

# MEMBER CARE NETWORK BRIEFING

A Communiqué of the Global Member Care Task Force (MemCa)

October 2002 No.5

**Greetings:** Welcome to the Member Care Network Briefing. We are sending this communiqué to over 1000 people who are actively involved in member care. Included are members of regional and national task forces, people who oversee member care related ministries, member care practitioners, and several mission/church leaders. The newsletter is a service of Global Member Care Resources (MemCa) which is a task force of the WEA Missions Commission. We send the Briefing three times a year, and include important updates and analyses regarding member care. It helps to further link us together as a growing, international member care community. We encourage you to save this communiqué for future reference and to share it with your colleagues.

**Overview of the contents of the *Briefing*:**

- Developing Member Care—member care centers/hubs; consultations in India and Nigeria
- Providing Member Care—The Well-Chiang Mai; Mobile Member Care Team-West Africa
- Essential Resources—three reviews of written materials; counseling seminar in Chiang Mai
- Special Issues—unwanted emails; surviving war as caregivers in the Ivory Coast (MMCT)
- Future Directions—seven areas for member care providers/developers to consider
- Upcoming Member Care Events—what's happening in the next several months



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## DEVELOPING MEMBER CARE

In our first issue (October 2001) we looked at the crucial importance of developing working relationships and personal friendships with one another in member care ministry. In the February 2002 issue, we explored the nature of 21st century networks, observing that they have a unifying purpose, independent members, voluntary connections, multiple leaders, and multiple levels. Then in the July 2002 *Briefing*, we listed 10 core principles to help form and maintain member care affiliations. In this issue, we begin to address yet another essential resource for further supporting the church's mission efforts: setting up member care hubs/centers in strategic locations around the world.

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## GUIDELINES FOR MEMBERCARE HUB/CENTERS

### An Introductory Dialogue

**Brent Lindquist, Link Care Center**

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This brief article is an introduction the current discussion that several of us are having about guidelines for member care hubs and centers. These discussions are leading up to the Vancouver MemCa meetings in June 2003, where we will be doing some more group work on this area. I would really appreciate your input. So after reading my thoughts, please feel free to respond to me at <brentlindquist@linkcare.org>.

### The Rationale for Guidelines

I approach this topic of guidelines with great concern and compassion. There are many perspectives and viewpoints, some of which can seem contradictory, on the topic of member care. The ideas and ideals of member care have been around for at least 40 years, in terms of the topic coming to the mental health professionals' interest. The explosion in the last 15 years has served to expand the arena of interest and service to a broader audience of member care providers. With this broadening, has come a wide diversity of offerings of care, ranging from an exclusivist posture to an inclusive posture. By exclusivist, I mean the perspective that member care only is certain types done by certain people, and not others. An example would be licensed professionals in the US (like myself, although I don't ascribe to this viewpoint in its entirety) who see member care as a clinical/counseling function, which should not be done by nonlicensed people. Other exclusivists could be those who see any member care occurring outside of biblical models by pastors as wrong. The inclusive perspective at its broadest, sees member care as anything done anywhere at anytime by anybody who feels led.

Of course I have put forth two extremes, and it is doubtful that many people abide only in those areas. I place them here only to show the difficulty we will have in figuring out what should be guidelines. There are additional guideline problems, two of which include differences in approach and strategy between Older Sending Countries (OSCs) and Newer Sending Countries (NSCs), and the type of services offered, from a retreat center to a comprehensive mental health center.

Since this can be so complex and variable, why should we try to apply guidelines? Why shouldn't we leave it and let it grow as the Spirit leads? Good questions. However, I think that we need guidelines, because without them we will recede into mediocrity. And, in the long run, we will not help people in the way they should go. This is of critical importance for me, because if we don't know why we are doing something, then it will be hard to know if what we are doing achieves our purposes.

I am starting from the premise that we need guidelines for MC hubs and centers, because we are helping missionaries to do something—that is, to do mission. Our guidelines should, in the long view, help these people to be more effective at what they do, as a result of the care we provide to them. Underlying our member care strategies, as well as the centers or hubs of the future, must be this effectiveness principle, coupled with the need to provide compassionate, competent care. Member care comes alongside the missionary, establishes a relationship of trust, evaluates what is going on (strengths and weaknesses), and provides care to address what is not working well, and helps with change, while being sensitive to the cultural and organizational context in which care takes place.

The rationale, then, for guidelines for member care hubs and centers, is to first make explicit our underlying assumptions about care and help, so that what develops in each unique area, by whatever group, can consider and hopefully share those assumptions. These guidelines that we will be developing will be voluntary, but hopefully, what results, will be to the glory of God.

**Items for you to consider:**

1. What are your main personal/organizational assumptions for doing member care?
2. Should there be a general standard of care by which caregivers are all measured?
3. Describe some of your concerns about developing guidelines, particularly from your cultural perspective.
4. I have heard numerous nonUS groups say that they don't evaluate people or programs. In what ways might this be helpful or not helpful?
5. Besides effectiveness, what might be some other key underlying assumptions and values?

**Other guideline parameters on which to begin discussion in future *Briefings*:**

1. Current and future locations of member care centers/hubs
2. Staffing issues—skills, training, competencies: cultural and linguistic
3. Services offered—OSC and NSC clientele
4. Ethical/legal issues
5. Logistics—who owns, who cooperates, who is liable
6. Environmental issues—retreat/education/counseling/crisis/pastoral/spiritual formation

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## **MEMBER CARE CONSULTATION - INDIA**

### **K.K. Rajendran, India Missions Association**

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*CEO Member Care.* 17th to 19th September, 2002: For the first time in the history of Indian Missions, a consultation was organized to focus on caring for CEOs (directors) and mission leaders. It was titled "Future Leadership Consultation" and held in Bangalore. There were 26 CEOs and Founder CEOs along with four Board members and 15 second line leaders. This consultation was facilitated by Dr. Ravi David, Dr. Theodore Srinivasagam, Dr. Rajendran, and Dr. Bijoy Koshy. Guest Facilitators were Dr. Max Meyer, Dr. Marjory Foyle, and Dr. Kelly O'Donnell. There was enthusiasm as leaders were challenged to be vulnerable, transparent and accountable to each other. Different models of how leadership succession was done in mission organizations were shared. Tips on developing future leadership were also shared. The participants recognized the ongoing need for meeting in small groups for personal support and accountability.

*Member Care Practitioners.* 19th to 21st September, 2002: Nearly 100 caregivers from across the nation met for a consultation on "India Member Care" in Bangalore. The consultation started with a bang as the Member Care Network Coordinators Pramila Rajendran and Bijoy Koshy explained about the purpose of the meeting and the bigger picture of the Indian member care network. The prayer session focusing on the various issues with a balance of Praise and Prayer became a catalyst to soak all the discussions in prayer. The participants were then grouped into different tracks under the leadership of Ravi David (Care for Mission Leaders), Bijoy Koshy (Missionary Welfare), Diane Williams (Care for Missionaries), Hansraj Jain (Care for Missionaries Marriage and Family) and Premi Koshy (Care for Missionary Kids). The reports from the discussions were presented and action plans were formulated. Dr. Kelly O'Donnell also led a seminar on Mutual Care and Self Care and a seminar on Crisis and Contingency Management. The member care initiatives are now becoming a movement that will change the face of Indian Missions.

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## **MEMBER CARE TRACK - NIGERIA**

### **Report from the Mobile Member Care Team**

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The Nigerian Evangelical Missions Association (NEMA) sponsored a Missionary Renewal Conference for 1400 Nigerian missionaries from February 18-23, 2002. Timothy Olonade, the Executive Secretary of NEMA asked the MMCT staff to come and do several presentations for the group. Using the Sharpening Your Interpersonal Skills materials developed by Ken Williams, we (Ron Brown, Marion Dicke, Karen Carr, and Darlene Jerome) presented twice for about an hour to the entire group on Stress and Burnout. The presentations went along well with the theme of the conference, "Arise and Eat, for the Journey is Long", based on the story of Elijah in I Kings where the angel cared for Elijah by caring for his basic needs. And four times we presented a 2 and a half-hour workshop on Managing Conflicts to a portion of the group (about 350-400 each time). It was challenging with no microphone but the Lord helped us connect somehow with each group. The Scriptural principles we presented, which were also in the handouts we distributed, were very well received and appreciated.

Please pray with us that they will apply all they learned and learn more as they continue on as missionaries in very challenging circumstances. It was quite humbling to learn just a bit about the crosses these missionaries carry. Many of them live in the northern part of Nigeria which is predominantly Muslim and far from much emotional, practical, or spiritual support. Their children are ostracized and without good educational opportunities and their own lives are sometimes in danger when ethnic and religious conflicts erupt. Yet they expressed such joy and commitment to the Lord at this conference. It was a privilege to encourage them in any way we could.

During this time we were also able to meet with about 100 mission leaders from maybe 40-50 organizations to discuss member care. This was the first exposure to member care ideas for many of these folks. There has been significant personnel attrition among this young missionary movement and our hope is that as they become more attuned and responsive to member care needs and that their missionaries can persevere for the long haul—even with joy. We also had an hour session with mission directors looking at how trust between mission leaders and their missionaries can affect attrition and how trust can be broken or built by leaders. Again, it was a start at looking at this important issue. Pray that the handouts distributed will continue to stimulate reflection and change.

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## **PROVIDING MEMBER CARE**

### **THE WELL – MEMBER CARE CENTER CHIANG MAI, THAILAND**

**Harry Hoffmann**

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THE WELL - Member Care Center Chiang Mai: A care and resource center for Christian workers serving on the front lines in Thailand and the surrounding regions

Interview with Harry Hoffmann, director of THE WELL.

- Q: "Tell us about your heart and your passion for member care."

- Harry: "I have seen many servants suffer lot's of pain while living and working in Asia, specially in China. In the bigger cities you at least have some choices about who you relate to and who you share your heart with. Living in remote areas, or working in high pressure ministries, such as orphanage work, people often work until it's too late; they burn out or find unhealthy ways to escape. My heart is to reach out to those, saying that there is help available of people have lived overseas, who understand the struggles you are going through, and who had specialized training in caring for you. The other part of my desire is to see leaders and agencies learn more about Member Care and to support and compliment each other."

- Q: "How did your desire work out to become a MC Center?"

- Harry: "A group of people from different agencies has been meeting over the last five years in Chiang Mai. Under the name MEMBER CARE NETWORK CHIANG MAI, this affiliation has been committed to develop member care and the wholeness of Christian workers in Chiang Mai and the surrounding regions. In February 2001 this group facilitated a Member Care strategy consultation. A TASK FORCE of nine people was established to look into strategies on how to better strengthen each organization and the Chiang Mai Christian community with the available resources. The main goal was to increase the effectiveness of member care providers and to seek more synergy between them. The need for an INTERAGENCY MEMBER CARE CENTER was articulated, which would function as a member care hub for information, networking, resources and referrals. It would also provide a confidential place for pastoral care and counseling, as well as facilitate workshops and seminars. THE WELL - Member Care Center Chiang Mai was established in October 2001."

- Q: "So you actually have a physical building now?"

- Harry: "Yes, we were able to find a nice house in a quiet neighborhood. It has a counseling room, office space and a room for educational and other member care resources."

- Q: "Who is working there?"

- Harry: "Well, I work there, doing all the networking, consulting, coordinating seminars, such as for Third Culture Kids and team building and counseling, getting Emails from all over the region and trying to connect the needs with MC resources, MC publications, etc. We also have an educational consultant working with us, and the counseling room is used by different people. Several smaller groups meet at the office on a regular basis, like the home schooling mums, the counselor-case-consultation and the member care network in Chiang Mai. "

- Q: "What are the main needs people face in your region?"

- Harry: "Living in very remote areas, some people struggle with isolation, depression, stress and also with the educational needs of their children. Another big issue is the interpersonal problems, either with colleagues or with the own agency leadership. The "Sharpening Your Interpersonal Skills Workshop (SYIS)" that we facilitate has been received really well; and also the counseling seminar, as people are really hungry to learn to better care for others. Still a big need that I see is MC people going out to visit workers in remote areas for encouragement and training. It would be nice to see Korean MC providers visit Korean workers in Cambodia, or Filipinos visit a Filipino team in China. We also try to find some more full time psychologists and psychiatrists as their expertise is really needed here, and we help agencies develop crisis contingency plans.

- Q: "That altogether sounds like a lot in only a short period of time."

- Harry: "It's been so encouraging to see God leading us in this venture from the very beginning. It was like a puzzle and the pieces came together at the right time. But we can only grow and minister according to the available people and resources. So I am happy with where we are at right now, although I still see a big need and many opportunities."

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## **MOBILE MEMBER CARE TEAM – WEST AFRICA**

**Darlene Jerome, MMCT-West Africa**

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The Mobile Member Care Team (MMCT) concept is an example of field-based, multi-disciplinary member care services with the added dimension of mobility. Based in Abidjan, Ivory Coast, this first MMCT team services 14 countries in West Africa (a geographical area the size of 2/3 the continental US without the infrastructure!). We travel to hub locations throughout the region for scheduled workshops (interpersonal skills, peer crisis response training and crisis care training for mission leaders). While in these hub locations, we also offer restorative care (counseling), network/consult with member caregivers and mission leaders, and facilitate inter-mission member care partnerships. We are finding that a wellness approach, through training workshops close to peoples' ministry locations, is opening up doors and building relationships with missionaries and their leaders who might not ordinarily seek counseling input. We have had several cases of beginning a trust relationship while "on the road", which lays the groundwork for missionaries to come for assessment or intensive brief therapy later on in Abidjan. Our contributions in those cases are primarily assessment, crisis intervention, and stabilization, connecting people with member care resources or referral to help outside the region. In addition to trust being built with the MMCT team during workshops, relationships of trust are begun or deepened within the local missions community, which increase the internal community resources for general member care. In the event of crisis situations following the workshops, there is more health and skills in the community to draw on for practical and first responder help until more specialized care can be provided by our team. [Editor's note—A detailed article on the MMCT is found in *Doing Member Care Well*. This group is an excellent example of the types of services and people that are needed in various hubs/centers internationally. ]

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## **ESSENTIAL RESOURCES**

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### **MEMBER CARE FOR MISSIONARIES: A PRACTICAL GUIDE FOR SENDERS**

**By Marina Prins & Braam Willemse**

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Missionaries are strategic in reaching less reached groups, but their effectiveness is often hindered by insufficient care. Local churches, together with mission organizations, play a vital role in missions. The question is, however, if we as supporters are sufficiently equipped to give our missionaries the necessary support. *Member Care for Missionaries: A Practical Guide for Senders* is a practical resource that equips senders in the comprehensive care of their missionaries. The book was written by Marina Prins and Braam Willemse. They both served as missionaries in Malawi. (Braam passed away in June 2001 due to cancer.)

The book consists of three parts. Part 1, Introduction to Member Care, gives a solid Biblical foundation for member care. The definition and importance of member care is discussed as well as the role of the different partners (local church, organization and support structure on the field) in the sending and caring for missionaries. Part 2, The Life Cycle of the Missionary, gives a detailed description of the different phases in the missionary's life as well as the three phases in the mission cycle, namely the preparation phase, on-field phase, and re-entry. Part 3, Caring for the Missionary, describes the caring for the missionary in five chapters starting at the preparation phase and going right through to reentry. The assessment of missionaries as well as the role of the support team within a local church is discussed as part of caring during the preparation phase. On-field care as well as reentry are both addressed in detail in separate chapters. A short chapter on attrition is also included. The book consists of 127 pages and is available in both English and Afrikaans

Order from: Member Care Southern Africa, 8 Eben Olivier Street, Brackenfell, 7560, South Africa Tel & Fax: +27 21 981 2973, Email: [mcsa@xsinet.co.za](mailto:mcsa@xsinet.co.za) Contact person: Marina Prins. Price: (South African Rand)R85,- per copy

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## **ENHANCING MISSIONARY VITALITY**

**Joyce Bower**

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*Enhancing Missionary Vitality: Mental Health Professions Serving Global Mission*, edited by Dr. John R. Powell and Joyce M. Bowers, is a compilation of seminar research, theological insights, models, and case studies gleaned from over two decades of Mental Health and Missions conferences. It addresses some of the most perplexing challenges faced by the international missions community from the unique perspective of Christian mental health professionals. Its perspective (like the Mental Health and Missions conferences) is primarily North American.

The book's 512 pages and 56 chapters deal with the current context of mental health and missions, characteristics of cross-cultural service which impact mental health, common and less common problems for which mental health professionals are consulted, innovative models for providing care, ethics and professional standards, and research. Nearly all of the authors have been active participants in the Mental Health and Missions conference, some from its beginning in 1980. *Enhancing Missionary Vitality* is published and distributed by Mission Training International and will be available by December 1, 2002.

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## **FROM SURVIVING TO THRIVING**

**Special Issue of *Mission Frontiers Magazine* on Member Care**

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FROM SURVIVING TO THRIVING. The Sept-Oct 2002 issue of *Mission Frontiers* (circulation 80,000) focuses on member care. The theme is "From Surviving to Thriving." It includes three articles: two condensed articles from the book *Doing Member Care Well* and one from Dr. Jerry Reddix on frontline member care issues. For more information and to see this issue (24 pages), visit [www.missionfrontiers.org](http://www.missionfrontiers.org) You can download the articles.

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## **COUNSELING AND MEMBER CARE**

**An intensive counseling seminar for missionaries, pastors, and other Christian workers**  
**Narramore Christian Foundation (taken from the seminar brochure)**

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As a missionary, pastor, or other Christian leader, you are called to support and counsel a great variety of people. Yet seminary can not adequately equip you to deal with the many problems you encounter in ministry. To meet this need, the Narramore Christian Foundation has developed intensive continuing education seminars for pastors and missionaries. More than 2000 people have taken this training in the U.S. Now this helpful Christian counseling seminar is being offered in Chiang Mai, Thailand. The goal of the seminar is to increase peoples counseling and member care skills. The instructors will emphasize a strong integration of biblical and theological truth with practical psychological counseling principles and techniques. 35 people, who have signed up from all over Asia, are excited about this chance for further training and input in Asia. The seminar will be held October 28-November 8, 2002.

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## SPECIAL ISSUES

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### UNWANTED EMAILS

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Many of us have regular flow of requests for funds, especially from Africa, almost anytime our address gets published. This is unavoidable and is just part of being an organization or someone who has a high profile. These unwanted requests are simply what happens when one is working with other people and when a "shingle" gets hung out so that people can make use of you. We suggest that you handle these requests by simply deleting or throwing them out. It is not rude to ignore a request when it comes unsolicited from someone who has never met us but simply having found our address somewhere. Organizations listed in *Doing Member Care* and the MemCa web site may very well be receiving more unwanted emails and especially requests for funds (rather than legitimate inquiries about the services/resources being offered), and if so, we suggest you ignore them.

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### MOBILE MEMBER CARE TEAM—SURVIVING WAR IN THE IVORY COAST

**Karen Carr, MMCT-West Africa**

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Many of you have probably heard the news of the army mutiny here in Ivory Coast that has led to violent clashes between troops. My thanks to so many of you for the notes of encouragement and concern that you have sent in the past couple weeks. Some of you know how I (and the MMCT team) were personally affected, but many of you don't, so I wanted to send you a very brief version of the events we have experienced here.

Marion, Darlene, and I headed up to Bouake on Sunday, September 15th along with several associate staff in order to have 2 days of planning for an MK's in Crisis Workshop. Janna stayed behind in Abidjan to hold down the fort. The planning time went very well and on Tuesday, September 17th, the participants for the SYIS Facilitator's Training Workshop (FTW) all arrived in Bouake. There were 18 of us together there at the SIL Center in Bouake (17 adults and 1 teenager who was with his parents).

On the first day of the workshop (Wednesday, Sept 18), a crisis call came in from the MK School (ICA) there in Bouake. One of the dorm parents who was known by many of us had suddenly died of a heart attack. He was 44 years old and left behind a wife, three young children, and a whole dorm of middle school boys who loved him like a father. It was a shock and a deeply sad event, and at the request of the school director, I left the workshop in order to go and be with the family and other staff on campus. The FTW participants carried on with the workshop but prayed for all affected and felt the heaviness and weight of sadness and grief.

In the early hours of the next morning (Thursday, Sept 19th), I woke up at about 4 am to the sound of automatic gunfire in the distance. At about 6:30 am we got the news that there had been an attempted coup and that the cities of Abidjan, Bouake, and Korhogo had been attacked. Despite some tension and nervousness in the air, we decided to continue with the workshop. About mid-morning, however, the gunfire sounded very close and so we decided to move the workshop up into the main building where we would be more protected and secure. Shortly after, we heard the news that Bouake was in the control of rebel forces and that we could not leave the SIL Center. African employees were still there at the Center and they started to bring in a supply of food for us, realizing that we might have to stay there for awhile.

Well, for the next few days, we continued on with the workshop. It was really amazing that people could concentrate and work so hard despite the constant distraction of gunfire and the general tension in the air and not being able to leave the compound. Spirits and morale remained very high and the group was getting more and more cohesive. The four workshop facilitators were Darlene, Matt Neigh (from the USA), Marion, and myself. We decided to form a crisis management committee and started the preparations for a possible long-term siege and a possible evacuation. We divided up tasks and ran parallel tracks of workshop facilitation and crisis management.

As we headed into the weekend, it was becoming clear to us that this thing was not going to resolve quickly. When our water was cut, we realized that we needed to start conserving water and possibly food. Thank the Lord, we never lost electricity or phone lines the entire time which was really amazing.

On Monday night, September 23rd, as we were preparing supper, there was a barrage of gunfire and heavy artillery that we quickly realized was very close to where we were. From different locations around the compound, we all ran to the middle floor of the building and into the hallway which we had agreed would be our safe haven. For the next few hours, we stayed in the hallway as a group and found ways to stay safe from any stray bullets that might hit the building. We

were not being personally fired on but we were caught in some sort of cross fire. The intense shooting that night only lasted for about half an hour but we stayed put longer just to be cautious.

The next day, Tuesday, September 24th was probably the worst for us in terms of being in the middle of the fighting. For four hours that afternoon, there was shooting all around us and we were lying down on the floor, praying, comforting each other, and answering the phone which was ringing about every 10 minutes.

The rest of the time is a bit of a blur to me, but I can tell you that the leadership team of the four of us answered hundreds of phone calls as we waited for the most anticipated call of all telling us that we were being evacuated out. That phone call finally came on Thursday afternoon at 3pm. We were able to leave in our own vehicles as the French troops had temporarily secured the town and had negotiated a 48 hour cease fire between the rebel troops and loyalist troops so that we could safely leave.

We made it as far as Yamo on Thursday where we were greeted by American soldiers. We all spent the night in one person's home. Our group of 18 had been together under such tense circumstances, that we wanted to stay together until it was time to say goodbye. On Friday we arrived in Abidjan and we were greeted by a very warm, loving group from SIL and CMA who had been waiting and praying for us. As a group we had a closure time and said our good-byes which was not easy.

There are so many other things I could tell you about—like how we prayed and prayed for the ICA children, how we grieved for the family of the dorm parent who died, how we rejoiced when the ICA kids and staff got out on Wednesday, how we grieved when we left and saw many Africans who were being left behind, how we bonded as a group, how faithful the Lord was, and how grateful we were for all the people outside of Bouake who helped us through steady communication (like Janna and Paul Shaddick). But, this is a brief account and so I will need to leave it at this for now.

It's good to be back in Abidjan, but there is still a lot of uncertainty about what the future holds here in Cote d'Ivoire. Some people have assumed that the MMCT would be very involved in the debriefing of folks here, but the reality is that this time we are among the ones needing to be debriefed. Frankly, we are exhausted and know that it will take some time to process and recover from all this. We are encouraged that there are some counselors and debriefers coming in to help all of us later this week.

We continue to need and ask for your prayers. As I looked over the prayer update that I sent last month, I saw that the last thing I asked for was "For joy, peace, and humor in the midst of crisis, trauma, and stress." Despite the grief and sadness of these last days, I can testify to you that as a group we shared a lot of laughter and joy together as well. God is good, all the time.

[Editor's note—As of early October, the fighting and instability continues in the Ivory Coast. Karen's account is worth reviewing as an organization and as caregivers in light of the strategies the MMCT used to survive and help others. For a related account see the chapter in *Doing Member Care Well*, "Surviving War as a Caregiver", which takes place in Asia. ]

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## FUTURE DIRECTIONS

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**Kelly O'Donnell**

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Where are you heading in member care? And where is the member care field heading? There are so many ways to contribute, to get involved, and to find a good fit between ones call/gifts and the many needs/opportunities. Here are a few brief examples of the topics and projects that several member care practitioners are discussing-both inside and outside of MemCa.

1. Develop an on-line member care course along with an on-line faculty to read papers and interact with participants. The goal would be to make an "essentials of member care" course much more widely available internationally. Possibly other courses too?
2. Put together a CD library of core member care-related books and articles, and distribute these.
3. Put together a best practice manual for the selection of missionaries and the use of psychological testing with mission personnel. This project was started by a group in New Zealand but has been put on hold pending the release of more funds.
4. As discussed in this issue of the *Briefing*, develop additional member care hubs and centers; form a task force to discuss and plan for such hubs/centers.



- Continue to make connections with the international health care and humanitarian aid communities—usually via conferences—to exchange information and resources. There are important HRD, trauma, tropical medicine, aid worker stress, etc conferences, for example, that are worth attending/presenting at.
- Continue to form relationships with/between sending agencies and structures from the Newer Sending Countries to support their work in member care.

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## UPCOMING MEMBER CARE EVENTS

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October 6 – November 1, 2002. PHILIPPINES MEMBER CARE COURSE Email : Brenda Bosch < <a href="mailto:brenda_bosch@yahoo.co.uk">brenda_bosch@yahoo.co.uk</a> >	October 28-November 9, 2002. THAILAND COUNSELING SEMINAR E-mail: <a href="mailto:THE-WELL@gmx.net">THE-WELL@gmx.net</a>	November 6, 2002, Germany MEMBER CARE CONSULTATION E-mail: < <a href="mailto:friedhilde.stricker@stricker-it.de">friedhilde.stricker@stricker-it.de</a> >
November 13th and 14th ,2002 .. NAGALAND, INDIA MEMBERCARE CONSULTATION E-mail : India Missions Association- North East < <a href="mailto:ima_northeast@hotmail.com">ima_northeast@hotmail.com</a> >	November 2002, Mental Health and Missions Conference, Indiana, USA E-mail: <a href="mailto:resources@mti.org">resources@mti.org</a>	November 20, 2002 ,UK MANAGING STRESS E-mail: <a href="mailto:info@equiptraining.org.uk">info@equiptraining.org.uk</a>
November 22-23, 2002. CHINA FAMILY EDUCATION CONFERENCE, Beijing E-mail: < <a href="mailto:janetblomberg@compuserve.com">janetblomberg@compuserve.com</a> >	November 27-30, 2002. MALAYSIA MCOS 2002 , ICEC 2002 Penang check the website < <a href="http://www.acsi.org">www.acsi.org</a> >	December 7-11, 2002, North Carolina, USA. PASTOR TO MISSIONARIES CONFERENCE <a href="http://www.barnabas.org/ptm.html">http://www.barnabas.org/ptm.html</a>
December 28, 2002 – January 1, 2003 ,PHILIPPINES MCOS BOARDING PERSONNEL CONFERENCE check the website < <a href="http://www.acsi.org">www.acsi.org</a> >	January 13-24, 2003 ,PERU THE GORGAS EXPERT COURSE Email <a href="mailto:info@gorgas.org">info@gorgas.org</a>	January 24-26, 2003 .INDONESIA FAMILY EDUCATION CONFERENCE, E-mail: < <a href="mailto:janetblomberg@compuserve.com">janetblomberg@compuserve.com</a> >
January 29th to February 5th ,2003, Bangalore, INDIA FACILITATORS TRAINING WORKSHOP (FTW) E-mail: < <a href="mailto:rajpramila@eth.net">rajpramila@eth.net</a> >	January 30-February 1, 2003 THAILAND FAMILY EDUCATION CONFERENCE, Chiang Mai. E-mail: < <a href="mailto:janetblomberg@compuserve.com">janetblomberg@compuserve.com</a> >	February 1, 2003., THAILAND TCK Transition Seminar with Dave Pollock E-mail: <a href="mailto:The-Well@gmx.net">The-Well@gmx.net</a>
April 11-12, 2003 .HONG KONG FAMILY EDUCATION CONFERENCE, E-mail: < <a href="mailto:janetblomberg@compuserve.com">janetblomberg@compuserve.com</a> >	May, 2003 in Taejon .KOREA FAMILY EDUCATION CONFERENCE E-mail: < <a href="mailto:janetblomberg@compuserve.com">janetblomberg@compuserve.com</a> >	May 14-18, 2003 ,Holland THE FOURTH EUROPEAN MEMBER CARE CONSULTATION Email: < <a href="mailto:Marion@Knell.net">Marion@Knell.net</a> >

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### WEA MEMBER CARE NETWORK *BRIEFING*

This *Briefing* was prepared and sent by Kelly O'Donnell, Dave Pollock, and Harry Hoffmann.  
Global Member Care Resources, WEA Missions Commission

Global Member Care Resources (MemCa) is an affiliation of 35 international colleagues committed to help develop member care resources within missions. We are a task force comprised of member care specialists who come from different mission organizations/sending churches. MemCa is one of the seven task forces of the WEA Missions Commission. Our members work together and with other colleagues on projects which benefit the global mission community and specific regions. A special emphasis is on supporting mission personnel from the Newer Sending Countries (from Asia, Africa, and Latin America), and on those working among unreached people groups. Members are also committed to provide personal/professional support for each other as needed. Our friendship and Christian fellowship provide the foundation for our joint work.

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