MEMBER CARE NETWORK BRIEFING
A Communiqué of the Global Member Care Task Force (MemCa)
October 2003 Number 9

Greetings: Welcome to the *Member Care Network Briefing*. We are sending this communiqué to over 1200 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, print it out, and to share it with your colleagues.

CONTENTS

In our first issue of the *Briefing* (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 issue, we listed 10 core principles (taken from chapter 48 in *Doing Member Care Well)* to help form and maintain member care affiliations. In October 2002, we addressed setting up member care hubs/centers in strategic locations around the world. This was followed by Brent Lindquist's thoughts on the need for good practice standards in February 2003 and then a summary of our Vancouver MemCa Consultation in the last *Briefing* (June 2003).

There is no main focus in our current *Briefing*. Rather we have opted to share with you a number of interesting developments and updates which reflect the many facets of member care. The lead item is by Bruce Narramore, who connects with some of our previous themes by reflecting on the development of member care centers.

DEVELOPING MEMBER CARE

Some Thoughts on Member Care Centers

Bruce Narramore, Narramore Christian Foundation

Part One

First, I frankly have some reservations about trying to establish, so I would like to begin with a word of caution. My concerns fall largely in the following areas:

1) I am really not fond of meetings and endless talk and would rather *do* something than talk about it! Karen Carr and Darlene Jerome (Mobile Member Care Team in West Africa) and the founders of Tumaini Counselling Centre in East Africa, for example, didn't develop a set of guidelines--they developed a strategy and structure, did some good networking, and went to work! This may be a difference between "busters" or "boomers" and old guys my age. I don't know.

2) There are so many possible models that I wonder how we could get a set of guidelines that would cover all of them.

3) The groups/individuals that are most in need of the guidelines are probably the ones that won't pay any attention to them!

4) There are valid differing points of view as to goals, structures, personnel qualifications, populations to be served, etc, that if you aren't careful, you will either leave out some groups/individuals or make the guidelines so broad as to be meaningless.

Part Two

When I get past my initial reservations, it seems to me that it would be crucial to specify that there are a number of potentially very good and workable models. I would hate to see you come up with one of two models that are viewed as "best". For example, Mobile Member Care works well for West Africa and the currently very limited number of available personnel. Tumaini's model works well in Nairobi because there is a sufficient "core" of mission personnel in and around Nairobi and because the founding organizations had the personnel to pull it off.

I suspect that in Thailand, things may be different from either of those models for a variety of reasons. Two of those are a) the sizeable missionary population that can be served from Chiang Mai and b) the fact that everyone loves to go to Chiang Mai. So I suspect that we will have at least a dozen or so "counselors/therapists" of all stripes within a few years--not to mention a significant number of member care individuals. Instead of one center like Tumaini, I could actually picture two three centers plus a batch of individuals. I am not necessarily suggesting that is the best model, but the reality is that people will have different goals, qualifications, constituencies, etc. and they won't all fit into one grand center.

Also, we have to respect the right (and the fact that) many organizations will simply want to offer their own member care services and not "join". I think this is especially likely to be the case in areas where there are a lot of services available. In other words, if there is only one counselor available in a geographical area, EVERY denomination uses his/her services. But the moment a few organizations start having their own counseling personnel, they tend to start serving largely (or solely) their own members.

Also, or course, there will be *major* theoretical differences ranging from "no member care or counseling is needed", through "pastoral care is what is needed", Jay Adams, Larry Crabb, Theophostic, Spritual Warfare, medication, psychoanalysis, and a ticket home. You aren't going to get all of those folks working together.

To summarize the above: We will faces denominational differences, territorial differences, organizational differences, and differences of vision, goals, personalities, resources, training, sensitivity, etc.

Part Three
In light of the above, I believe that it will be very important to specify what kind of centers we are talking about. For example, I can picture a center that encompasses the entire range of member care services from informational (like the WELL in Chaing Mai), through educational, pastoral, MA level counseling and doctoral level clinical care. Or I can picture two or more centers, each taking part of that work load. Personally, I lean pretty strongly away from the one large center offering the entire range of services due to my perception that the clinical services need strong professional accountability and have a different set of boundaries, staff qualifications, etc, and need a more clear cut "clinical" identity. If clinical services are offered as a part of one large center I see some potentially very significant problems. Instead, I would like to see a clinical center with its own separate organizational structure, leadership, staff, goals, etc *but* working very cooperatively with those in the broader member care area.

In light of the above, here are is my first attempt at a few potential guidelines:

GUIDELINE ONE: (or Preamble) There are a number of potentially very effective models for providing member care and counseling services. Each organization is encouraged to specify the model they are following, the population they will/are serving, and the kind of relationships they wish to have with other individuals and organizations offering services in their region.

GUIDELINE TWO: Each organization/individual should specify the range of services (which aspects of the Flow of Care) it will/is offering.

GUIDELINE THREE: Each organization/individual is encouraged to develop supportive relationships with other member care workers and to engage in joint ministries and make referrals when appropriate.

GUIDELINE FOUR: All member care staff should have training, experience, licenses (or credentials) and supervision or consultation appropriate to the services he/she is offering.

GUIDELINE FIVE: All member care personnel should be carefully screened by an appropriate organizational body and be accountable to that body.

GUIDLINE SIX: All member care staff should either possess, or be in a supervised process of developing, a high level of sensitivity to the unique needs, perceptions, lifestyles and stresses of members of the missions community. They should also have appropriate cross-cultural sensitivities and awareness.

Part Four
I think it will also be important to somehow clarify the differences between what I call "general member care" on the one hand, and "counseling or clinical" services on the other, and perhaps also Human Resources Services. Dick Gardner and Cindy Langermann put together a neat little chart for Wycliffe differentiating the duties of individuals serving in each of these three areas for SIL. There are differences of confidentiality, qualifications, roles, responsibilities, etc in each of these. It would also be good to specify the minimal academic, spiritual, professional, licensure, training and experience for each area. As I think about it, that is probably too specific for guidelines--but perhaps these standards need to be developed by each organization.
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PROVIDING MEMBER CARE
Member Care Radio—Update
Brent Lindquist

Memcare by Radio (MCBR) is a significant effort of the many people in the member care community. As most of us know, the purpose is develop and air member care-related programs to English speaking people in CA, MENA, and Eastern Europe. While it has been airing for almost three years, it has mostly been organized and carried by TWR alone. Only in the last year has there been a concerted effort to take it to a broader audience and support. Link Care Center (LCC) has become a strategic partner with TWR by committing staff time to help with the development of content resources and to serve on the executive committee. The executive committee consists of Siny Widmer, TWR, who is the overall manager of the venture, Denny Milgate, TWR, who coordinates the technical production aspects, and Brent Lindquist, LCC, who coordinates the content.

In June, the executive committee presented MCBR to the MemCa Task Force in Vancouver, and it was officially endorsed as a worldwide member care program. In addition, several "content providers"--that is, those who contribute by making programs-- volunteered to record programs.. One significant result is that we now have content providers working on program content who come from beyond North America. This internationalization of English programs is the next step towards the development of local programs in other languages, a long-term goal.

Another new development is the spread of "nodes" of content providers. Brent has had a working node with Link Care staff in California, and has served as a traveling host of a number of programs in the US and Europe. Harry Hoffmann has already provided a number of programs from Chiang Mai, where he is identifying people in that community, and doing programs with them. Now, Kelly and Michele O'Donnell and colleagues in the Geneva area, will be meeting with Siny Widmer, the Executive Director, in October to go through a technical training day, and should be providing additional program content soon. It is exciting to see this taking off after so many years of planning and involvement, not to mention struggles!

We have approximately 12 people who have expressed an interest to develop material. We are looking for more. The executive committee will met in August in North Carolina USA, and will meet again there in November .We also plan to attend the Mental Health and Missions Conference in the USA in late November and try and identify and connect with some more content providers. If you have an interest please contact Siny Widmer directly at her email address (siny_widmer@compuserve.com). You can even get on the provider mailing list and receive regular emails from Brent about content issues, and see if that stimulates and desire. Please keep this important ministry scheme in your prayers!

Organizational Profile One—Update from February 2003 issue
People In Aid
People In Aid is an international network of development and humanitarian assistance agencies. People In Aid helps organizations whose goal is the relief of poverty and suffering to enhance the impact they make through better people management and support.

People are at the heart of humanitarian endeavor. They are the beneficiaries, the donors and, critically, the providers of assistance. Our sector is driven by the experience and knowledge of people rather than the functionality of goods or efficiency of services.

The *People In Aid Code of Best Practice in the Support and Management of Aid Personnel* was born out of research into the stressful situations in which humanitarian aid workers find themselves. It is a quality assessment tool which International Non-Governmental Organizations (INGOs), and other organizations, can use to assure themselves that their human resources policies and practices, along with the organization's budgets and plans, lead to effective fulfillment of their mission.

People In Aid itself is a registered not-for-profit organization which provides support to INGOs wishing to improve their human resources management. We provide support for INGOs wishing to 'implement' the Code. As an organization founded as a central resource for the sector we also undertake research, produce publications, offer training and other services tailored specifically to the human resources needs of INGOs.

You can find out more from www.peopleinaid.org or by e-mailing:
Executive Director, Jonathan Potter, on jonathan@peopleinaid.org.
People In Aid: Regent's Wharf, 8 All Saints Street London 9RL - UK
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[Editor's note: The best practice code was recently revised and is now called the *Code of Good Practice*. I want to highly recommend this organization and its publications to you. It's work to support personnel in humanitarian aid organizations is exemplary, and we in the Christian missions community can learn much from them. I am a member of People In Aid and I read everything they send me. In fact, their newsletter is in some ways similar to our MemCa Briefing, and is filled with updates, issues, and resources. In fact, it is my main source of information about what is happening in the area of human resource management/member care in the humanitarian aid sector. Kelly]

Organizational Profile Two—Update from February 2003 issue

Humanitarian Practice Network

This organization is affiliated with the Overseas Development Institute in the United Kingdom. It offers excellent analyses and brief articles on current situations that affect the provision of humanitarian aid. Although primarily of interest to those working in the fields of relief and community development (many missions work in these areas), it also has published excellent materials related to member care such as the *People in Aid Code of Best Practice* (on the support and management of aid personnel) and *Room for Improvement* (research on the well-being/experiences of aid workers). I refer to their materials often and find them extremely helpful to keep me updated in this field. Recently they put together a free CD of all of their publications from 1996 to mid-2002, in both English and French. To request a copy, as well as to subscribe to receive their materials (it is very reasonable) contact them at: hpn@odi.org.uk

[Editor's note--Some of their more recent newsletters/publications have dealt with the challenges of providing "neutral" humanitarian aid in risky settings, where one warring party may take issue with offering aid to an opposing group, and where aid gets "politicized" with lots of strings attached and donor government/multinational corporation interests at stake. This who area is extremely important for member care workers to be aware of, since we are also trying to help organizations who wok in many similar situations—to learn from their experiences and vice versa--and in general, we may also benefit from partnering at times with those organizations from the "non-faith-based" humanitarian community. Kelly]

ESSENTIAL RESOURCES
Book Review:
Where There Is No Psychiatrist: A Mental Health Manual
by Dr. Vikram Patel
Reviewed by Marjory Foyle

Many people are familiar with the excellent books *Where there is no Doctor* and *Where Women have no Doctor*. This new book, *Where there is no Psychiatrist* has been on plan for a long time, and in my opinion was worth waiting for. The author has experience in Africa and India, as well as holding professional posts in the UK, and therefore has the knowledge and background to write for a cross-cultural community. He has succeeded well. The book will be of help to a wide range of people working cross-culturally, as well as those within their own culture. The targeted readers include those who have considerable experience of mental health problems, those with little knowledge, and those who are not medically trained at all. There is something of interest to virtually everyone in any sort of caring, pastoral or family role.

At first sight the book may appear to be heavy-going because there is a lot of print in only 288 pages, but this is offset by clear and comprehensible language. Technical terminology is used , but in most cases is explained clearly by words, drawings or useful tables. My only criticism is that those for whom English is not a first language might find the quantity of writing on each page a little daunting. I hope it will be translated into other languages in the near future.

The book is divided into four parts which cover: 1. An overview of mental illness; II. Clinical problems; III. Integrating mental health, which includes exciting topics such as mental health in primary care, caring for the carers, and meeting refugee needs; IV. Localising the manual for your area. There follow flow-charts for problem solving, Bibliography, Glossary of terms, and a request for comments.

I would strongly recommend this book to all those involved in cross-cultural health care, however senior, for there is much that is refreshingly helpful. I would also recommend it for leaders of communities and organisations, including those working in a medical, pastoral or administrative capacity. Non-medical volunteers and longer-term workers will find it useful, for they are often asked for advice by the local community. It is not, of course, a religious book, but a simply written text-book which has tried to be culturally acceptable to peoples of all religious communities. In areas where mental health is little understood it may do much to remove the prejudice and misunderstanding that add so much suffering to those with mental health difficulties.

Published by Gaskell. British Library Catalogue Number ISBN 1-901242-75-7
Order from Book Sales, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. Or order on-line at <www.rcpsych.ac/uk/publications>. Price £8.00 post free for UK and overseas surface mail deliveries. It is endorsed by Teaching Aids at Low Cost (TALC).

Member Care Translations
Just a note to say that there are some good projects underway to translate/write member care articles in these languages. And to distribute them too!

1. Spanish—an 80 page compendium on member care—*cuidado integral*—for the COMIBAM conference
2. Portuguese—A shorter version of *Doing Member Care Well* with added articles from latin American authors
3. Korean—the full version of *Doing Member Care Well*
4. Chinese—about 200 pages of various articles from different sources. These will be put on CDs.

Member Care Videos
A Note from Member Care Associates-Geneva
Our group recently met to discuss the area of member care hubs/centers. We looked at two fascinating videos—15 minutes each—that describe the work of Tumaini Counselling Centre in Nairobi, and The Well in Ciang Mai. These two videos gave us a lot to think about and pray about too. We were able to get a better sense of what these ministries are like and then envison some more about how other hubs/centers could be developed. We want to encourage you to get a copy of these videos and show them in a small group setting as well. For more information contact Harry Hoffmann (hoffmannht@compuserve.com) and Roger Brown (dr.brown.ac@aimint.net).

International Day of Prayer--November 9 and November 16, 2003
Religious Liberties Commission, World Evangelical Alliance
Date: Wednesday 1 October 2003
Subj: IDOP 2003. One Church - Uniting Through Prayer
To: World Evangelical Alliance Religious Liberty News & Analysis
From: WEA RLC Principal Researcher and Writer, Elizabeth Kendal.

International Day of Prayer (IDOP) for the Persecuted Church, 9/16 November 2003
Elizabeth Kendal Principal Researcher and Writer
Religious Liberty Commission, World Evangelical Alliance

[Editor's Note—How does the persecuted church relate to member care? Is this not outside the focus of what member care is about?—that is, member care should be focusing primarily on mission personnel. The quickest answer to this good question is to refer readers to a challenging and sobering theological rationale for bring the two areas together--see the short article in *Doing Member Care Well* called "Humanitarianism with a Point."]

International Day of Prayer (IDOP) for the Persecuted Church is approaching. The World Evangelical Alliance Religious Liberty Commission's IDOP 2003 resource material is now available on the web at <http://www.idop.org>. The material can be freely downloaded or alternatively, a CD version can be ordered through the site.

By these means you will have access to short articles, devotions, Critical Prayer Requests (CPR) for strategic nations, and visual resources that include overhead transparency masters (under "Global Highlights") and a 12-minute VCD. IDOP is supported by numerous persecuted-church aid and advocacy groups and is a truly global prayer event.

Christians in West Africa, Pakistan and Indonesia, who are presently suffering on account of their faith, are amongst this year's IDOP contributors. Most notably, the Reverend Renaldy Damanik has contributed a piece from his prison cell in Palu, Central Sulawesi. Whilst he has suffered in prison (poisoned in custody in December 2002, hepatitis, separation from wife

and daughter) our redeeming God has redeemed this injustice and suffering for HIS glory and purpose. God has taken the imprisoned Damanik, a pastor to the Christians of Central Sulawesi, and made him a pastor to the
persecuted of the world through the magnificent contribution he make to IDOP this year.

The 12-minute VCD is in 3 parts - 1) background to the Central Sulawesi jihad and Rev. Damanik's imprisonment, 2) a very moving and beautiful music clip, 3) a live greeting from Rev. Damanik. It was produced by Cry Indonesia Media and will soon be available for downloading from <http://www.idop.org>. Alternatively, it is on the IDOP CD, or if video or DVD is preferred, it can be ordered through the Cry Indonesia Media website <http://cryindonesia.rnc.org.au>.

Theme: One Church, Uniting Through Prayer
Two Bible texts form the basis for this year's IDOP theme: "My prayer for all of them is that they will be one ..." Jesus praying to the Father, John 17:21; and "Dear friends, I urge you in the name of our Lord Jesus Christ to join me in my struggles by praying to
God for me. Do this because of your love for me, given to you by the Holy Spirit." Paul exhorting the church, Romans 15:30 (NLT).

This side of heaven, we - the global body of Jesus Christ – will always have differences due to our limited understanding. However, through the ministry of the Holy Spirit, we can be united as ONE CHURCH through our love for each other as brothers and sisters. This is the will of our Lord and Saviour.

In a deeply spiritual and yet intensely practical way, we can join with those who suffer, by praying for them. We do this out of love. It is the Holy Spirit who gives us love for our fellow believers - if you don't have it, just ask for it.

Take note of the trends:
1) Through the 20th Century, and particularly since the 1960s, the Church has been growing and expanding at a rate unknown since early church days.

2) Religious intolerance, oppression/ersecution are escalating - skyrocketing in recent years.

3) The Holy Spirit is birthing prayer movements and stirring people's hearts. Christian interest in global mission and religious liberty news is growing, and the response to IDOP and the WEA RLC prayer ministry in recent years has been phenomenal. And we are seeing amazing answers to prayer.

The Church is made up of precious living stones. We are stronger when we stand united, and prayer (a practical expression of love), like cement, can join or bond us together. It is wonderful to be involved in what the Spirit of God is doing. (Romans 16:20)

SPECIAL ISSUES
The Judeo-Christian Roots of the Humanitarian Aid Movement
I (Kelly) was really amazed to read a paragraph of a recent article called “Humanitarianism, Islam, and 11 September”. It is from the July 2003 *Humanitarian Policy Group Briefing* (hpgadmin@odi.org.uk). What struck me about this paragraph was how accurately and unapologetically it reflects the foundational input that Christians have had in the birth and development of the modern humanitarian movement. It is so refreshing, and this “truthful” perspective is seldom talked about, at least in most of the circles I connect with here in the Geneva area, the hub of the humanitarian world. It is worth rereading too!

"The extensive literature on Western humanitarianism seldom does justice to its religious traditions. Western humanitarianism was moulded by Catholic monastic orders, by the Geneva Calvinist founders of the Red Cross, by the Salvation Army, by the Leprosy Mission, and by the Oxford Quakers who helped to found Oxfam. Church organisations dominated international aid until the Nigerian civil war of the late 1960s, with the founding of the secular agencies Médecins Sans Frontières (MSF). Even today, strands of Christian humanitarianism are strongly represented by Caritas, World Vision, the Order of Malta, Christian Aid, and the Nordic churches…Although it is likely that practicing Christians are in a minority among the personnel who work for Western humanitarian agencies, the West is widely perceived as Christian, and the liberal humanism underpinning Western humanitarianism, even I for member care providers. That in its 'secular" form, is arguably itself underpinned by a heritage of Judeo-Christian values.
Jonathan Benthal, Honorary Research Fellow
Department of Anthropology, University College London

Professional Liability Insurance
I (Kelly) have been thinking for some time about the possibility of professional liability coverage for member caregivers. And especially for those who are from (or who work with missionary clients who are from) countries where malpractice complaints/litigation is likely—that is, the USA/Canada and the UK. Do these folks need malpractice coverage to protect their financial assets in case of alleged practice errors of commission or ommission? This is a topic that warrants a lot of discussion. Some of the issues, as I see it are:

1. Who really needs malpractice insurance? For example, do caregivers from countries where the idea of litigation/liability insurance in the helping field does not exist? Or is it even desirable/necessary for caregivers who are not credentialed/licensed "professionals"?

2. Is the idea of professional liability insurance something that really needs to be "imported" into other countries and to other member care practitioners? Is the protection of personal assets, legal suits, and judicial precedents regarding malpractice, even such an issue?

3. Do policies actually exist to cover member care–related work done outside of one's passport country? And if so, how suitable and affordable are these policies?

I have been researching the last question in particular, as both a British and an American citizen, the last three years. Here are a few things I have found:

a. in many countries there is little understanding of, felt need for, and hence no opportunity for professional liability insurance to practice a member care ministry
b. some countries may offer insurance, such as groups in the USA and UK, but you must be based in/resident in this country in order to be covered, although one's travel out from this country on short trips is usually covered. These policies vary in terms of which country the actual case would have to be brought. For one UK group, they could be brought anywhere in the world except North America (where the possible costs/awards can be enormous). One group in the USA offered worldwide coverage, including internet consultation/counseling, but any case had to be brought to a A court.
c. The premiums can be too high for many. One estimate I got from a USA insurance group that was underwritten by a UK group was $1500 US per year for about 1 million per occurrence and six million aggregate coverage. While this is actually a competitive price for what's called "occurrence" coverage if I were based in the USA, and practicing as a psychologist full-time, the actual cost is very prohibitive now.

So where does our member care field go with regards to professional liability issues? The fact is that a number of licensed Western professionals are taking risks, hopefully carefully and calculated risks—as they step out and live outside of the USA/Canada/UK for example--and provide member care services in some potentially tricky situations. Tricky? Of course. Things like suicide, being sued by a relative of a missionary (a likely scenario in some cases), inadequate evacuation or crisis care efforts, etc.

It is more than "we must just trust the Lord in this and keep doing what we need to do." I think for some of us, we need to find a good policy that will provide the coverage we need at a reasonable price. For others of us, it is simply a "non-issue" as one does not think and do things like this in his/her country. We welcome your comments.

HIV/AIDS—A Member Care Issue?

Sally Smith

How are we doing as member care providers when it comes to looking at the implications of the HIV/AIDS epidemic for missions personnel? To many of us HIV/AIDS is something the medical people do: they are running prevention education programs in schools, or orphanages for HIV orphans, maybe the doctors and nurses have to take special precautions in the operating rooms. But do we consider the wider ramifications of the epidemic for all our staff?

Let me give you some examples: Are you prepared to meet some of the personnel situations or surprises that the HIV AIDS epidemic might throw at you this year?

1) Do you have **pre-service orientation** for your staff on personal HIV prevention and protection? Maybe, maybe not: How then would you respond to the situation of a young single male mission partner from Thailand disclosing in a debriefing session that he has had a Thai male sexual partner? My guess is that you have policies on relationships with nationals, that you look at issues of morality, discipline and pastoral care: But would you know how to go about suggesting he might consider taking an HIV test? And would you continue to employ him?

2) Do you have an HIV AIDS **policy for your organization** (e.g., for selection procedures) and a policy for post exposure prophylaxis (PEP)? (Drug treatment for HIV infection after accidental injury or rape.) Are the medications in place in the event of an emergency? Would your staff know how to get hold of them? Would you provide them for your national staff: Heineken (the beer company) does! And how would you respond to a call from a remote mission station to say that a single female nurse has received a serious injury while doing surgery on a patient infected with HIV?

3)Would you know and recognise the signs of worker fatigue and **burnout amongst carers** working constantly with people infected with HIV? What risks might your staff be taking under stress? How have you prepared them for this in training? And who is monitoring their levels of stress, burnout and risk taking in the field?

4) Do you have **emergency evacuation guidelines** that consider HIV prevention? What is included in your training for project directors on emergency procedures? How would you advise a project director who is wanting lists of emergency supplies to take as he evacuates his staff? Are strong leather gloves and a torch part of your HIV prevention/first aid kit in every mission vehicle?

I would like to think that we have all addressed these issues, that we have written policies that have been communicated with our staff in their initial orientation course before they depart for the field. That there has been adequate time for them to ask questions and explore their concerns. For example:

"Does a staff mother let her preschool children play with the neighbour's children whose father died of AIDS last year?" This can be a real anxiety for a new young mum and field worker. Or "If you need a surgical procedure done overseas, where do you get safe donated blood from?"

I would like to think that project leaders and directors have had extra training before taking up their roles in leadership which included training on HIV-related issues. That they would be aware of the increased risks of HIV transmission during emergencies and have had training on how to minimise the risks and the necessary supplies they need to carry during evacuation to protect the team from unnecessary HIV infection.

I know however, that in reality most of us are busy, our departments are understaffed and under-resourced. We spend most of our time in the recruitment and debriefing of field staff, putting out fires and dealing with crises. We work hard on the 'urgent' policies and though we might like to do some of these 'extra things,' well somehow, there just don't seem to be enough hours in the day. I've been there too, and can relate to such struggles.

My job however, is to raise your awareness, to encourage you to mainstream HIV AIDS thinking into all that you do, and to provide and develop resources to help you do that. The HIV AIDS epidemic is not just something that we go and fight in the field or leave to the medical people. Ask yourself the question. What do I need to do about it now? sallysmith@wanadoo.fr

FUTURE DIRECTIONS

Pulling it All Together?—Idealistic Reflections on Member Caregiving

Kelly O'Donnell

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 is something to think about.

The need to be involved in meaningful work seems to be part of human nature. Who wants to be "stuck" building something like a pyramid all day for someone like a Pharaoh? Some of the most content people seem to be those who are able to find a meaningful way to combine together their heart passions, practical skill sets, sense of calling/purpose, and lifestyle preferences, as they "make a living". This does not necessarily mean a comfortable lifestyle, or living in non-risky situations. Or the absence of suffering. But rather it gets at using ones talents in ways that can make a difference. And not necessarily in a way whose primary aim is to make one feel fulfilled personally. The Lord knows that most of the world's work force probably dreams of having such opportunities to combine "passion, skill sets, purpose and lifestyle" opportunities. And above all to be able to *choose* among several good options, with regards to work, leading perhaps to the luxury of actually having a *meaningful career.* It is a privilege to serve in member care and to help make a difference. It is meaningful. But more importantly, it helps others. And I certainly like it better than when I sold used cars.

UPCOMING MEMBER CARE EVENTS

MemCa Website: http://www.membercare.org
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