for Christ and fear God, not men.
- Ask the Holy Spirit to divinely inspire Makuwa churches in the immediate vicinity of Makuwa settlements in finding a way to reach the hearts of the Makuwa.
- Pray for teachers and pastors to be available to instruct new believers in the ways of the Lord, leading them to spiritual maturity and fruitfulness.
- Pray for a spiritual hunger that will turn Makuwa hearts to Jesus Christ.

■ 8 Makonde in Mozambique

Traditionally a matrilineal society, Makonde children and inheritances belong to the women. They successfully resisted predation by African, Arab and European slavers, and did not fall under colonial power until the 1920s. The Makonde like to carve household objects, and their traditional religious practices are an animistic form of ancestor worship. While this practice still continues, today the Makonde of Mozambique mainly subscribe to Islam, at least nominally. They speak the Makonde language, but in Mozambique, many also speak Portuguese.

At that time Jesus declared, I thank you, Father, Lord of heaven and earth, that you have hidden these things from the wise and understanding and revealed them to little children. —Matthew 11:25

- Pray for this people group to humble themselves and come to trust in Christ as little children.
- Pray for an improved literacy rate among this tribe.
- Pray for Makonde disciples who will make more disciples who will make even more disciples.



■ 9 Rakhine in Myanmar

Centuries ago, the most feared pirates and sailors in the Bay of Bengal terrorized communities along the seacoast and far up the river channels of what is now Bangladesh. They were called "maghs," or pirates. They now speak the Arakanese language and are known as the Arakanese or Rakhine. The people themselves dislike the term "Magh" and prefer to be called Marmas, which means "Burmese." They are Buddhist.

Other seeds fell on good soil and produced grain, some a hundredfold, some sixty, some thirty. —Matthew 13:8

- Pray that today's people group would become fertile soil and produce much fruit for God and His kingdom.
- Pray for educational opportunities for the youth, and for employment opportunities for breadwinners.
- Pray for a movement to Christ this decade.

■ 10 Tai Man in Myanmar

Does death scare you? For the Tai Man of Myanmar, death is not a threat. For those who have done good deeds, death is simply passing from one life to a better one. The Tai Man largely rely on crops such as rice, tea and soybeans. About 50 percent of the world's opium is grown in the Shan State, where many Tai Man live.

Go therefore to the main roads and invite to the wedding feast as many as you find.' And those servants went out into the roads and gathered all whom they found, both bad and good. So the wedding hall was filled with guests. —Matthew 22:9-10

- Pray that many in today's people group to accept the Lord's invitation to become part of His kingdom and join His great feast at the end of the age.
- Pray for the persecution of ethnic minorities in Myanmar to stop.
- Pray for the Lord to raise up Tai Man disciples who will actively make more disciples.

■ 11 Sikkim Bhotia in India

The Bhotia of India are shepherds who live in the foothills of the Himalayan Mountains. They are a scheduled tribe, which makes them eligible for assistance from the Indian government. The religion of the Bhotia is generally a combination of Hinduism and Tibetan Buddhism.

His master said to him, 'Well done, good and faithful servant. You have been faithful over a little; I will set you over much. Enter into the joy of your master.' —Matthew 25:21

- Pray that many in this people group become good and faithful servants of the Master and celebrate with Him in the coming kingdom.
- Pray for the Bhotia Sikkim to have a submitted, loving relationship with God the Father, so they can experience the abundant life promised by Jesus.
- Pray that Indian believers would reach out to their Bhotia neighbors and start discipleship movements.
- Pray that they would receive the help they need for good health and for job training.

■ 12 Chhetri in Nepal

The Chhetri are a majority people in Nepal, whose name is a corrupted form of the Sanskrit word kshatriya, meaning "warrior." The Chhetri worship a pantheon of gods. In marriage, the bridal couple will sit together before the holy fire while a Brahmin priest worships the sacred fire (yagya). This is followed by the exchange of garlands and rings. The literacy level among the older generation is low.

Now after John was arrested, Jesus came into Galilee, proclaiming the gospel of God, and saying, The time is fulfilled, and the kingdom of God is at hand; repent and believe in the gospel. —Mark 1:14-15

- Pray that this people groups to get the opportunity to hear a clear presentation of the good news.
- Pray for God's Spirit to move them to repent and believe in Christ.
- Pray for a rising literacy rate among the Chhetri community, and for improved medical care.
- Pray for the Lord to raise up an unstoppable disciple making movement among the Chhetri community in Nepal that will bless them in every way.

■ 13 Tharu in Nepal

The Tharu are a gentle people who make almost everything they use themselves. They include a touch of art in everything. They have their own gods and follow a shaman. Besides the shaman who treats their diseases, the village headman and the moneylender are important people within the village. They are becoming more aware of outside issues, and evening fireside chats are becoming more outward focused, reflecting changes in their culture.

And a leper came to him, imploring him, and kneeling said to him, If you will, you can make me clean. Moved with pity, he stretched out his hand and touched him and said to him, I will be clean. —Mark 1:40-41

- Pray for this people group to feel the healing touch of Christ and be cleansed from their sins.
- Pray for this recent development to give them a willingness to embrace the ways of Christ.
- Pray for the Tharu people to be protected from those who would take advantage of them.

■ 14 Dutch Jew in the Netherlands

Because of the uniqueness of their history and culture, all Jews have a strong sense of identity. Persecution of and discrimination against the Jews have been the historical reasons for their migrations and settlements around the world. Yet they are relatively safe in most European countries like the Netherlands. Dutch Jews often associate Christianity with the Holocaust.

And he awoke and rebuked the wind and said to the sea, Peace! Be still! And the wind ceased, and there was a great calm. —Mark 4:39

- Pray that the Lord brings His peace that passes all understanding into the hearts of this people group.
- Ask the Lord to send forth loving Christians to work among the Jewish communities.
- Pray for a movement to Christ among the Netherland's Jewish community.



■ 15 Marma in India

In Marma society, farmland is community property. After one year's use, the field must be left fallow for a sufficient time to let the land recover. After the fallow period, anyone can work in this field. They are folk Buddhists who believe in reincarnation but also in spirits and ghosts who can make life miserable. Because He was crucified, some Buddhists doubt Jesus can save, because they interpret crucifixion as punishment for bad deeds (law of karma).

And he did not permit him but said to him, Go home to your friends and tell them how much the Lord has done for you, and how he has had mercy on you. —Mark 5:19

- Pray for those who have been blessed among today's people group to boldly and lovingly tell others of God's abundant mercy.
- Pray for more evangelists, outreach materials and Bible translation in their language.
- Pray for churches that will plant more churches.
- May Christ show Himself stronger than the spirit world that now binds them.

■ 16 Monpa in India

Monpa means, "blessed by a horse." Monpa people are known as friendly and hard working. They work in agriculture, trading and breeding of yaks and cattle. They grow potatoes in Arunachal Pradesh, northeastern India.

And they were astonished beyond measure, saying, He has done all things well. He even makes the deaf hear and the mute speak. —Mark 7:37

- Pray that this people group comes to understand that the wisdom, power and goodness of God are found only in Jesus Christ.
- Pray that Monpa people would see that their only hope is in Jesus Christ.
- Pray that intercessors worldwide would regularly pray for salvation of Monpa people.
- Pray that churches would be planted.
- Pray for Monpa disciples to flourish and reach their own people with the gospel.

■ 17 Kachin in India

The Kachin are one of the most intriguing tribes in South Asia today. Those who live in Myanmar or China are animistic or Christian. Among the Kachin of India, however, Buddhism is a stronghold and almost all people follow it. There are many vibrant Kachin believers in both Myanmar and China who can go to those in India as Christ's ambassadors.

And he asked them, But who do you say that I am? Peter answered him, You are the Christ. —Mark 8:29

- Pray that this people would believe and proclaim, like Peter, that Jesus Christ is their Savior and Lord.
- Pray for a movement to Christ that will produce blessings beyond what they can even imagine!
- Pray for Kachin leaders to be open to believers to come to their communities.

■ 18 Zarma in Niger

The Zarma speak one of the Songhai languages. We could regard Zarma and Songhai peoples as cousins. The Zarma people are the second largest people group in Niger and are also in a few other West African countries. Besides Islamic practices, they take part in various cults which involve spirit-possession, spirit worship and magic.

For what does it profit a man to gain the whole world and forfeit his soul? For what can a man give in return for his soul? —Mark 8:36-37

- Pray for today's people group to come to realize that all the spiritual riches of life and true wisdom are found in Jesus Christ alone.
- Pray for the large Zarma people group living in West Africa, that they would be completely set free from harmful beliefs and spirits.
- Pray for spiritual openness that will lead them to the cross.
- Pray the Lord would send the light of the gospel to their families and establish His presence in their communities.



■ 19 Wodaabe Fulani in Niger

The Fulani have several subgroups, one of which is the Wodaabe people. The Wodaabe are noted for their art and their unusual behavior, such as beauty contests for the men. They are also noted for their taboos. Those who wanted to take Christ to them would need to be careful not to violate these.

For he was teaching his disciples, saying to them, The Son of Man is going to be delivered into the hands of men, and they will kill him. And when he is killed, after three days he will rise. —Mark 9:31

- Pray for today's people group would comprehend that Jesus died for their sins and rose again demonstrating His power over sin and death.
- Pray for the Lord to thrust out workers who are willing to brave the harsh lifestyle of Niger's Wodaabe people.
- Pray the Wodaabe people would be given a growing hunger to know Truth, and that Jesus would reveal Himself to them.
- Pray for Wodaabe people to become disciples of Christ who will make disciples of others.

■ 20 Adamawa Fulani in Nigeria

In the 1800s, Modibo Adama, a scholar and Muslim holy warrior, led a jihad in what is now Cameroon and Nigeria, opening the region to Fulani colonization. He conquered many villages and founded his own empire, which he named Adamawa, after himself. Although most of the Adamawa Fulani are shepherds, some also raise crops. Some of the Adamawa Fulani have advanced from being livestock herders to being scholarly, influential leaders in their communities. These people have the potential to become political leaders in Nigeria.

But when Jesus saw it, he was indignant and said to them, Let the children come to me; do not hinder them, for to such belongs the kingdom of God. Truly, I say to you, whoever does not receive the kingdom of God like a child shall not enter it. —Mark 10:14-15

- Pray that this people group humbles themselves and comes to God with child-like trust and thereby enter into His kingdom.
- Pray for compassionate believers to take Christ to the Adamawa Fulani people.
- Pray for a church planting movement.

■ 21 Manga Kanuri in Nigeria

The Kanuri tribes comprise the Yerwa Kanuri, the Manga Kanuri and several other sub-tribes. Most of the Kanuri live in the Borno Province of northeastern Nigeria, where they are the dominant people group. The Kanuri have been Muslims since the eleventh century. Though they blend their form of Islam with their ancient beliefs, Islam is their identity.

And Jesus said to him, What do you want me to do for you? And the blind man said to him, Rabbi, let me recover my sight. —Mark 10:51

- Pray for the Lord to heal the spiritual blindness of today's people group.
- Pray that these people see and recognize Jesus for who He truly is, the Light and Savior of the world.
- Ask the Holy Spirit to soften the hearts of the Kanuri towards the gospel.
- Pray that God would grant favor to mission agencies currently focusing on the Kanuri.
- Ask the Lord to raise up a movement of Manga Kanuri disciples, making more disciples.

■ 22 Karekare in Nigeria

The Karekare live in northeastern Nigeria near the Niger border. They speak their own language of Karekare. Christian workers are not welcome in many parts of northern Nigeria. Those who go there must be wise as serpents and harmless as doves.

Jesus said to them, Is this not the reason you are wrong, because you know neither the Scriptures nor the power of God? —Mark 12:24

- Pray that this people group hungers for and learns the Scriptures.
- Pray that these people begin to experience the miraculous power of God.
- Pray for a movement of Karekare households to study the Bible and accept the blessings of Christ.
- Pray for a spiritual hunger that will drive the Karekare people to the arms of Jesus.
- Pray for workers who are filled with the fruit and the power of the Holy Spirit to go to the Karekare people.
- Pray the Lord would move Nigerian Christ followers to go to the Karekare people.

■ 23 Norwegian Jew in Norway

The Jews of Europe arrived on the continent at least 2,000 years ago during the early days of the Roman empire. Since then, they have been a significant influence in the history and culture of Europe. Norway is home to a small Jewish population. There is still no breakthrough among Norwegian Jews.

And he said to them, The harvest is plentiful, but the laborers are few. Therefore pray earnestly to the Lord of the harvest to send out laborers into his harvest. —Luke 10:2

- Pray for an abundance of Holy Spirit-led workers to disciple this people group.
- Ask the Lord to soften the hearts of the Jewish people in Norway towards Christ so they might hear and receive the message of salvation.
- Pray that God would grant Jewish believers favor as they share their faith in Christ with Jewish people.

■ 24 Omani Arab in Oman

Omani Arabs were among the first people in the Middle East to accept Islam. Most Omani people belong to the Ibadi sect of Islam, one of the religion's oldest and most traditional branches. Ibadi principles of puritanism (a return to the text of the Koran) and idealism have influenced Arabs in neighboring countries. Religious traditions are powerful, thus resistance to the gospel continues to be strong. Omani Arabs are averse to change in general, especially when they think it could threaten cultural traditions.

Then he opened their minds to understand the Scriptures, —Luke 24:45

- Pray that the minds of this people group will be opened to understand God's word by the Spirit Himself.
- Pray that a powerful movement to Jesus would bring whole Omani families and communities into a rich experience of God's blessings.



■ 25 Awan in Pakistan

Many Awan families cultivate land which their ancestors held for centuries. Historians describe them as valiant warriors and farmers who imposed their supremacy in their region. They are exclusively Muslim and probably the descendants of some of the earlier Muslim invaders of the tenth century or earlier. The JESUS Film is available in the Punjabi language of the Awan people. Awan people can view it on the internet. Gospel recordings are also available.

I am the vine; you are the branches. Whoever abides in me and I in him, he it is that bears much fruit, for apart from me you can do nothing. —John 15:5

- Pray for the Lord is to help today's people group to understand that apart from Him they can do nothing of spiritual and eternal value.
- Pray for Awan farmers to enjoy higher yields, while protecting the land from erosion and overuse.
- Pray for a soon coming movement to Christ among the Awan people of Pakistan.

■ 26 Muslim Kumhar in Pakistan

Though they are traditionally potters, many Kumhars in Pakistan are now landowners. Pakistan is a very closed country. Those with power make sure that everyone remains Sunni Muslim. It will take creativity to reach the Kumhar people in Pakistan. Perhaps outsiders can have contact with them by purchasing their pots.

The next day he saw Jesus coming toward him, and said, Behold, the Lamb of God, who takes away the sin of the world! —John 1:29

- Pray that today's people group looks to the Lamb of God, Jesus, to have their sins taken away.
- Pray that God would give Muslim Kumhar dreams and visions, leading them to salvation and abundant life.
- Pray that gospel materials on the internet would lead many Kumhar people to Christ.
- Pray for entire Kumhar families to have the chance to hear and respond to the only Savior.



■ 27 Muslim Mochi in Pakistan

If you were to purchase any sort of saddle or leather shoes in Nepal, northern India or Pakistan, chances are good that a Mochi put it together. Mochi people have an inferior status because they deal with dead animals. Followers of Christ who appreciate leather work can make friends with Muslim Mochi people.

Jesus answered him, Truly, truly, I say to you, unless one is born again he cannot see the kingdom of God. —John 3:3

- Pray that many in this people group are born again and enter into the Kingdom of God.
- Pray for an abundant harvest of Mochi families that will cause church plants, disciple making and transformed lives.
- Pray for the Lord to raise up and thrust out disciples to go to the Mochi people of Pakistan.

■ 28 Baloch Jalbani in Pakistan

Baloch Jalbani people have been isolated because of a harsh climate and their former reputation as bandits. Jesus' disciples, who have counted the cost of reaching this needy people, will have many possibilities to meet their needs, gain their confidence, and tell them the truth of the gospel.

But the hour is coming, and is now here, when the true worshipers will worship the Father in spirit and truth, for the Father is seeking such people to worship him. —John 4:23

- Pray that this people group soon begins to worship the Father in spirit and in truth.
- Pray for Holy Spirit-led workers to go to every Baloch subgroup and lead them into movements to Christ.
- Pray for Baloch elders to have dreams and visions of the risen Christ that will lead them to open the doors of their community to hear about His provision for the penalty of their sins.
- Pray for a spiritual hunger that will lead these Baloch people to the risen Savior.

■ 29 Palestinian Arab in West Bank / Gaza

Palestinians prepare elaborate dinners for their guests, regardless of their economic situation. Palestinians are predominantly adherents of Sunni Islam with a minority Christian community. The Holy Land, birthplace of Jesus Christ, is also the birthplace of the Palestinian Church. Turmoil in Israel and the West Bank / Gaza makes Christian witness to the Palestinians challenging, but turmoil sometimes makes people more open to change.

Truly, truly, I say to you, whoever hears my word and believes him who sent me has eternal life. He does not come into judgment, but has passed from death to life. —John 5:24

- Pray that today's people group listens to God's message and believes in the good news of their salvation.
- Pray for the Palestinians in both Israel and the West Bank / Gaza to be blessed with peace, political stability and improving economic conditions.
- Pray for a movement to Christ that will transform Palestinian society, bringing them economic and spiritual prosperity.

■ 30 Mangrik in India

The Mangrik have traditionally been farmers. Muslim butchers ensure a supply of mutton to the Mangrik since the latter refrain from killing animals. They have attained a high level of literacy. Even though the Mangrik people have a high literacy rate, using oral means of communicating the gospel may be the best approach. Films, recordings and stories from Scripture will likely have a favorable result if their hearts are open.

Jesus said to them, I am the bread of life; whoever comes to me shall not hunger, and whoever believes in me shall never thirst. —John 6:35

- Pray that this people group would hunger for God and begin to feed spiritually on the Bread of life, Jesus Christ.
- Pray for the Lord to multiply the reception and influence of his Word among the Mangrik people, leading them to love Him with their whole being.
- Pray for benevolent village-level leadership.

OCTOBER

■ 1 Khampti in India

Do you have a prayer room at your home? Do you pray twice a day? The Buddhist Khampti people of northeastern India make this their practice. They make offerings of flowers and food. These agriculturists are renowned for their craftsmanship. Their Buddhist priests use wood, bone or ivory to carve religious statues.

On the last day of the feast, the great day, Jesus stood up and cried out, If anyone thirsts, let him come to me and drink. Whoever believes in me, as the Scripture has said, out of his heart will flow rivers of living water. —John 7:37-38

- Pray for this people group to experience the fullness of the Holy Spirit and the overflowing, gracious love of God.
- Pray these peace-loving people would encounter the Prince of Peace, Jesus Christ.
- Pray the Lord would reveal Himself to them, and that He would thrust out messengers of the gospel to the Khampti people.

■ 2 Pajonal Asheninka in Peru

The Pajonal Asheninka live in the grassy plateaus of the eastern Andean foothills of Peru. They have suffered from enslavement and devastating epidemics during the 20th century and from terrorist groups in the early 1990s. The Pajonal Asheninka have been exposed to the gospel message. Mission agencies are translating the New Testament to their dialect. There are now four or five indigenous evangelical churches in the early stages of development.

And he who sent me is with me. He has not left me alone, for I always do the things that are pleasing to him. —John 8:29

- Pray for today's people group to begin to please God by trusting in and obeying His Son.
- May these infant churches grow strong in the Word, resulting in a people movement to Christ in the 2020s.
- Pray for the Lord to improve their lives physically, economically and spiritually.



■ 3 Maguindanao in the Philippines

Traditional Maguindanao settlements were located near waterways. This allowed ease of transportation and communication by boat. Several of the major trading centers were also seats of political power. This traditional pattern of settlement has been slowly altered by the building of roads that do not follow the natural course of the waterways. Large towns have sprung up along these highways, becoming new centers of commerce.

Jesus said to them, Truly, truly, I say to you, before Abraham was, I am. —John 8:58

- Pray for this people group to understand that Jesus is not just another human prophet but is the eternal God.
- Ask the Lord to raise up a strong church among the Maguindanao that will be a blessing to their community.
- Ask the Holy Spirit to prepare the hearts of the Maguindanao people for the gospel.

■ 4 Moro Joloano Tausug in the Philippines

The Tausug are the most dominant of the Muslim groups in the southern Philippines. The name Tausug means “people of the sea current.” They make their living through fishing and agriculture. Their major cash crops are coconuts, coffee and fruit. Ideally, the parents arrange marriages among the Tausug, although nowadays young people may select their own mates. They favor first and second cousins as spouses.

He answered, Whether he is a sinner I do not know. One thing I do know, that though I was blind, now I see. —John 9:25

- Pray that the Lord removes the spiritual blindness of today’s people group and they begin to see God’s truth revealed in Jesus Christ.
- Ask Jesus, the Prince of Peace, to heal the wounded hearts of these people.
- Pray that God would use Tausug believers as bold witnesses to their own people, leading to an unstoppable church planting movement.



■ 5 Maranao in the Philippines

Maranao is the term used for the inhabitants of Lanao, a predominantly Muslim region on the island of Mindanao. The word Maranao means “people of the lake.” The people are famous for their artwork, sophisticated weaving, wood and metal craft and epic literature. Small communities of Maranaos, mostly traders, live in all major towns of the Philippines. They are the descendants of Muslim Malays.

But you will receive power when the Holy Spirit has come upon you, and you will be my witnesses in Jerusalem and in all Judea and Samaria, and to the end of the earth. —Acts 1:8

- Pray that today’s people group would receive God’s Spirit and become empowered to tell others about the grace of God in Jesus Christ.
- Pray the Lord would reveal Himself to the Maranao people.
- Pray for them to experience a movement to Christ this decade that will bless them economically and spiritually.

■ 6 Polish Jew in Poland

The Jewish emigration from Eastern Europe is cause for concern among the remaining aged Polish Jewish population. Synagogues are functioning and kosher (traditional, acceptable) food is still available. European Jewish people often blame Christians for the Holocaust and for sporadic persecution.

And they were all filled with the Holy Spirit and began to speak in other tongues as the Spirit gave them utterance. —Acts 2:4

- Pray for this people group to be filled with the Holy Spirit and to proclaim the greatness of God.
- Pray that as people share the gospel, Polish Jews would not view it as anti-Semitic, but rather as the fulfillment of God’s promise to them as a people.
- Pray for Holy Spirit anointed workers to go to the Polish Jews in Poland.
- Pray this would be the decade of massive harvest among the Jews in Poland.

■ 7 Portuguese-speaking Jew in Portugal

The word Sephard was the name used by Jews in medieval times for the Iberian Peninsula. Sephardim Jews, then, are the descendants of the Jews who lived in Spain or Portugal prior to expulsion in 1492 by King Ferdinand and Queen Isabella. Sephardim also have a distinctive language called Ladino, or Judeo-Spanish, which is a dialect of Castilian Spanish with Hebrew and Turkish elements. Most Jewish people in Portugal today speak Portuguese.

You have made known to me the paths of life; you will make me full of gladness with your presence. —Acts 2:28

- Pray the Lord makes known to today's people group the true path of live.
- Pray they learn to rejoice in God's presence.
- Ask the Lord of the harvest to send forth loving Christians to work among the Jewish communities.
- Pray for a movement to Christ among Portuguese Jews.

■ 8 Muslim Machhi in Pakistan

"Machhi" refers to fish, and the Machhi people have a history of being fishermen. Most of the Muslim Machhi live in Pakistan, but there are some in northwest India as well. The sons usually share inherited property. They perform their birth, circumcision, marriage and death rituals according to Islamic rules. Surprisingly, they also perform certain Hindu rituals. Dangers are real and numerous for anyone who shows signs of straying from the Muslim fold.

And all the people saw him walking and praising God. —Acts 3:9

- Pray for the Lord to do signs and wonders among today's people group.
- Pray they trust in God and give Him the glory.
- Pray the Machhi people would not be satisfied with their spiritual lives until they embrace Jesus Christ.
- Pray for a movement to Christ among the Machhi people in Pakistan and India.



■ 9 Muhamasheen in Qatar

Akhdam (or Muhamasheen) people mostly live in big city slums in extreme poverty and discrimination. Men work as street sweepers, and women collect recyclable bottles and beg. There is no justice for them, nor education for their children.

And there is salvation in no one else, for there is no other name under heaven given among men by which we must be saved. —Acts 4:12

- Pray for today's people group to come to understand that salvation is found only in Jesus Christ and in no other religion.
- Pray the few Christian believers among the Muhamasheen people would let the light of the Holy Spirit shine bright.
- Pray for many to seek and find Almighty God, leading to a Christ-ward movement.
- Pray for signs and wonders to confirm His Word.
- Pray for many Akhdam families to be blessed spiritually and financially as they allow Jesus to transform their community.

■ 10 Romanian Jew in Romania

During the last few centuries, places like Romania in Eastern Europe have had the largest Jewish population in the world. The emigration of Jews from Romania and other Eastern European countries is cause for concern among the remaining aged Jewish population. Many of the younger Jews are not familiar with their Jewish identity. With a history of persecution and antisemitism in Europe, the Jews in Romania may be wary of those spreading the gospel in their communities.

But Peter and John answered them, Whether it is right in the sight of God to listen to you rather than to God, you must judge, for we cannot but speak of what we have seen and heard. —Acts 4:19-20

- Pray for this people group to listen to and to obey God.
- Pray that they hear God's message and tell others about His marvelous works.
- Pray that God would grant Jewish believers favor as they share their faith in Christ with their own people.
- Pray for a massive turning to Christ among the Jews in Romania.

■ 11 Nogai in Romania

The name Nogai means "dog" in Mongol and may come from the Emir Nogai of the Golden Horde and the territory he ruled. Today, virtually all the Nogai profess to be Sunni Muslim. Islam is part of their identity. To them, following Christ means switching to a foreign religious system. Islam literally means "submission," and a Muslim is "one who submits." The Nogai Tatar need to know that Christ offers the only way to true submission.

And now, Lord, look upon their threats and grant to your servants to continue to speak your word with all boldness, while you stretch out your hand to heal, and signs and wonders are performed through the name of your holy servant Jesus.
—Acts 4:29-30

- Pray for boldness and love among the workers who go to today's people group.
- Ask the Lord of the harvest to send forth laborers to live and work among the Nogai Tatar of Romania.
- Pray for their hearts to be receptive to Jesus Christ.
- Pray for a massive movement to Christ.

■ 12 Tatar in Russia

Russian domination of the Tatars began when Ivan the Terrible conquered the Tatars in 1552, beginning Russification. Since the late 1980s, there has been a resurgence of Tatar nationalism. Tatars have a long history of resisting both imperial Russian and Soviet domination. This has included resistance to the Orthodox Church's attempts to convert them from Islam. The Tatars have not forgotten the history of ill treatment from Christian Russia.

Then they left the presence of the council, rejoicing that they were counted worthy to suffer dishonor for the name.
—Acts 5:41

- Pray that believers in this people group are willing to endure persecution for the name of Christ.
- Pray for a movement to Christ among Russia's Tatars in the 2020s.
- Pray for workers who can lead them into a powerful movement to Christ.

■ 13 Bashkir in Russia

The Bashkirs primarily live in the Ural Mountains of Bashkiria, Russia. Some also live in the former Soviet republics of Kazakhstan and Uzbekistan. Russians dominate the Bashkir homeland, and the Bashkirs are closely related to the Russian Tatars. The only distinction is that their languages differ in dialect. The Bashkirs know very little about their own history. They are a people who lack security in who they are.

So Philip ran to him and heard him reading Isaiah the prophet and asked, Do you understand what you are reading?
—Acts 8:30

- Pray that the Lord gives today's people group a desire to hear and to understand God's words.
- Pray for them to find security and dignity in Christ alone.
- Pray that God would raise up loving Christ followers to reach out to these Muslims.
- Ask the Lord to raise up a strong church planting movement among the Bashkirs this decade.

■ 14 Kumyk in Russia

The Kumyk are historically a proud people, respected in Dagestan for their literary, artistic and economic accomplishments. This pride, however, is tempered by disillusionment stemming from the destabilizing elements of violence in their region. Islam spread among the Kumyk people in the eighth to twelfth centuries. Prior to that time, both Christianity and traditional religion were widespread. They worshiped Tengiri and various spirits and demons. Islam is an overlay to these beliefs which remain today.

Then the proconsul believed, when he saw what had occurred, for he was astonished at the teaching of the Lord. —Acts 13:12

- Pray for many from this people group to be amazed at what Christ can do to bless their families and communities.
- Pray for an eagerness for spiritual nourishment that only comes from submission to Jesus Christ, leading to a disciple making movement.

■ 15 Yakut in Russia

The Yakut origin is in Siberia. They live uncomplicated, semi nomadic lives, tending reindeer and dwelling in simple tents for part of the year. We know them for their large draft horses. The Yakut are shamanists who believe in faith healing and spirit possession. Although the Yakut in Russia were evangelized by Russian Orthodox missionaries in the eighteenth and nineteenth centuries, few experienced a living faith in Christ.

For so the Lord has commanded us, saying, I have made you a light for the Gentiles, that you may bring salvation to the ends of the earth. —Acts 13:47

- Pray that the believers in today's people group become God's light to their own group and to the nations of the world.
- Pray for spiritual hunger that will lead them to the cross.
- Pray for dissemination of Yakut language recordings, radio and television.

■ 16 Russian Buriat in Russia

The Buriats live in an area that straddles China, Mongolia and Russia. They have different trade languages in each of these places. The Buriat people in Russia are being pulled in at least two different directions. Those east of Lake Baikal are likely to practice Shamanism and Buddhism, while those west of the lake are much more influenced by the Russian majority. Neither side is keen to have their people follow the Lamb of God.

And a vision appeared to Paul in the night: a man of Macedonia was standing there, urging him and saying, Come over to Macedonia and help us. —Acts 16:9

- Pray that the Lord sends messengers to this people group to tell them the good news about Jesus.
- Pray for ambassadors guided by the Holy Spirit to go to them as bearers of Christ's image.
- Pray for spiritual discernment and openness among the Buriats in Russia.

■ 17 Indian Gujarati in Rwanda

The Gujarati are a people group from western India. Today, there are also significant Gujarati communities in Myanmar, Iran and Rwanda. The Gujarati emigrants are usually from the higher, wealthier castes and are often involved in trade or in operating small businesses. The Hindu and Muslim Gujaratis need to see the gospel lived out by true believers.

The times of ignorance God overlooked, but now he commands all people everywhere to repent, because he has fixed a day on which he will judge the world in righteousness by a man whom he has appointed; and of this he has given assurance to all by raising him from the dead. —Acts 17:30-31

- Pray for today's people group to repent of their sins and to believe in the God of the Bible.
- Ask God to strengthen, encourage and protect the few Gujarati believers.
- Ask the Holy Spirit to soften the hearts of the Gujaratis so that they would be receptive to the gospel.
- Ask the Lord to raise up missionaries who are willing to share Christ with the Gujaratis.
- Ask the Lord to raise up strong fellowships of believers among the Gujaratis in Rwanda.

■ 18 Muslim Mewati in Pakistan

The Mewati people of Pakistan today follow Muslim practices and customs. They used to mix their beliefs with Hindu teachings. Though Pakistani society tries to eliminate caste because it has its roots in Hinduism, the practice still affects people in this Muslim country. The Mewati people have a long history as Hindus, but their identity is in Islam. Muslim neighbors can intimidate any Mewati person who dares to look outside of Islam for spiritual answers.

So the word of the Lord continued to increase and prevail mightily. —Acts 19:20

- Pray that the word of the Lord spreads and prevails in this people group.
- Pray that the Mewati people would have a Jesus-oriented spiritual revolution.
- Pray that the Lord would mercifully reach the Mewati people through dreams and visions.
- Pray for a movement to Christ.

■ 19 Shahari in Saudi Arabia

One of the gifts the magi brought to the infant Jesus was frankincense, a costly and precious resin. It comes from Oman, specifically the region near the border of Yemen, where the Shahari people live. Some Shaharis also live in neighboring Saudi Arabia.

But I do not account my life of any value nor as precious to myself, if only I may finish my course and the ministry that I received from the Lord Jesus, to testify to the gospel of the grace of God. —Acts 20:24

- Pray that today's people group would experience God's wonderful grace and begin to tell others about Him.
- Pray for the Lord to establish His Church among the Shahari people.
- Pray for mission groups to specifically reach out to Shahari young people in cities and start disciple making movements among them.
- Pray for new Shahari believers to return to their nomadic families and share Christ with them.

■ 20 Hijazi Arab in Saudi Arabia

Saudi Arabs see themselves as preservers of the Islamic faith. The Hijazi Arabs speak one of the variants of the Arabic language in Saudi Arabia. To reach them will take Christ-bearers with special skills and the willingness to go where they aren't wanted or accepted.

To open their eyes, so that they may turn from darkness to light and from the power of Satan to God, that they may receive forgiveness of sins and a place among those who are sanctified by faith in me. —Acts 26:18

- Pray for God to send spiritual light and truth to this people group.
- Pray that the religious zeal of the Hijazi Arabs would soon be redirected toward serving Jesus Christ.
- Pray for the Lord to establish His Church among them.
- Pray for the Lord to send dreams and visions to Hijazi Arab elders, so they would be ready to accept Christ on His terms.

■ 21 Pulaar Fulani in Senegal

Most Pulaar Fulani call Senegal home. As rural people, they excel at farming, fishing and animal husbandry. The Pulaar proudly acknowledge themselves as the first black Africans to convert to Islam, although spiritism and magic play a significant role in daily life. They also believe themselves to be defenders of the Muslim faith.

Therefore let it be known to you that this salvation of God has been sent to the Gentiles; they will listen. —Acts 28:28

- Pray for this people group to hear and to accept the message of God's salvation.
- Pray for these people to understand that Jesus offers the only way to God the Father.
- Pray they would desire to know and follow Him.
- Pray they would take the ways of Christ to others in West Africa.

■ 22 Western Maninka in Senegal

All over West Africa, the Maninka (formerly a trading people) have become powerful merchants, civil servants and religious leaders. Maninka men in Senegal sometimes set up or work for small, part-time businesses. Maninkas often first pray in the village mosque, then sacrifice a chicken to the village spirit. They consult marabouts (Muslim holy men) for healing, protective amulets or insight into the future.

For though we walk in the flesh, we are not waging war according to the flesh. For the weapons of our warfare are not of the flesh but have divine power to destroy strongholds. We destroy arguments and every lofty opinion raised against the knowledge of God, and take every thought captive to obey Christ. —2 Corinthians 10:3-5

- Pray for the Holy Spirit to give new believers among today's people group victory their spiritual battles.
- Pray for them to put their faith in the saving power of Jesus Christ.
- Pray that God would thrust forth loving, long-term laborers.
- Ask the Lord to bring forth a vigorous Maninka church that will lead a movement to Christ.

■ 23 Serbian-speaking Jew in Serbia

The Jews on the European continent have been a significant influence in its history and culture. Persecution of and discrimination against Jews in Serbia and other European countries has forced them to migrate elsewhere, but some remain. Serbian Jews have traditionally possessed a strong sense of identity, but many of the younger ones are not aware of their heritage.

Blessed be the God and Father of our Lord Jesus Christ, who has blessed us in Christ with every spiritual blessing in the heavenly places, —Ephesians 1:3

- Thank the Lord that He is giving His spiritual blessings to this people group.
- Ask the Lord of the harvest to send forth Christian believers to work among Jewish communities.
- Pray that the people would understand that Jesus is the long-awaited Messiah.
- Pray for a movement to Christ among the Serbian Jews.

■ 24 Susu in Sierra Leone

The Susu live in the coastal areas of Guinea, Sierra Leone, Senegal and Mali. They combine Islam with traditional beliefs. They believe that ghosts, spirits and gods all inhabit the same land and that witches have the power to change into animals and cause harm to their villages. They need prayer to bring clarity and accuracy to their thoughts about the supernatural.

That the God of our Lord Jesus Christ, the Father of glory, may give you the Spirit of wisdom and of revelation in the knowledge of him, having the eyes of your hearts enlightened, that you may know what is the hope to which he has called you, what are the riches of his glorious inheritance in the saint. —Ephesians 1:17-18

- Pray for spiritual wisdom and light for the leaders of today's people group.
- Pray that God would release the people from bondage to spirits and that they would recognize Jesus as the One with the power to give them freedom from wicked spirits.
- Pray for improved health care and good schools for the Susu.

■ 25 Madurese Bawean in Singapore

The Madurese Bawean people come from Indonesia in search of a better life in prosperous Singapore. Those who live and work in Singapore send money back to relatives in Indonesia who struggle economically. They are Sunni Muslim.

That according to the riches of his glory he may grant you to be strengthened with power through his Spirit in your inner being, so that Christ may dwell in your hearts through faith—that you, being rooted and grounded in love, —Ephesians 3:16-17

- Make this your prayer for today's people group.
- Pray for the Bawean who work in Singapore to make authentic Christian friends who would share their lives and the message of Christ.
- Pray God would raise up disciples among those who work in Singapore.

- Pray they would return to their island home with the gospel.
- Pray for the Baweans to become "Bereans" who study and apply God's word and share it with others.

■ 26 Slovak-speaking Jew in Slovakia

Jewish people in Eastern European countries like Slovakia are facing different trials than their grandparents, who dealt with the Holocaust. Most from their grandparents' generation migrated to Israel, so few remain in Slovakia. There are efforts to keep Jewish culture alive in Slovakia through schools, hospitals and retirement homes. Jewish community centers also promote cultural events such as Israeli dance, theater, sports and Yiddish and Hebrew lessons.

That he might sanctify her, having cleansed her by the washing of water with the word, so that he might present the church to himself in splendor, without spot or wrinkle or any such thing, that she might be holy and without blemish. —Ephesians 5:26-27

- Pray for an emerging, spotless and pure church among this people group.
- Pray for Slovak-speaking Jews to look to Jesus for spiritual answers.
- Pray this would be the decade of harvest among the Jewish people in Slovakia and other Eastern European countries.

■ 27 Sikh Kamboh in India

The Kamboh of Punjab probably came to India from Central Asia about three thousand years ago. Many Kamboh are landowners, and others are employed in various vocations. Sikhism, the religion of the Kamboh Sikhs, originated in the Punjab where most Kamboh live. Sikhs believe in only one God, rejecting idol worship and the Hindu caste system. They teach giving to the less fortunate and serving others.

Put on the whole armor of God, that you may be able to stand against the schemes of the devil. —Ephesians 6:11

- Pray for the Holy Spirit to give His armor to the believers among today's people group.
- Pray all Sikhs would hunger to know God in a personal, life-changing way.
- Pray for workers to be thrust out to these Sikh Punjabis.
- Pray for the Lord to make huge inroads into Sikh communities in the 2020s.



■ 28 Muslim Khatri in Pakistan

The Khatri are a trading and business caste. Their name comes from the Sanskrit word “Kshatriya,” which is the second highest of the four castes [groupings] of Hinduism. Many have entered teaching and civil service professions. Khatri take their religion seriously. Muslim Khatri celebrate traditional Muslim festivals and fast during Ramadan.

...filled with the fruit of righteousness that comes through Jesus Christ, to the glory and praise of God. —Philippians 1:11

- Pray for righteous character for those who find the Lord among this people group.
- Pray this high caste community would not let pride keep them from humble acceptance of God's gift of eternal life, found through faith in his son.
- Pray for workers, filled with the fruit of the Holy Spirit, to go to them.

■ 29 Garre in Somalia

Although the Somali are all Sunni Muslim and share a common cultural heritage, language distinctions and clan conflicts divide them. One of these is the Garre sub-tribe. The Garre are located mostly in Kenya and Somalia, but a few live in Ethiopia. Most Garre are nomadic herdsmen. They live in portable huts covered with animal skins or woven mats.

Being strengthened with all power, according to his glorious might, for all endurance and patience with joy; —Colossians 1:11-12

- May new believers among this people group walk in joy and love in the Holy Spirit.
- Pray for the Lord to give the Garre people healthy livestock as a testimony of His goodness and love.
- Pray for the Garre people to be blessed physically and spiritually by the Lord's people.
- Pray for a movement to Christ this decade.

■ 30 Tunni in Somalia

The Tunni are in southern Somalia, between the Juba and Shebelle Rivers. This region has the richest agricultural land in the country. The Tunni are primarily farmers. The dress of both men and women closely resembles a Roman toga. Although they are orthodox in their Islamic practices, few have a deep understanding of Islam.

Walk in wisdom toward outsiders, making the best use of the time. Let your speech always be gracious, seasoned with salt, so that you may know how you ought to answer each person. —Colossians 4:5-6

- Pray for new believers in this people group to have Holy Spirit-led words to say to their elders as they explain their new faith.
- Pray for peace in Somalia; that all peoples of the country may be blessed.
- Pray for a stable, effective government.
- Pray for workers to go to the Tunni community, leading to an unstoppable movement to Christ.

■ 31 Bhojpuri Bihari in South Africa

The world is truly a melting pot of peoples. Migration is common. Such is the case of the Bhojpuri-speaking Biharis. During and soon after colonial days, a large number of people from the Bihar Province of British India moved about to work as indentured laborers. Some went to South Africa where they worked on plantations. Today, they are most likely to be businessmen.

So that the name of our Lord Jesus may be glorified in you, and you in him, according to the grace of our God and the Lord Jesus Christ. —2 Thessalonians 1:12

- Make this your prayer for today's people group.
- The Lord has made major inroads among Bhojpuri speakers in India.
- Pray some would answer the call to reach Hindu Bhojpuri Biharis for Christ.
- Pray for a people movement to Jesus Christ during the 2020s among the Biharis of South Africa.

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