



# HEALING LIVES

through **CHE**

  
medical ambassadors  
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healing lives...transforming communities

FALL 2023

# HEALING LIVES

FALL 2023

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Thank you!



“Being a student is easy. Learning requires actual work.”—William Crawford

“The great aim of education is not knowledge but action.”—Herbert Spencer

“Education without application is just entertainment.”—Tim Sanders

“Tell me and I forget. Teach me and I remember. Involve me and I learn.” —Benjamin Franklin



## from the Editorial Team

We call it Community Health Evangelism or Community Health Education (CHE). Either is a mouthful. We pronounce it “chay” and communicate it as CHE simplified. But CHE is anything but simple. It encompasses hearts, minds, bodies, spirits, and touches villages, communities, cities, nations... the world. It is wholistic. It is taught, learned, and applied. And it changes everything.

In these pages we hope to present in one issue a story of CHE from its beginning to the movement it has become. In *Out of the Chrysalis* (page 4), Dr. Paul Calhoun explains the struggles and challenges of working in clinics overwhelmed by patients and with little time to care for spiritual needs.

How did CHE break this cycle? You’ll find a timeline spanning pages 10-15 of the *Precursors to CHE and How it Developed and Expanded*.

Dr. Robert Sullivan’s story (page 10) shows how God prompted him to move from mending broken bones to mending lives in wholistic development.

Read how U.S. neighborhoods have been transformed (page 14).

Complete a CHE lesson with instructions on page 18.

Jenny’s story (page 24) reverses our worldview, teaching us how wealth does not overcome a poverty mindset.

With many charts and graphics, we pray this issue will encourage you to understand the heart and application of CHE. You’ll learn how you can promote this strategy that truly heals lives!

*healing lives...transforming communities*

# Out of the Chrysalis

by Dr. Paul Calhoun



Some of you know that Medical Ambassadors International actually started with the purpose of holding medical clinics in developing countries in areas that did not have access to good medical care. As a board member in the 1980s, I would occasionally take time from my medical practice to do short-term trips to Haiti, India, the Philippines, and Central America. Soon some of the shortcomings of our efforts began to become apparent. We did our best to conduct evangelism in the clinics but never had the opportunity to follow up with patients who were open to receiving Christ's gift of salvation. We frequently could provide relief from illness, but we were helpless to get to the root causes, to keep the same old conditions from returning.

There was also the issue of our limited human resources. I recall mornings in Haiti when we spent the first half-hour of our clinic triaging patients, sending half the people home so we could adequately treat the rest before we had to move on to an afternoon clinic and repeat the process. Scores of disappointed patients were sent away untreated from each clinic, forced to trudge, sometimes for long distances, back to their homes.

On closer examination, there was a much deeper problem with what we were doing. It was an identity issue. We were looked upon as saviors coming to the rescue of "inferior" people who could not help themselves. Unwittingly we were reinforcing their identity as victims that only outside intervention could rescue. This self-image of dependency and helplessness restrained people from taking creative initiative to solve their own problems. Furthermore, these clinics were isolating people from each other. Instead of mutual cooperation, people found themselves competing for the limited resources of rescue. What one neighbor received, another was denied.

On the other side of things, we as doctors were pressed through exhausting days of seeing far more people than we could carefully treat. Our goal of sharing Christ was eaten up, consumed by the pressure of meeting the more immediately pressing physical needs. The ability to tend to the strategic need for spiritual well-being was thwarted. We crawled into our bunks each evening deeply tired, happy we could help, yet troubled with the sense there needed to be a better way.

By 1987 when I was asked to sell my medical practice and take full-time leadership of MAI, I was convinced we needed a new strategy. Unfortunately, I had little idea what that strategy should look like. But I did have a promise from Scripture. "If any man lacks wisdom let him ask of God who gives generously and without reproach and it will be given to him" (James 1:5). I have no doubt that it was God himself who led me to a man by the name of Stan Rowland who for the previous ten years had been developing Community Health Evangelism (CHE) in Kenya, Africa. This ultimately became our sole strategy; Stan became a key leader of MAI staff.

MAI Clinics	Community Health Evangelism
No time left for evangelism	Equal time given to spiritual training as to physical
No follow-up training	Nationals as trainers remain in the village for three to five years
Same illnesses treated over and over	Attack the root causes of disease
Patients turned away from crowded clinics	Whole village encouraged to participate
Patients in competition for treatment	Villagers unified to work together for the betterment of all

What was it about CHE that revolutionized the mission and resolved the issues that plagued us in the early days? Let's quickly summarize in a table:

But these things above are not the heart of the matter. The genius of CHE, which gives a community the power to be turned right side up, is that the community is empowered to create its own transformation without dependence upon outside resources. What's more, it remains sustainably upright long after the trainers depart.

The ideal trainer is the one who can draw out answers and solutions from the village group. Certainly, key elements of the knowledge base may come from the outside through the trainers, yet applying this information to their local situation is for the villagers to discover among themselves. The critical resource for spiritual principles is the Word of God. However, its application to village and individual life is made by the community after pondering its truths.

Solutions involve the use of readily available materials and skills rather than bringing in physical resources from the outside.

Why is this so important when there are so many organizations standing ready to bring in an abundance of goods? The answer is that there is an almost mystical switch of mindset which is thrown when gifts come from without. The community immediately develops a mindset of a grateful, delighted dependence on solutions from the outside. Outsiders are cheered and fêted. Recipients and donors feel the bond of a

satisfying partnership. Yet, the community has been robbed of a determination to solve its own problems. Resetting can take months or years. Refocusing on using the community's own resources, ingenuity, and passion for industry is a

delicate thing, not easily come by, and easily destroyed.

Most important is the commitment to work together as a community for the common welfare. This takes a transformation of the heart. Surely, it is fostered by the experience of doing simple projects together like a community garden or a fishpond. But most importantly it takes the spiritual transformation that comes about by receiving the gift of Christ's redemption. Lasting behavior change only comes from a changed heart. The redeemed heart produces the desire to look out for one's neighbor.

MAI is committed to sharing CHE with other mission organizations and churches. Out of the cocoon of willing intentions came the beautiful butterfly, the effective strategy of CHE which has transformed mission operations all over the world. The strategy of CHE has given MAI and other mission agencies a new set of wings. We thank God for this effective tool of transformation, raising up laborers for the abundant harvest. ■



Dr. Paul Calhoun served as Executive Director of Medical Ambassadors International during the years 1988-2005. He is currently retired and resides in Arizona with his wife, Darla.





# The Integral Role of Community Health Evangelism (CHE) in Wholistic Development

by Kritrika Akila Rachna

Community Health Evangelism (CHE), a community-centered development strategy, has grown in prominence due to its focus on wholistic well-being which integrates physical health and spiritual welfare. As an approach embraced by numerous organizations globally, CHE is significant for its unique capability to empower communities to address their own distinctive challenges. In this article, we delve into the strategy, advantages and disadvantages of CHE, and its alignment with the concept of Integral Mission.

## **Strategy**

The CHE strategy employs a collaborative and value-driven process. Its core objective is to establish strong community relationships and foster a sense of ownership of problems and their resolutions. An inherent part of the process is an introduction to Jesus, the One who enables change to occur in hearts and motivations. To kick-start a CHE program, local volunteers are first identified and trained. These individuals then carry out community surveys and dialogues to pinpoint key challenges within the community. Armed with this knowledge, the community is then mobilized to tackle these issues, employing local resources and creativity.

## **Advantages**

One key advantage of CHE is its inherent

sustainability. By enabling communities to address their issues, the outcomes tend to be more enduring than those imposed by external agencies. The reliance on local resources ensures the developed solutions remain affordable and accessible, even after the external support phases out.

Another benefit of CHE is its commitment to wholistic health. It goes beyond physical health to encompass spiritual, emotional, and social well-being, understanding the interconnected nature of these facets. This comprehensive approach often triggers wider community transformation, with a broader impact than a singular development focus.

## **Disadvantages**

However, CHE isn't without potential challenges. A notable downside is the gradual pace of change. Given that CHE depends on local volunteers, community involvement, and consensus, implementation of solutions often takes longer compared to top-down, directive approaches.

Moreover, the complexity of diverse interests within communities presents a hurdle. Achieving a collective agreement among various cultural and individual

*continued on page 8*

perspectives can be tricky. The process can produce misunderstandings, conflicts, and even resistance, particularly when addressing deeply ingrained practices or beliefs.

### Promotion of Integral Mission

Integral Mission, also known as wholistic mission, emphasizes the inseparability of spiritual and

physical life dimensions. It represents the expression of God's love and compassion in all spheres of life, personal, social, and environmental. CHE aligns seamlessly with this ideology, acknowledging the wholistic nature of individuals and communities. It not merely addresses physical health, but also focuses on the emotional, social, and spiritual components of human existence.



**Training of Trainers (TOT)**



**Sewing Projects**



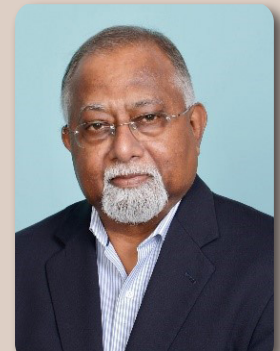
**Water Purifying**

By enabling communities to identify and resolve their challenges, CHE instills a sense of responsibility and unity. This, in turn, encourages communities to demonstrate care for one another and their surroundings, epitomizing the principles of Integral Mission. Additionally, CHE creates a conducive environment for spiritual conversations, allowing communities to delve into deeper life meanings and values and helping them find the empowerment of the Holy Spirit in their lives.

In summary, Community Health Evangelism is a transformative approach that effectively melds physical health and spiritual nourishment. Despite the potential hurdles, its strengths are embedded in its capacity to empower communities and advocate sustainability. As the world grapples with complex, multi-dimensional issues, the adoption of wholistic strategies like CHE proves instrumental in driving comprehensive and enduring solutions. CHE's emphasis on community self-reliance and spiritual growth holds a profound promise for the sustainable development and well-being of communities around the globe. ■

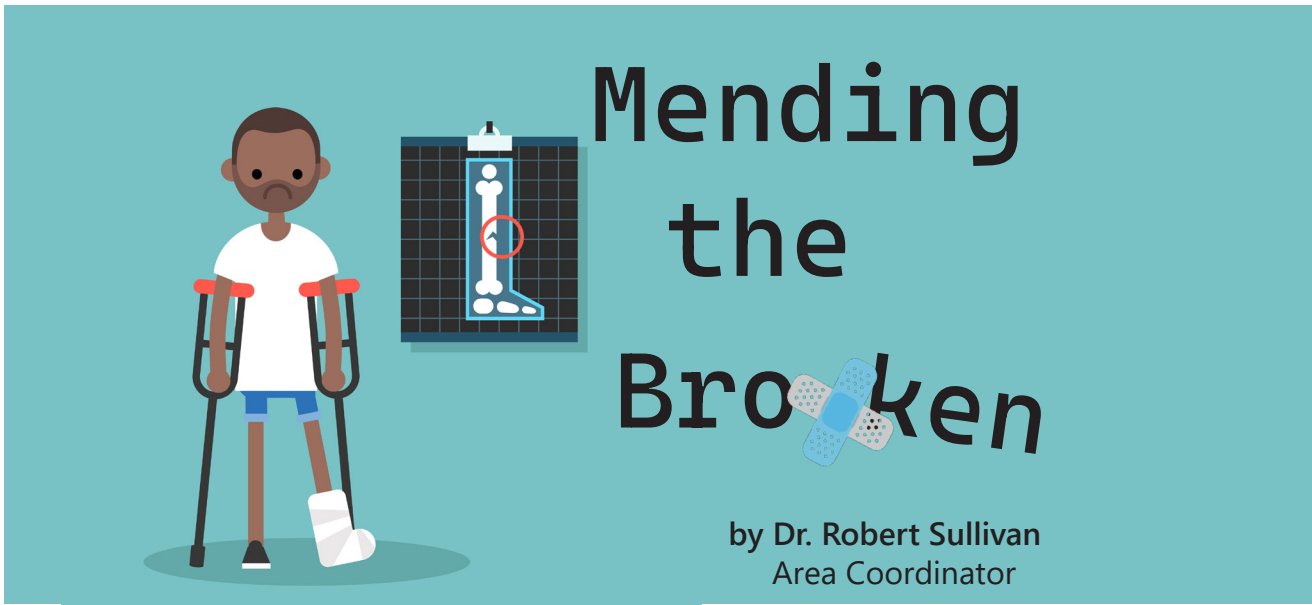
As I make new contacts, talk to prospective donors and potential foundations that we seek partnership with, a common request I get is, "CHE sounds like a great approach, but explain more about it."

This issue of Healing Lives hopes to do just that—compiling CHE information all in one place!



Dr. Ravi I. Jayakaran  
President/MAI





# Mending the Broken

by Dr. Robert Sullivan  
Area Coordinator

Thomas Edison said, “The doctor of the future will give no medication but will interest his patients in the care of the human frame, diet, and in the cause and prevention of disease.” The path that God ordained for me was to become one of these “doctors of the future” serving with MAI.

While I was in medical school, training to be a doctor, I worked part-time in both auto mechanics and carpentry work. So, it was natural for me to enter an orthopedic surgery residency where I would be learning to use tools with my hands to repair broken bones and other skeletal problems. Once I began my private practice, I thoroughly enjoyed using my skills

to put broken bones back together, which I have now done for over 40 years.

At age 35, I received God’s gracious gift of faith to become a follower of Jesus. It was then that I began integrating physical and spiritual realms. I saw that praying with patients and sharing the gospel was as important as doing an excellent job of fixing bones for proper healing.

The evangelical church that I belonged to would send mission teams to Mexico to assist in rural church planting by national church pastors. We traveled in a mobile clinic to serve both medically

## A Timeline of Precursors to CHE and How it Developed and Expanded

by Terry Dalrymple, V.P. Alliance for Transformational Missions & Coordinator for Global CHE Network

Rapid Rural Appraisal (RRA) promoted by Dr. Robert Chambers of IDS Sussex

### Early 1970’s

### Late 1970’s

Jules Pretty from IIED, et al. including James Mascarenes, Sam Joseph, Kamal Kar, Ravi Jayakaran, et al.-introduce PLA-Participatory Learning & Action in South Asia and Africa. Early adapters train multiple organizations

### 1965-1970

Farming Systems Research & Education (FSR&E) -Began from Khon Koen University, Thailand

### Mid 1970’s

Participatory Rural Appraisal (PRA) by Robert Chambers, et al. in Africa & South Asia



and evangelistically at these new church plants. With the joys of seeing God's power at work, even through many trials, God stirred my heart to do longer-term mission work in Sub-Sahara Africa. Our primary focus there was discipleship while training national surgical residents in excellent medical care. The surgeries were very challenging due to limited resources, the severity of injuries, and a meager surgical facility.

Yet, it was during these years that my heart was attuned to a broader ministry that would reach beyond the mission hospital to the community at large. Those who had broken bones not only needed physical mending, but also emotional, relational, social, economic, and spiritual healing. I observed that a majority of hospital admissions could have been avoided if preventive health measures had been taught.

In Matthew 4:21, Jesus called the sons of Zebedee, James and John, to become His disciples. Though they were engrossed in mending their fishing nets, He called them to a purpose greater than physically mending their nets. He called them to follow Him in ministry to restore hurting people to the wholeness God intended for them.

In a similar way Jesus has called me to be that "doctor of the future" who tries to interest his patients in wholistic wellness by integrating the physical and spiritual aspects of life. It was not easy to lay down my surgical scalpel and then to transition to doing CHE ministry. Compared to miraculous surgeries which mend broken bones, CHE is not immediately seen as spectacular. CHE restores hope where it has been lost in impoverished communities. CHE is a slow, gradual process of change in people's worldview through facilitated lessons in a step-by-step process. As an integral ministry serving the broken, CHE achieves whole-person mending and true-life transformations not seen in mission hospitals.

As James and John left the mending of their broken nets, I left the practice of mending broken bones. My wife and I took the full CHE internship in Kenya to learn the CHE principles and how to implement them as God's plan for restoring communities and transforming lives. I have the blessing and joy of being a CHE coordinator in a creative access country. We now get to experience the indescribable pleasure of seeing CHE-trained families and their communities thrive physically, emotionally, relationally, and spiritually as maturing followers of Jesus. ■



- PLA grows through multiple secular NGOs especially in Asia, Africa, South America
- Stan Rowland develops CHE making adaptations from participatory tools and CHE moves to Nairobi Campus Crusade office and grows in East Africa and other English speaking African countries.

**1985-1990**

**Early 1980's**

Early PRA/PLA pioneers start innovations: Dr Ravi Jayakaran develops the TST-Ten Seed Technique, RFSA (Rapid Household Food Security Status Assessment), and the HWVA (Holistic Worldview Analysis). Kamal Kar develops CLTS-Community Led Total Sanitation, & Parmesh Shah develops MOP -Moving Out of Poverty

**1986-1990**

Multiple organizations get trained in CHE including Medical Ambassadors International (MAI)



by Hugo Gomez, M.D.

The theory of evolution became void upon the discovery of the evidence of DNA. The term “evolution” may sound foreign to the environment of Christian service. It implies a gradual development of something as it moves from a simple to a more complex form.

Any dictionary says that development is “a process that creates growth, progress, positive change or

the addition of physical, economic, environmental, social and demographic components.” They miss the spiritual aspect, though.

But all those in Medical Ambassadors International (1983 – 2008 for this writer) have not only seen but have lived through evolution and development in Christian ministry.

Since Dr. Raymond Benson founded MAI in 1971 in Vietnam, MAI has gone from service projects (medical clinics, feeding centers, schools, church planting, etc.) to Community Health Evangelism programs, equipping communities through Christ-centered health and development.

Now a world-wide movement, CHE work is being accomplished in 75 countries with MAI’s direct involvement and in over 136 countries through organizations registered with the Global CHE Network (GCN).

Whenever the CHE communities plan together to solve a local problem, you can trace their involvement back to a CHE training. Trained community committees and CHE volunteers mobilize their neighbors to put their own local resources into play.

- MAI moves out of curative clinics to adapt CHE as its ongoing strategy.
- MAI field Directors multiply it worldwide.
- 1993- CHE introduced in Southern Russian Muslim countries of Central Asia by Stan Rowland, including an association with IBM’s CPM-Church Planting Missions in Parts of China and the Stan countries
- Dr. Jukka Harjula introduced MAI’s Terry Dalrymple to PRA/PLA in Southeast Asia. Terry developed PLA lesson plans to address the Physical and Spiritual through CHE
- 1998-2002 Rapid expansion in Southeast Asia leads Terry Dalrymple to set up National councils and a Regional Council in Southeast Asia.

**1990-2000**



**2002**

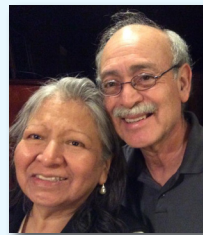


Dr. Ravi Jayakaran introduces Holistic Worldview Analysis to the Regional Council in Southeast Asia. Lessons are written and the tool incorporated into CHE.



External resources are always welcome, but in ways that can avoid “donor-driven” behavior.

While the individual CHE communities do not number in the thousands in Central America, there have been scores of model CHE communities since 1989 that evidence the impact of CHE for the entire region (Nicaragua, Honduras, El Salvador, Guatemala, and Mexico). Working with MAI, Global CHE Enterprises, and other partners, as these communities have evolved and developed, they have broken out of the cycle of poverty into abundant life and wholistic transformation in Jesus Christ through Community Health Evangelism. ■



Dr. Hugo Gomez joined MAI in Guatemala in June 1983. He serves as Regional Coordinator for Mesoamerica. He is CEO of Global CHE Enterprises & Vice-Chairman of Global CHE Network

MAI field ministries begin CHE movement with MAI. MAI makes structural change to make Field Directors to Field Coordinators, with the leadership structured to facilitate CHE

Specialists expand the capacity of CHE by developing curricula to address issues emerging in CHE communities. Dr. Jody Collinge develops CHE curriculum for children, Charlene McWilliam and Holly Frieas develop Women’s Cycle of Life, John Driver develops Participatory Agricultural Development, Maggie Conrad develops Birth Life Saving Skills & Carla Davis develops CHE curriculum for use in creative access areas

**2003**

**2005-2010**

**2003-2004**

Committee appointed made up of Dr. Gil Odendaal, Dr. David Sir, Terry Dalrymple, and GC to propose a plan for reorganization of MAI. The committee proposed decentralization, the appointment of national coordinators and facilitators, and the worldwide formation of National and Regional Councils



# What IF..?

by Garold Elston, MTh

Over the years, an urban neighborhood in the U.S. looked on, watched as many zealous churches sent visitors, promising to bring “change.” This created not only discouragement but also disbelief that people claiming to be Christians would really help. Most disappeared after one visit, afraid of the hardness of the community and lack of their own resources to commit to the long haul. When visitors offered to pray for the neighborhood folks, they felt more like the prey than the prayed-for, as they became the “poster people” of the churches’ good works...without benefitting from any real results. Skepticism set in.

In 2014 another individual came. This person kept coming back, without promises, just wanting to get to know them and their hearts. The neighborhood



cautiously allowed a friendship to grow, and over time trust was earned. The individual noticed an overgrown, vacant piece of property was used for the children to gather. This was the beginning of developing an asset within the community. The neighborhood raised funds and helped purchase the field. It has become the gathering point for the neighborhood. Pick-up soccer games, BBQs, Bible studies, and even weekly food exchanges are experienced at the Field. It has been nine years now and those beginning friendships have grown into deep bonds of relationship.



- ATM- Alliance for Transformational Missions becomes a 501c(3) encompassing two collaborative networks Global CHE Network (GCN) and Collaborative for Neighborhood Transformation (CNT).
- 2008 MAI asks Terry Dalrymple to set up a Global CHE Network. Terry launches a website and schedules meetings with MAI partner organizations on five continents.

**2008**

**2006**

- Terry Dalrymple replaces Stan Rowland as International Coordinator at MAI and appoints nationals as regional coordinators in Africa and Latin America.
- Stan Rowland begins applying CHE to Urban America and develops a strategy for Neighborhood Transformation
- CHE spreads to five continents and starts developing CHE core values & principles. Curriculum developed and shared widely



This has allowed them to exercise the best of what they can do in the community and see results they never thought possible in their neighborhood.

WHAT IF . . .

- ◆ Neighbors helped their neighbors instead of being dependent on professionals for help?
- ◆ We concentrated on a person's assets not their needs?
- ◆ We concentrated on possibilities not problems?
- ◆ We listened to the poor, having real conversations with them, resulting in helping them to accomplish what they want to do, not what we think is best for them?
- ◆ We empowered people to do things for themselves instead of doing things for them?
- ◆ We joined in with what was already going on in a neighborhood instead of bringing in our own agenda?
- ◆ Ministry did not focus exclusively on one area—thinking that would address all needs—but, rather people's lives were changed in all areas: physically, spiritually, emotionally, and socially? That's called Transformation! ■



Rev. Garold Elston, MTh, volunteers as the Director for the Collaborative for Neighborhood Transformation. Garold oversees work being done throughout the U.S. His role is to train, coach and network with City Catalysts, Churches and NGOs to be involved in transformation by knowing their neighbors and creating community. To find out more, visit: [www.neighborhoodtransformation.net](http://www.neighborhoodtransformation.net)



- CHE grows in MAI with multiple innovations like WCL, 1000 days, Wake up Deborah, etc.
- GCN and CNT continue to expand

**2016-2017**

**2009-2015**

- CHE grows within MAI.
- 2009 Terry Dalrymple, Stan Rowland, and Paul Calhoun asked by MAI leadership to set up the Alliance for Transformational Ministry (ATM) for the purpose of launching new non-profits doing CHE and Neighborhood Transformation. The Global CHE Network and the Collaborative for Neighborhood Transformation become Affiliates of ATM.

**Disclaimer:** *Creating a timeline like this for a movement like CHE is a challenge because multiple things have often happened simultaneously, and some details can easily be missed. However, this is an attempt to put together what we do know so that readers can appreciate how the CHE methodology emerged, grew, and developed.*  
~ the MAI team

**2018-2023**

- MAI in 75 countries using CHE programs.
- GCN being used by 384 collaborative partners globally in 121 countries, including those in the 75 MAI programs.



# TELL THEM WHAT YOU'VE SEEN AND HEARD

by Steve Otradovec, Global Coordinator

In the gospel of Luke chapter 7, as John the Baptist languishes in a prison cell, his suffering leads to seeds of doubt that Jesus is in fact the Messiah, so he sends his followers to Jesus to ask him directly. In verse 22, Jesus responds, “Go back to John and tell him what you have seen and heard—the blind see, the lame walk, those with leprosy are cured, the deaf hear, the dead are raised to life, and the Good News is being preached to the poor” (New Living Translation). Rather than simply responding to John’s question, Jesus encouraged John with evidence of the impact, proving he was indeed

the Messiah. In a similar, but perhaps more comprehensive manner, Medical Ambassadors (MAI) demonstrated the impact of Community Health Evangelism within a country ravaged by war nearly 20 years ago.

By 1997, CHE had been introduced to 56 villages within the Democratic Republic of Congo (DRC). However, in 1998 the war from Rwanda spilled into the Congo initiating a four-year civil war. During that time, no outsiders dared enter the incredibly unstable and dangerous country. Due to the infancy of the CHE program and the minimal support accessible, most felt little hope CHE would still exist post-war. So, without much expectation, an MAI staff member made a visit to the DRC following the war’s end. During the visit, he saw and heard stories that astounded him! The CHE program not only survived but thrived during a time of utter chaos and instability. Not only had the program endured, but it multiplied! Now instead of 56 villages, there were 113 villages using CHE!

Following these observations, MAI and others wanted to know more. In conjunction with a major donor, an in-depth evaluation of the CHE program



in the DRC was commissioned. Working with Development Associates International, founded by distinguished author Dr. Jim Engel, and with Dr. Terry Andrews of World Vision, the team designed and conducted a wide-ranging study over a one-year period.

Thirty randomly-selected CHE villages and five non-CHE control villages were chosen, looking closely at both CHE and non-CHE homes within each CHE village. Briefly, here are highlights of the key findings:

#### Spiritual Impact

- ◆ The people from the CHE homes demonstrated increased spiritual maturity participating in 32% more Bible studies, 26% more prayer, and 46% more consistent Bible reading when compared to non-CHE homes.
- ◆ Conversely, non-CHE members were three times more likely to participate in witchcraft and animistic behaviors.

#### Physical Impact

- ◆ In CHE villages, child mortality was reduced by 50% compared to non-CHE villages.
- ◆ Immunization rates of children in CHE homes were 18% higher.
- ◆ Twice as many mothers washed their hands before eating and handling food.
- ◆ Five times as many people in CHE homes washed their hands after using the latrine.
- ◆ Twice as many CHE households took proper steps to prevent malaria.
- ◆ Three times as many mothers knew to give oral rehydration salts to children with diarrhea.
- ◆ Acute malnutrition was six times less in children of the CHE villages.

# SPIRITUAL IMPACT

## DEMOCRATIC REPUBLIC OF THE CONGO

### INCREASED SPIRITUAL MATURITY IN CHE HOMES



CHE HOMES PARTICIPATED IN **32% MORE BIBLE STUDIES**

CHE HOMES ENGAGED IN **26% MORE PRAYER**

CHE HOMES SHOWED **46% MORE CONSISTENT BIBLE READING**

**NON-CHE MEMBERS WERE 3X MORE LIKELY TO PARTICIPATE IN WITCHCRAFT AND ANIMISTIC BEHAVIORS.**



The carefully measured results clearly demonstrated the validity and power of the CHE strategy.

Measuring the impact of a CHE program is not a quick or easy task. However, the findings of such an endeavor are incredibly valuable. They provide opportunities to demonstrate good stewardship to supporters, with transparency, learning, and opportunities for improvement and celebration.

This year, MAI partnered with Kingdom Workers and the Meros Center to conduct an evaluation of CHE work in Ghana. We look forward to all that we can learn, improve, and celebrate from these findings, once analyzed.

MAI is committed to understanding and monitoring the impact of its CHE programs. By working with experts in the field of Monitoring & Evaluation, developing donor support for these evaluations and building the capacity of local teams, MAI can increase its ability to conduct more routine evaluations and ensure that CHE programs are making a positive difference in the lives of people around the world. ■

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Engel, James F. (2002). Impact Evaluation. Community Health Evangelism Project. The Democratic Republic of Congo. New Living Translation, (2015). New Living Translation



Steve Otradovec is the Global Coordinator for Medical Ambassadors International. He's the husband of his amazing wife Lucy and the father of two talented daughters. He has served as a missionary to Cambodia, a leader in biotech, and an English teacher.

Let's do a

# CHE LESSON

submitted by Steve Otradovec

## HOW DOES CHE WORK?

A basic premise of the CHE strategy is the idea that both our physical and spiritual health are connected and key to overcoming poverty. When Jesus touched a leper or a blind man, he not only healed them physically, but forgave their sins and broke through relational barriers. CHE exists to combat poverty by preventing and tackling its root causes. A critical lesson often used to illustrate the principle of prevention is shared below. Try it out with your church or family.

## TELL THE STORY

Dr. Anna just finished medical school and wanted to help the poor in her country, so she set up a temporary clinic in a nearby village. She was excited to offer her medical skills and share Christ with her patients. On her first day, a large number of people lined up to see her. Dr. Anna took her time with each person, learning their histories, prescribing the right treatments, and sharing Christ. However, as the morning went on, the line continued to grow longer and longer. She was so busy that she skipped lunch. When she saw how many patients were waiting, she became irritable and discouraged. To overcome the challenge of the long lines, she took less and less time with each patient. She stopped sharing Christ and praying with them. By the afternoon, Dr. Anna was

speeding through her time with each patient simply trying to make it through the day.

## FACILITATE

1. Find 3 sheets of paper. Write one of the following words on each sheet: hospital, clinic and home. Lay these on the ground in the middle of the group.
2. Give 1-2 notecards to each person and have them think of a disease to write on the card.
3. Instruct participants to place their disease card on the location where that illness could be prevented and, if not prevented, where it could be treated.
4. Discuss your observations. What did you learn about most of the diseases?
5. How would this help Dr. Anna?

## SUMMARY

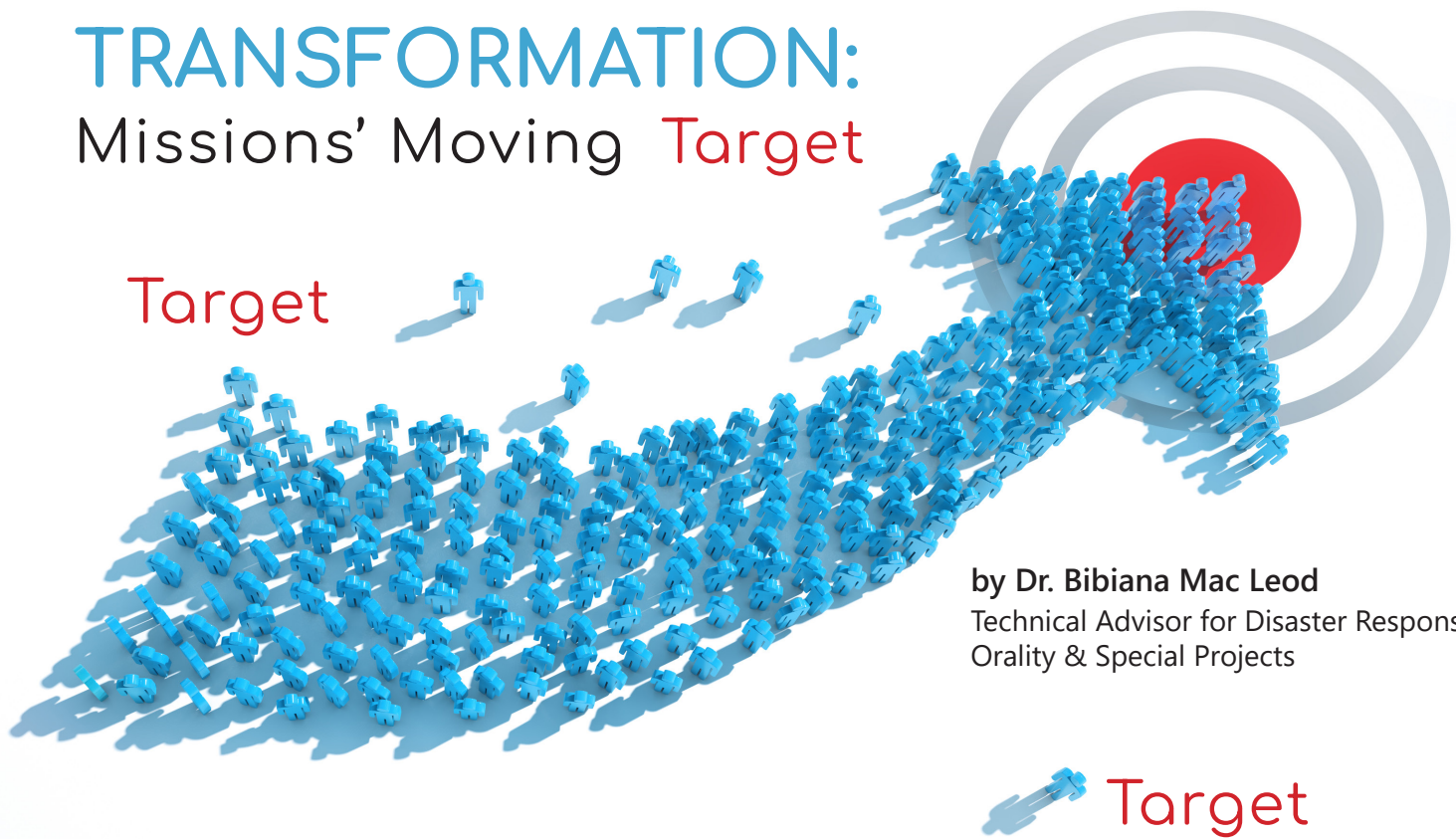
1. Most illnesses can be prevented or cared for in the home.
2. Disease prevention reduces poverty by keeping people at work and children at schools.
3. Curative care in hospitals or clinics will always be needed, but health promotion in the home keeps medical staff from being overwhelmed by preventable diseases and improves patient care.







# TRANSFORMATION: Missions' Moving Target



by Dr. Bibiana Mac Leod  
Technical Advisor for Disaster Response,  
Orality & Special Projects

Many years ago, I heard Bob Moffit speak on Luke 2:52. He asked the audience to analyze how we were growing in each sphere: personal, family, community, and national arenas. Were we practicing each of these spheres in the four dimensions that this verse contemplates: physical, social, intellectual, and spiritual? For example, how am I facilitating physical growth in my family, my community, my nation? Moffit challenged us to consider how to set up goals for continued growth in each of these areas. This was my first exposure to measuring ministry and life based on God's word without comparing myself or the work with others around me. Why would I do this? Because development varies so much from one person to another and from one nation or community to another at the other end of the world! Let me explain:

During the third wave of the COVID-19 pandemic, the Isozo region in Southeastern Bolivia was in desperate need. The Guarani people who live along the Parapeti River asked for help from Orfa, who was born there and is a CHE trainer. Local clinics were

depleted of basic supplies. Through MAI's disaster response fund, we provided those medical supplies, and the people got organized for distribution in several posts. Marco, the Regional Coordinator for South America, visited the area to cast a vision for CHE. Although the men of the tribe moved to the city for work during the winter months, those who remained kept working and learning the CHE strategy. Today, there is a local committee being trained and home visits are about to start with lessons on child development, nutrition, clean water, and Bible stories. Two new micro-enterprises have started through relationships and lessons learned since then. Would you say this looks like transformation?

After more than thirty years of ministry in Haiti, the CHE initiative, which started with a team of three local leaders and a missionary, has expanded to 70 communities with hundreds of volunteer CHE trainers, a group of 18 senior trainers, and about 500 CHE volunteer workers. They visit their neighbors' homes, organize internal saving groups,

*continued on page 22*

provide agricultural teaching, respond to cholera threats, plant Moringa trees, practice beekeeping, monitor their children’s weight and height, and purify drinking water through alternative methods adapted to their culture. Looking at Haiti today, the turmoil, the violence and insecurity, would you say that Haiti is being transformed? Is it truly developed?

The Mbya Guarani in Northeastern Argentina are largely unreached. They do not own the land; they are not allowed to think of their settlements as their permanent home. Hence, clean water, sturdy building materials, or long-lasting projects are not an option for some of these groups. New believers are sometimes attacked by their own, because of their faith, and some of them fall away. However, a small group gathers to pray with our missionary daily and she is now received as part of the family, allowed in local assemblies, even represents them before local authorities. Has this group been transformed? Is CHE being implemented in this area? We have no local committee yet, nor volunteers doing home visits, and the trainers spend most of their time in small conversations, with the local believers. Is this what Transformational Development looks like?

-as the Lord has assigned to each his task. I planted the seed, Apollos watered it, but God made it grow.

1 Cor. 3:5b-6

These three examples challenge us to think of signs of progress. How can we say that growth is happening, in accordance with our values

and mission? Lord, help us! We want to believe that people are changing, but sometimes we do not “see” transformation expressed in new latrines, agricultural projects, or new members in local churches. What do we look for? What have we learned in these years of ministry? A few ideas come to mind:

1. Transformation is not an event; it is a process. It is hard to replicate “achievements” that can be compared across the board, as if all people begin at the same starting point. They don’t.
2. There isn’t a single factor to which we can point, as the cause of transformation. Community Health Evangelism is not the only reason for a community to change. It is a God-given tool to facilitate processes, but He also uses other tools—people, organizations, and more importantly, His church—to provoke change. God causes development, even among those who do not recognize Him as the source. (1 Corinthians 3:6-9)
3. One of the first signs of transformational development is the discovery of hope. People start to dream of a better situation, and we see them taking steps to achieve those dreams. God always gives us dreams for which to strive. The Bible says God instigates the desire and the doing (Philippians 2:13).
4. We can measure transformation, but not only by the Western standards of child mortality, development index, and statistical analysis. All of these are good, and we encourage people to take them into consideration and work to improve them. We even measure them ourselves! However, looking at biblical principles set up thousands of years ago, we can measure differently. We have a wholistic approach and continue to think of integral mission



and development as our mandate to bring Kingdom values into a community. A decade ago, a development organization in Central America taught us five dimensions to consider when measuring growth in a community:

- ◆ Ongoing learning: Are we learning new things and growing in knowledge? How can those new lessons help us make informed decisions?
- ◆ Sense of belonging: Are we actively involved as “us” not “them”? Who is included? How about the most vulnerable? Are they part of “us”?
- ◆ Servant leadership: What evidence do we see of Jesus’ character in our leaders, lovingly washing the feet of those they influence?
- ◆ Shared vision: Do we all have a common goal for which we are striving, apart from individual preferences or desires? Together, have we set our vision for the future of our village or neighborhood? How are we walking the path of achieving those goals in unity?
- ◆ Biblical Worldview and integral change: How close are we to the biblical concept of shalom? Forgiveness? Reconciliation? Involvement in the community by the recognized local church? A biblical concept of work?

Change and growth happen when individuals and community groups make informed and responsible decisions. When people recognize their identity in God’s calling, they come together and they see themselves as stewards of the land, of their families and resources, inspired by the Word of God to fulfill His call and His will in creation. Outsiders play a facilitation role and there is willingness to grow on their side too. As Bryant Myers says in his book *Walking with the Poor*, these are



mutually transforming relationships. And when outside resources are needed, help is offered while preserving dignity and respect.

Transformational development is a lifelong process, a moving target, not a destination. We are all walking this path, being changed to God’s pattern. When it comes to measuring it, start with yourself, then move to the next spheres within each dimension: How have you grown in the past year in each of the four areas? How have you facilitated your family to grow in each of them? When we look at communities where we are serving, what has changed in the past year in these physical, emotional, social, and spiritual realms? The target is moving, but the movement can be recorded and assessed. We are all on the road to development...until we look like Him! (Colossians 1:28-29). ■



Dr. Bibiana Mac Leod is MAI’s Technical Advisor for special projects including Oral Cultures, Disaster Response, Anti-Human Trafficking and Trauma Healing. Bibiana is a Medical Doctor and lives in Nova Scotia, Canada with her husband, Alexander. They have four grown children and six grandchildren.

# A Mindset of Poverty Despite a Wealthy Life

by Dr. John Zhang  
Regional Coordinator

My nation has been through major urbanization during the past three decades. Hundreds of millions of people moved from the countryside to cities. This involved finding a school, securing a job, or staying with adult children who had already moved to the city and settled there. In my country there are megacities with millions of residents who don't know each other despite living in the same block or even in the same building. Everybody appears to be happy and busy, but isolated within their new situations. They have cars, spacious apartments, excellent schools for their children, sufficient food, fast internet, etc. All this works well until something serious happens. Then the lack of connection becomes obvious.

Jenny is one such new urban resident. Well-educated and earning a good salary, life was good for Jenny and her husband until their three-year-old son, Tim, was diagnosed with autism. This turned their world upside down. Over time, Tim showed a little improvement in behavior and his ability to learn. However, it seemed impossible for him to become like other boys in the community. Jenny tried very hard to form good relationships with other moms, hoping they would allow their children to play with Tim. She felt like a beggar on the street when she went to the neighbors, pleading desperately that their children be permitted to play with Tim. Each time Tim created a problem while playing with other children, Jenny had to go back to their mothers and ask them, once again, to encourage their children to play with him. Jenny's family is financially well off, but she feels extremely marginalized and alone as she desperately tries to build a healthy environment in which Tim can grow and be prepared to survive in society.



A support group was formed among parents with autistic children by the CHE group in her city. Grace is the facilitator of this group. Parents meet regularly to share their struggles in handling their children and their frustration with other neighbors in the community. Occasionally, Grace introduces specialists to the group on matters related to school, age-linked education, and methods for integrating the autistic children with other children in games and classes. Recently, Jenny was chosen to be the group leader for the next 3 years.

During the group discussions, Jenny has become aware that her pleading attitude before the other parents comes from a poverty mindset, seeing herself as having nothing to offer. It is true that it is beneficial to Tim if other kids play with him.

It is also true that during such times together, the Lord offers an opportunity for other kids to grow, as they learn to accept those with special needs. Jenny now has a healthy attitude toward other mothers. As she sees the progress in her own community, Jenny has started to share this insight with other parents in the support group.

Increasingly, Jenny realizes that God has given her a calling to lead other parents with autistic children to make changes in this crowded but “isolated” urban community in which they live. ■

Dr. John Zhang serves as Regional Coordinator for MAI in East Asia. He develops curricula and conducts many training sessions on wholistic ministry. He has a special interest in urban communities. He and his wife live in the southern part of China.

## Medical Ambassadors International and Community Health Evangelism

Through more than 43 years of practical experience, MAI recognizes the key to overcoming poverty is found when local people learn to make positive changes in their own communities, empowered by the Holy Spirit of God. MAI trains local leaders by using CHE lessons emphasizing wholistic change. Word and deed come together!



COUNTRIES WHERE WE WORK DIRECTLY 40



COUNTRIES WHERE WE PARTNER 35



POPULATION IMPACTED 3.08M



MAI COMMUNITIES PRACTICING CHE 2K+



WORLDWIDE CHE VOLUNTEERS 52K+





# Transformational Development

## A Journey of Change

by Sam Voorhies, PhD

My professional development career began in 1980 in Kenya as part of the Africa Regional office for a US-based international Christian development agency. Forty years ago, humanitarian development had not yet become an industry, so I had no background in development, nor did anyone else. When I did my doctoral dissertation in 1990, there was hardly any research literature on NGOs, and especially faith-based development initiatives. We had to learn on the job. Here is what we discovered.

**1. You can't give what you don't have!** We must be serious about our own transformational development if we are to help others grow and develop. Our example of transformation is more powerful than any program. One of the most significant rates of burnout among ministry leaders is among those involved in the development and relief arena—caring for the poorest of the poor. Leaders, and their organizations, must put a priority on self-care, providing supportive policies and tools to prevent staff burnout. Leaders and staff must set an example of what it means to be yoked to Christ (Matthew 11:29) and not yoked to the work, however noble. If the leaders falter, then everyone loses. I know; it happened to me.

**2. "It's all about the people,"** Peter Drucker once said. He also said, "*Competent management/leadership of the NGO nonprofit sector is the most important*

*and most urgent need of the developing world."*

An organization is only as good as its people! Staff development, including spiritual formation as part of leadership development, must be as rigorous and intentional as any technical programming. Developing leaders and staff in an organization is not the job of HR, but the responsibility of line managers, who must be equipped and held accountable for growing their people in the organizations and in their programs. Local leadership capability, not technical program inputs, will be the primary factor that determines sustainability.

**3. The concept of "transformation" must be defined** operationally, tangibly based on the behavioral change an organization is seeking. This transformation must be from both a biblical perspective (such as fruits of the Spirit in Galatians 5) and from a socio-economic perspective (improved health or increased food reserves). No organization can control all the factors that will influence transformation, but it can focus on a few. It can ensure the impact of its program activities matches the rhetoric of its mission and values. Impact, not just program activities, must be monitored and assessed to determine success.

**4. There is no transformation without local ownership.** There is no ownership without genuine participation leading to and recognizing local stakeholder agency – authority and responsibility.<sup>1</sup> How you enter a community will determine how you can leave.<sup>2</sup> And if you don't start with genuine respect and recognition of local people's capabilities and resource potential, real participation and ownership will be unlikely.

<sup>1</sup> Valuing what works: Success Factors in Disaster Preparedness and Humanitarian Assistance, Robin Mays PhD, 2018.

# OUR MINDSET

5. **Continuing to learn on the job is critical.** Being a learning organization is not an option. As David Korten noted, effective, people-centered development requires a “learning process approach” in contrast to the blueprint project-funding paradigm. Ministries have become too funding-driven and donor-biased, growing more toward a donor base than growing the donor base toward the program’s requirements to achieve a transformational mission.<sup>3</sup>

6. **What is Success?** Success must never be defined in terms of growth around income or just the number of activities achieved. Success must be determined by impact, which can often be far greater than a particular project. Money, or the budget according to a project design blueprint to satisfy a particular donor requirement, can often be the enemy of real transformation. There is a danger of focusing on what comes from outside the community rather than from within, driving activity achievement over real development of people’s capabilities to lead and manage their own development. As a faith-based organization, success can never be defined as growth based on income or program size. These can be indicators, but they are false measures of effectiveness and will drive unhealthy donor-biased behavior. We can only determine our success by following Jesus’ example and His criteria for success. In God’s economy, output is not simply the product of different inputs, but includes faith beyond what we can see or plan. In God’s economy, He can multiply resources in ways we can’t imagine (Ephesians 3:20-21). Less can be more when two plus five equals twelve (Luke 9:11-17).

7. **Change is both inevitable and difficult.** *“To remain effective, legitimate, and relevant in the future necessitates organizational changes, but many TNGOs have been slow to adapt. As a result, the sector’s rhetoric of sustainable impact and social transformation has far outpaced the reality of TNGOs’ more limited abilities to deliver on their promises.”*<sup>3</sup> This is true of transnational ministry organizations, as well (TNGOs)! As the Bible notes, you can’t keep trying to put new wine in old wineskins (Mark 2:22). May it not be so of your organization!

**Medical Ambassadors International** is one of the few Christian NGO ministry organizations that continues to address the issues outlined above through their unique CHE (Community Health Evangelism) program. They are a learning organization that prioritizes building a sustainable funding base that supports local infrastructure capacity and capabilities. This strategy helps create all the elements for locally-led, life-changing development as individuals and communities are transformed both socio-economically, and—more importantly—spiritually, as they grow toward Christ-likeness (II Corinthians 3:18). ■



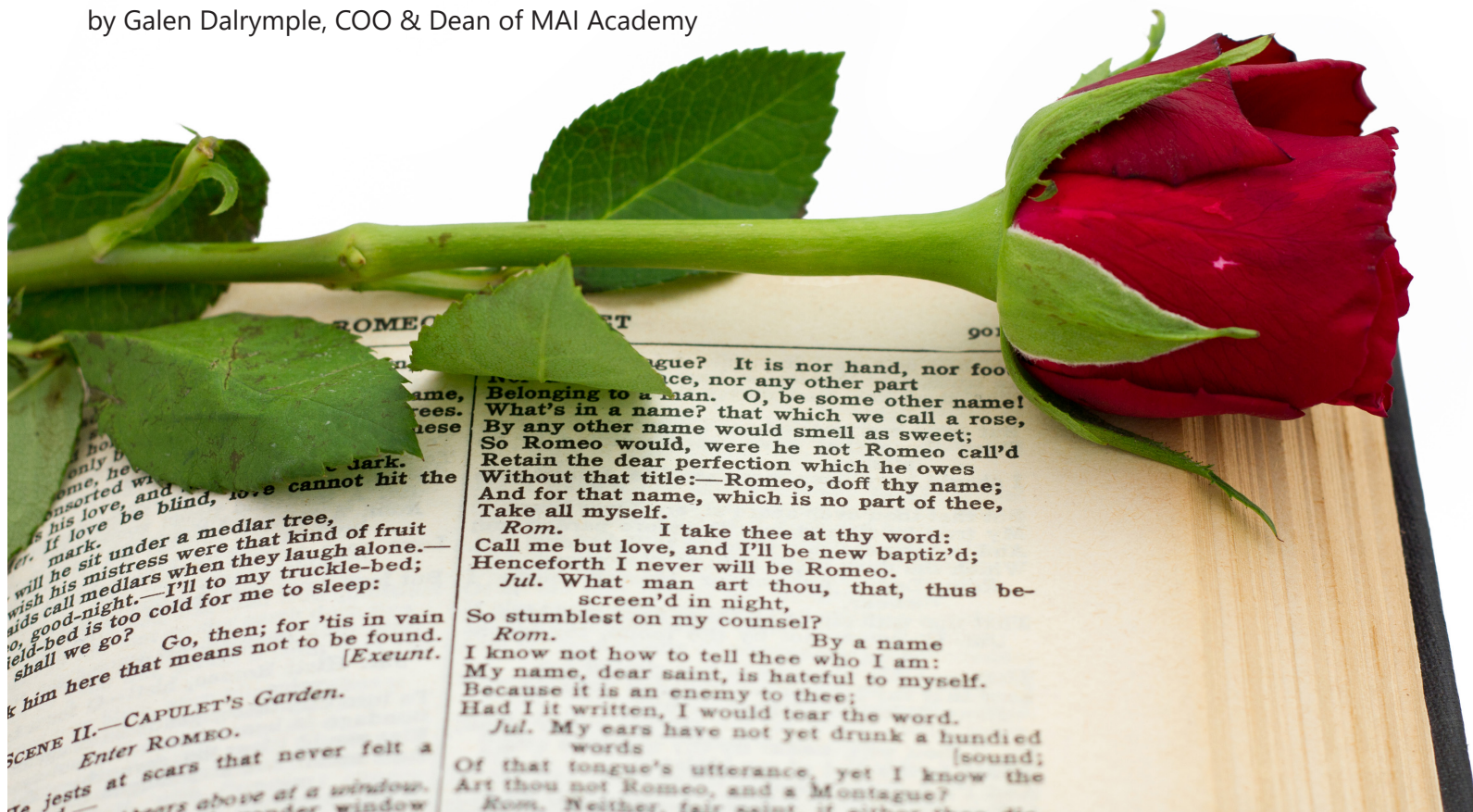
Dr. Sam Voorhies worked for 30+ years in the humanitarian ministry as a senior leader in World Vision International, living in Africa for 12 years and later as Global Director for leadership development, working in over 80 countries. For the last 12 years he has worked as consultant to both ministry nonprofits and corporate organizations. Most recently he served as founder and executive director of the Center for Global Leadership at Palm Beach Atlantic University. He and his wife, Emily, reside in Hilton Head, SC to be near grandkids in Charleston.

<sup>2</sup> Competing Constraints: The Operational Mismatch Between Business Logistics and Humanitarian Effectiveness by Robin E. Mays- Human-Centered Design & Engine

<sup>3</sup> [https://courses.washington.edu/pbaf531/Korten\\_LearningProcessApproach.pdf](https://courses.washington.edu/pbaf531/Korten_LearningProcessApproach.pdf)

# WHAT IS IN A NAME?

by Galen Dalrymple, COO & Dean of MAI Academy



“What’s in a name? That which we call a rose by any other name would smell as sweet.” Juliet, *Romeo & Juliet*, Act 2 Scene 2.

This famous quote by the playwright, William Shakespeare, only goes so far. Would a puppy, for instance, still be considered as cute if instead of “puppies” they were called “toilets”? Probably not. “Puppy” sounds cute – “toilet” doesn’t have the same appeal! So, names are important.

Every type of work has its own language and we Christians are no different. We speak of justification, sanctification, propitiation, redemption, etc. What we mean by those things is not always readily apparent, especially to non-Christians.

Some examples of “MAI-speak” are CHE (Community Health Evangelism), the wholistic gospel, whole person, or even community development. But what do those mean? Let’s look at just a few of the terms

we use at MAI to help you better understand what we’re discussing!

The term, “community health evangelism” says we’re about communities, but the health we talk about is far more than physical health. We’re talking about whole-person health – physical (to be sure), but also emotional, psychological, spiritual, and relational health. We have a CHE lesson titled “What is good health?” that makes the point that even if we are physically well, we may still be very sick in other ways. And that’s how the term wholistic gospel comes into play. Evangelism (the spreading of the gospel by preaching or personal witness) fits because we share about Jesus, and because we help people out of harmful practices into healthier lives.

Jesus himself experienced the full range of humanity and we’re told that he grew in wisdom (emotional/intellectual), stature (physical), and in favor with God (spiritual) and man (social) Luke 2:52. We are to grow

up in all ways to be like him (Eph. 4:15). That's why we believe missions must be holistic. We don't mean some "new age" thing, but simply that the gospel Jesus shared needs to address the whole person, every aspect of human experience.

Jesus came to give life abundantly. That doesn't mean we'll have bunches of money, but that He'll give us lives that overflow with joy, peace, love, and all that we need to live godly lives. When Jesus sent people out to preach the good news, it wasn't just about repentance or forgiveness. It was just as much about hope, freedom from oppression, giving sight (physical and spiritual) to the blind, and teaching lame humanity how to walk again in pathways of righteousness as it was about picking up a mat and walking physically! So many passages talk about Jesus' care, not just for the forgiveness of sin, but for His listeners' physical and emotional needs – and any gospel that leaves *that* out isn't the entire good news that Jesus knew and practiced.

But what of community development? Simply put, it is helping a community find deliverance from spiritual darkness, physical illness, poverty, and relational brokenness. It is helping the people discover new ways of living, enabling them to grow out of the shackles that have them bound. It's for the entire community, though it is also for individuals. God loved the whole world, but to receive the full benefit of that love we as individuals must receive what He offers. As we work at the community level, individual lives are transformed. And as individual lives are transformed, so too is the entire community!

CHE is built around core foundational principles that are non-negotiable, though there is some disagreement among practitioners around the world on how many there are. But these are universal in nature in all CHE programs:

enabling them to grow out of the shackles that have them bound



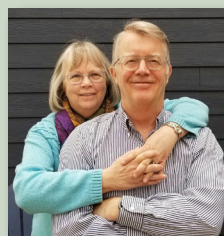
1. Community ownership – the community owns not just the problem, but the solutions, using assets they have at their disposal. We teach and encourage them, but we don't do things for them. Rather, we help restore their dignity by empowering community members to do things for themselves;

2. Holistic – it addresses physical, spiritual, emotional, and relational aspects of human existence;

3. Multiplication/sustainability – CHE work multiplies itself from village to village as one village observes the improvement in the life of a neighboring CHE village, and it also continues on without outsiders being there to control or direct it even in the midst of civil wars, disasters, and the like;

4. Development – it takes time for communities to develop sustainable strategies for food security, disease prevention, microbusiness, clean water, and other focus areas. CHE is about development, not relief. This means it may take longer to see results, but the results are lasting and sustainable. The old saying, "Give a man a fish and he'll eat for a day, teach him to fish and he'll eat for a lifetime" is good as far as it goes, but there's a third, longer-term part that needs to be added: "Teach him to maintain the lake, and they'll eat for generations." That's development at work!

If you are ever confused by what we say at MAI, I hope you'll reach out to us to let us explain more clearly what we say or write about. We'd be happy to connect with you! You can email us questions at [info@med-amb.org](mailto:info@med-amb.org). ■



Galen Dalrymple is the Chief Operating Officer of MAI and serves as the Dean of the MAI Academy. Galen and his wife, Laurel, have recently moved to Redmond, Oregon. They have three children and six grandchildren. They are dog lovers and share their home with a mini-golden doodle named Rosie.



# Recommended Reading List

**TITLE**

**AUTHOR**

**FOCUS**

The Best Things In the Worst Times	Graeme Irvine	Wholistic development and its impact
Beyond Poverty	Terry Dalrymple	CHE in action
Facilitating Small Groups	Ravi Jayakaran	Participatory development
From the Margins	Sharon Bieber	CHE in action
The Hole in Our Gospel	Richard Stearns	Integral Mission
The Homes of Hope	Sean Lambert	Transformational impact
Ideas of Development	Robert Chambers	Participatory development
If You Really Want to Help	Kurt Kandler	Understanding poverty and development
Into the Hands of the Poor - Water & Trees	Robert Chambers	Participatory development
Killing Fields - Living Fields	Don Cormack	Trauma and healing - stories from Cambodia
The Kingdom of God: What is It?	Dan Fountain	What it means to be in the Kingdom of God
IIED Manual	International Institute for Environment & Development	Participatory rural appraisal & participatory learning for action



Poverty, Participatory development, child-focused development and CHE

**TITLE**

**AUTHOR**

**FOCUS**

Multiplying Light & Truth	Stan Rowland	CHE: Principles and practices
Participatory Learning & Action	Jules Pretty, et al	A PLA trainers manual / IIED
Participatory Poverty Allevation & Development	Ravi Jayakaran	Participatory development
The Poor Will Be Glad	Peter Greer & Phil Smith	Poverty, hunger and transformation
Preach & Heal	Charles Fielding	A Biblical model for missions
Putting the First Last: Whose Reality Counts?	Robert Chambers	Participatory development
Shrewd Samaritan	Bruce Wydick	Faith, economics & transformation
Truth & Transformation	Vishal Mangalwadi	Health & Development at national level
Understanding God's Heart for Children	Douglas McConnel, Jennifer Orona, Paul Stockley	Child-focused development
UnPoverty	Mark Lutz	Rich lessons from the working poor
Walking with the Poor	Bryant Myers	Understanding principles of poverty & development
When Helping Hurts	Brian Fikkert & Steve Corbett	Understanding poverty and development



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Next Gen supporters are needed to help us advocate for the poor and vulnerable through special initiatives such as *Clean Water, Food Security, and Fighting Human Trafficking*. Learn more at [www.medicalambassadors.org/next-gen](http://www.medicalambassadors.org/next-gen)

