Mennonite Healthcare Fellowship

# Mennonite Health Journal

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**This issue of *Mennonite Health Journal*** is the last issue of this publication in its current format for the time being. To understand the reasons behind this decision by the Mennonite Healthcare Fellowship (MHF) Board of Directors, a brief review of the history of MHJ is appropriate.

***Mennonite Health Journal*** (MHJ) began as a successor to the previous *Mennonite Medical Messenger* in the fall of 1998. It was a quarterly print publication of Mennonite Medical Association (MMA) and Mennonite Nurses Association (MNA). MHJ also served Mennonite Chaplains Association (MCA) as well as the Canadian Mennonite Health Association and was available by subscription as well. The publication had its own quarter-time editor who gathered material, edited, and laid out each issue.

When MHF succeeded MMA and MNA in 2011, the last printed issue was published to finish out that year. Costs were reduced as the MHF Board decided not to hire a separate editor but instead to make MHJ an online publication with the MHF Executive Director serving as editor. Since that time, MHJ has been offered freely as an online publication serving MHF, MCA, and the International Mennonite Health Association (IMHA).

As MHF has developed, questions have arisen about the time needed to produce each issue compared to the seeming lack of readership and meaningful response to the content of MHJ. In its effort to reach out to a broader range as well as a new generation of healthcare professionals, MHF has explored various additional avenues of online communication through email and social media. The time seems right to explore these even more diligently.

In addition, the additional time previously spent by MHF staff editing and writing for the *Journal* will be channeled into other projects to grow the organization and expand its outreach with further programming. Thus, as a part of its overall strategic planning carried out at its meeting of October 9-10, the MHF Board decided to suspend publication of MHJ for the time being.

Other decisions coming from the strategic planning are outlined in two articles which frame this edition of *Mennonite Health Journal*. **This issue begins** with a message from the new MHF President, Beth Good, outlining the hopes and vision of the Board for the year ahead. **The final article** is by MHJ Editor and MHF Executive Director, Paul Leichty, and outlines some specific actions being taken as a result of this strategic planning.

In between, we feature some interesting articles on a variety of subjects.

The lead story is a report of an unusual evening meeting in Goshen, Indiana, including leaders of **Nazareth Hospital**, a Christian hospital in Israel, established over 150 years ago. The

information and inspiration shared on that occasion will be of much wider interest than just Indiana.

MHF member, **Janelle Aby**, is featured in another article as the author of ***The Newborn Book*** which is a comprehensive guide to conditions affecting newborn babies.

Elizabeth Nafziger reflects on her **Student Elective Term** (SET) experience earlier this year. The May 2015 issue featured two other SET reports of those who had this experience during the 2014-15 academic year.

Finally, **Murray Nickel**, President of International Mennonite Health Association (IMHA) talks about the larger meaning of **"Respect"** in the context of cross-cultural program planning in under-developed countries.

We hope you enjoy this issue of *Mennonite Health Journal*. The MHF Board invites your comments and questions through the MHF Office at info@mennohealth.org.

Paul Leichty, MHF Executive Director, Editor

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Photos courtesy of Nazareth Hospital, Nazareth Project, Richard Hostetter, *The Newborn Book* website, Elizabeth Nafziger.

Additional photographs supplied

# MHF President's Column
## By Beth Good, President, Mennonite Healthcare Fellowship

**Greetings from the Mennonite Healthcare Fellowship Board!** As the newest President of MHF, I am looking forward to the new opportunities before us. The mission of MHF is to be an organization that nurtures the integration of faith and practice for health professionals.

In 2011, as we worked toward the birth of this new organization, we envisioned a multidisciplinary group of health professionals that would be able to develop relationships, stay connected, and become a dynamic resource that led toward opportunities for service, education, and advocacy.

Our hope was, and still is, that MHF would enrich its membership by including a variety of health professionals including all those that had previously been such a vital part of Mennonite Nurses Association and Mennonite Medical Association in addition to the diverse professions that make up the healthcare teams of today.

Since the transition to MHF, we are finding that the membership model is not what it used to be. We have heard a similar story from other organizations who are finding individual memberships in decline. Yet, many continue to value the type of stimulating and nurturing professional fellowship that is a unique quality of MHF. The question, then, is what to do about our decreasing membership numbers in the midst of steady interest in an organization like MHF.

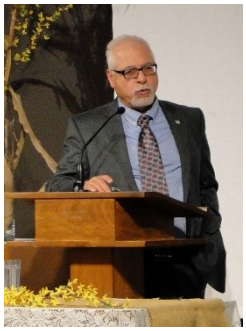
The staff and board of MHF are in the process of researching this phenomenon and looking for creative ways to continue to provide the aspects of this organization that are meaningful and sustainable.

For the past several years, MHF has been operating in a deficit. Due to the generosity of our members the deficit has not grown, but has also not been resolved. The Board of Directors takes this reality very seriously, and we are diligently searching for ways to optimize our assets while adjusting our expenditures.

Elsewhere in this issue of *Mennonite Health Journal*, our Executive Director, Paul Leichty, outlines some initial steps. As we embark on implementing our Conversations Initiative, identifying new funding models, shifting our program planning, and supporting the Healthy Future 2 campaign, I invite you to pray for wisdom and discernment on behalf of the Board. I also invite you to consider the ways in which you can personally help to facilitate our ongoing growth into a healthy, thriving organization. Thank you!

***Beth Good**, PhD, APHN-BC, CNS, RN is a nurse from Columbia, Pennsylvania and is serving as President of the MHF Board. She currently works as Health Coordinator for Mennonite Central Committee in the area of Public Health including awareness of HIV/AIDS, Sexual and Gender-based Violence, and community health. She and her husband, Clair Good, currently serve as co-pastors with Vision Columbia where she also established a primary care clinic in the church building to serve uninsured, low income patients. In December 2014, Beth successfully defended her PhD dissertation on women who have survived rape in conflict settings.*

# Healing Ministry in Jesus' Home Region
## Nazareth Hospital Featured in Goshen Meeting



Leaders of the oldest hospital in Israel were featured in an informational public presentation on Monday, October 19, 2015 at Berkey Avenue Mennonite Fellowship in Goshen, Indiana. Dr. Bishara Bisharat, Head of Nazareth Hospital EMMS, and Ms. Samar Mansour-Samawi, Director of Public Relations, were the special guests at the evening meeting sponsored by Mennonite Healthcare Fellowship and Mennonite Mission Network.

Dr. Bisharat and his associate were on a speaking tour primarily in the greater Chicago area under the co-sponsorship of two American organizations. **Abraham's Children**, a mission of the First Presbyterian Church of Wheaton, Illinois, supports the minority citizens in the Holy Land. The **Nazareth Project, Inc**. (NPI) is an organization based in Lancaster, Pennsylvania, which supports health care and health education services in the Galilee region of Israel as carried out by Nazareth Hospital and Nazareth School of Nursing. NPI also supports related ministries such as Nazareth Village.

Under the slogan "Healing in His Name" the Nazareth visitors were accompanied by Greg and Susan Drinan of Abraham's Children. John F. Lapp from Mennonite Mission Network hosted the group during the day which included a presentation by the visitors at the Mennonite Offices and a tour of Menno-Hof in nearby Shipshewana. Menno-Hof is an Amish/ Mennonite interpretation center which provided some of the inspiration and ideas for the Nazareth Village project.

At the evening meeting, after a welcome and introductions by Paul Leichty, Executive Director of MHF and John Lapp from Mennonite Mission Network, Jason Allgire from NPI gave a brief overview of the setting and Christian witness of the various ministries in Nazareth and how NPI supports their work from its base in the United States.

Dr. Bisharat set the backdrop for the medical work by noting the presence of Arab Christians in the Middle East since the Day of Pentecost, including at least two known Arab tribes before Islam came on the scene. Today, about 12 million Arab Christians are scattered throughout the Middle East with about 130,000 residing within the borders of the modern State of Israel and over 24,000 of those clustered around Nazareth, now a metropolis with over 210,000 residents.

Nazareth Hospital itself was founded in 1861 by the Edinburgh Medical Missionary Society (EMMS), a Scottish Presbyterian organization. That makes it the oldest hospital and medical

center in the modern State of Israel. It is one of three private hospitals (all of them Christian) which serve over 300,000 people in the Galilee region.

Today, this modern general hospital employs over 530 staff, has 147 beds, and operates within the framework of the Israeli Healthcare System. Care covers the normal spectrum of general hospital services, as well as providing the only Arabic-language psychiatric unit in Israel, a specialist outpatient unit for tuberculosis patients, and an emergency room which handles over 50,000 visits per year. Nazareth EMMS is also a teaching hospital for doctors and an important nursing school, the only one serving the Christian and Arab community. Unlike state-run facilities, private hospitals in Israel receive no funding for care not covered by insurance, including any new initiatives, chaplaincy services, or capital improvements. Nazareth Hospital relies on outside private support for all these needs.

The hospital serves every religious group in the community, but makes a special effort to address the public health needs of the minority Arab population, both Christian and Muslim. Signage in and around the hospital is in Arabic, English, and Hebrew, reflecting the diversity of patients and staff. An extensive community outreach program addresses the particular health needs of the minority community focusing particularly on diabetes and obesity. As a part of that effort, healthy food is served within the hospital and a "Whole Wheat Bread Festival" was recently held. Nazareth Hospital EMMS is recognized as a Health Promoting Hospital by the World Health Organization initiated International Network of Health Promoting Hospitals & Health Services (HPH).

The community in turn is very supportive in helping the hospital with special fundraising efforts for projects not covered under the Israeli health system. Particularly inspiring was a story of how a group of school children jump-started a campaign to purchase a heart catheterization lab unit. These efforts reach all the way to the U.S. as well where NPI assists by requesting aid grants by the U.S. government.

In 2011, the hospital celebrated its 150$^{th}$ anniversary reaffirming its values of (1) Love and Compassion, (2) Human Dignity, (3) Excellence and Professionalism, and (4) Outstanding Services.

The Nazareth Project in the U.S. began in the early 1950s when American relief workers to Palestine were moved to involve their home church congregation in providing heaters and blankets to Nazareth Hospital. In the late 1960s, Mennonites became involved, most notably through medical mission workers, Robert and Nancy Martin (members of Mennonite Healthcare Fellowship). In the 1980s, the Martins returned to Nazareth. Nancy Martin, EdD, took the post of director for the nursing school, and Robert Martin, MD, served as general director of the hospital. They served a total of eighteen years in Nazareth.

The Martins inspired a growing movement of American friends of Nazareth Hospital who in turn provided structure to relief efforts and founded the Nazareth Project International (NPI) based in Lancaster, Pennsylvania in the early 1990s. NPI is a U.S. non-profit organization dedicated to supporting a unique blend of ministry and medicine as carried out by Nazareth Hospital and School of Nursing.

In the U.S., NPI raises funds for equipment, capital improvements, nursing scholarships, continuing education, and spiritual development. NPI also recruits volunteers for SERVE Nazareth, a program that offers participation in a variety of ministerial projects on-site. These efforts help raise awareness of the critical issues in this troubled region, through connecting people to people, sharing stories, and reaching out to many churches and community groups in

the U.S. At the Goshen meeting were a number of persons who had served in short-term assignments in Nazareth.

Also during the evening presentation, Susan Drinan explained about the work of Abraham's Children. The Wheaton, Illinois based organization focuses its activities and fundraising on educating American Christians on peace and justice issues relating to fellow Christians in the Holy Land. They also support the work of Nazareth Academic Institute (NAI), a Christian-inspired, fully accredited college founded in 2006 which provides a liberal arts education and also special studies in peacemaking. Under a developing partnership, new NAI nursing students will take their clinical training at Nazareth Hospital.

Greg Drinan shared about an exciting project organized by Abraham's Children which will directly affect Nazareth Hospital. Through the Hospital Sisters Mission Outreach (HSMO), used but still usable medical equipment that is being discarded in the United States is prepared and shipped all over the world to medical facilities that can still use it. Since 2002, 9 million pounds of surplus medical equipment and supplies have been sent to over 350 locations around the world. The estimated value is over $50 million. If those supplies had not been rescued, they would have ended up in American landfills.

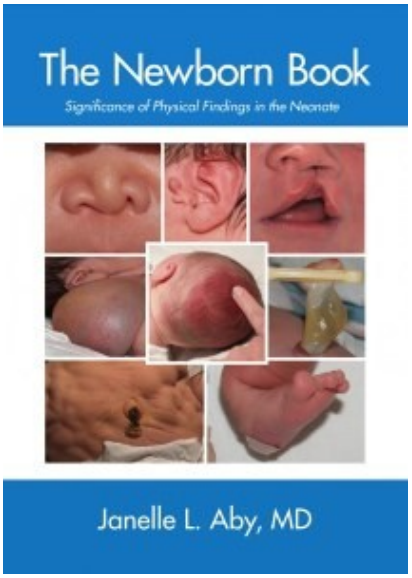
In partnership with HSMO, Abraham's Children has sent a number of ocean containers of equipment to Holy Family Hospital of Nazareth. Their next project is to raise funds for a 40-foot ocean container for Nazareth Hospital. Abraham's Children has a matching grant of up to $10,000 for what they manage to raise for shipping costs. For persons wishing to support this effort, checks can be directed to First Presbyterian Church of Wheaton with "Abraham's Children" written in the memo and sent to 715 N Carlton St, Wheaton, IL 60187. In their letter of thanks/receipt they will be listing Nazareth Project Inc. as their partner in this endeavor.

To conclude the evening and in recognition of Mennonite involvement and contribution to the ministry in Nazareth, Dr. Bisharat presented a carved wooden cross from Jerusalem to Mennonite Healthcare Fellowship Executive Director, Paul Leichty.

All of the organizations involved had additional literature available after the presentation. Still more information is available on the following websites:

- Nazareth Trust: Nazareth Hospital – http://www.nazarethtrust.org/about/hospital
- Nazareth Project Incorporated – http://nazarethproject.org/
- Abraham's Children -- http://www.firstpreswheaton.org/serve_world
- Hospital Sisters Mission Outreach - http://www.mission-outreach.org/

# "The Book" on Newborns
## MHF Member publishes neonatal reference book




While "the story behind the book…isn't terribly dramatic," says Dr. Janelle L. Aby, "the bottom line is I wrote the book I wished I owned."

The author isn't the only one who wishes to own the book. Dr. Aby's recently published volume, *The Newborn Book: Significance of Physical Findings in the Neonate*[1] is drawing rave reviews from leading pediatricians and neonatologists not only in the U.S. but also from diverse locations like Switzerland and Nepal. One reviewer said, "I have been board certified in neonatology for over 30 years and this is by far the best done and most extensive collection of newborn images I have seen.... I think this reference is so complete it should replace "Google" for the evaluation of the newborn with an unusual physical finding."[2]

Janelle Aby is a member of Mennonite Healthcare Fellowship from Santa Clara, California. She has been caring for newborns for more than 20 years and is currently Clinical Professor of Pediatrics at Stanford University as well as Medical Director of the Newborn Nursery at Lucile Packard Children's Hospital. In addition to her clinical work, she has devoted herself to teaching medical students, nurses, and physicians in the care of newborns. Her teaching work has not only been recognized within the Stanford University School of Medicine but has also helped many other programs around the world through a set of comprehensive online neonatal educational resources at newborns.stanford.edu.[3]

Janelle describes the book as "focused on findings encountered in a presumably 'well' baby" which makes it "useful to primary care providers at all levels of training (physicians, nurses, physician assistants, students, etc.)." She continues, "After all these years of working in the nursery, I realized that there was no resource that could answer the clinical questions we often had. The existing textbooks/references were either targeted towards the neonatologist (and therefore focused on serious and life-threatening conditions) or they were discussing the "well baby" population in a very limited way (basically just re-hashing management of jaundice and a couple of the most common rashes)."

Thus she set out to write the book with a four-fold purpose in mind:

1. **To provide a fairly comprehensive reference** that includes extremely common things that no one ever writes about but everyone is expected to know (e.g. self-inflicted

[1] See the website http://thenewbornbook.org for more information and documentation.
[2] (Book Reviews, 2015)
[3] In addition to newborns.stanford.edu, Dr. Aby has a blog on the book website at thenewbornbook.org/blogs/book

fingernail scratches) as well as very rare things that might come through a regular care nursery and get missed or mismanaged because no one has ever heard of them.

2. **To have the material organized** in such a way that it's "searchable." She cites the example of seeing a lump on the head of uncertain origin. In such cases, it's impossible to research the question of how to proceed with a standard textbook. "If you don't know the name of the condition, how do you know what to look up? Should you pull out a neurosurgery textbook? Dermatology? Neonatology?" In her book, she has grouped the conditions by body part so that someone can flip through the relevant section, looking for something that looks similar to what their patient has and then find a reasonable differential diagnosis. From there, armed with a list of possible conditions, one can start researching online or elsewhere.
3. **To include both basic and more detailed information** on each finding so that the book is user-friendly for people at all levels of training and in all disciplines that interact with newborns (RNs, MDs, PAs, IBCLCs, midwives, etc)
4. **To use many pictures.** She says, "Words can so often mean different things to different people. Even in our current practice, we see evidence of this. The sacral dimple that concerns the neurosurgeon may have no resemblance whatever to the "sacral dimple" that the pediatrician is looking at. Pictures can bring us all onto the same page and can help expand our clinical experience as we are allowed to "see" more conditions than we would in day-to-day practice."[4]

Indeed, the book is comprehensive and loaded with pictures. Over 250 topics and 600 pictures fill its pages. There is discussion of the background, pathophysiology, risks, clinical appearance, and management of each condition and the book also addresses breastfeeding and lactation management for at-risk mother-baby dyads.

The international appeal of *The Newborn Book* may be related not only to the depth of Dr. Aby's knowledge but the breadth of her experience. She cites her Student Elective Term (SET) experience in Swaziland in 1992, as well as a later trip to Papua New Guinea, as having an impact on how she thought about this project.

*The Newborn Book: Significance of Physical Findings in the Neonate* is available on its own dedicated website at thenewbornbook.org. An ebook edition is also available on Kindle.[5]

***Paul D. Leichty, M.Div.*** *is Executive Director of Mennonite Healthcare Fellowship (MHF).*

[4] Purposes outlined in an email to the author, June 4, 2015
[5] See www.amazon.com/Newborn-Book-Significance-Physical-Findings-ebook/dp/B014RKVZXE/

# Student Elective Term Report

## Elizabeth Nafziger, MD

Thanks to a Student Elective Term scholarship through Mennonite Healthcare Fellowship (MHF), I joined six other Indiana University (IU) medical students in a month-long rotation in El Salvador. IU's ENLACE program partnered with Companion Community Development Alternatives (CoCoDA) to create an intensive immersion Spanish language study that provided onsite exposure to primary and community health care in a developing country. CoCoDA is a nonprofit organization whose mission is to support community, social, and economic development and social justice in Central America. They graciously provided all of the in-country coordination of our orientation, travel, and schedules, and connected us to CRC (Comité de Reconstrucción) which organized our clinical sites and host families. It is thanks to MHF, CoCoDA, CRC, and IU that I was able to spend the month of April expanding my understanding of global health and improving my Spanish.

I was first introduced to the richness of Latin American culture during my study abroad program at Goshen College, when I lived in Lima, Peru for 3 months. This was followed by many trips, vacations, and medical electives in Bolivia, Costa Rica, Ecuador and now El Salvador. Each experience has fostered in me a sense of adventure and an appreciation for unique cultural traditions in these settings. I came away from these experiences wanting to hear more of the stories from the men and women I have met.

It is very humbling to step out of one's comfort zone. While I don't know exactly how this will shape my career, I believed that this elective in my final year of medical school would help remind me of how inherent cultural sensitivity, communication, and compassion are to practicing medicine well.


We spent our first days in the capital of San Salvador where we learned about the culture, language, and history of El Salvador. There was a special focus on the recent civil war (which took place from 1980-1992, and the tremendous impact this had throughout the whole country. After orientation, we traveled to La Mora, a small rural community located six kilometers from the town of Suchitoto, where many of our clinical rotations would take place. Suchitoto is actually a large municipality that is an hour and a half drive from the capital.

Each student was placed with a host family, while other members of the La Mora community helped us by doing laundry and cooking safe, delicious meals. In the mornings we had clinical duties (a different site every week), and every afternoon we had small group Spanish classes at Pájaro Flor, a wonderful language school in Suchitoto. There were also a

few mornings of free time to complete classroom assignments, explore Suchitoto, and plan weekend excursions.

The first week I spent my time at the La Mora Health Clinic, a primary care clinic which was started by the CRC. Squeezed into tiny exam rooms without fans, we sweated profusely in the hot April heat, caring for patients of all ages with all types of conditions.

Next, I spent a week at one of the government-run primary care clinics in Suchitoto. Each morning there were so many patients that the line went out the door, spilling into the street. Services were limited because of cost and resources. For example, a patient would be referred to the public hospital for a basic urinalysis because the clinic could only do urine dips.

One day that week I went out into the neighborhoods with a team to help prevent the spread of mosquito-borne diseases. We went from door to door, searching for mosquito larvae, emptying/cleaning water supplies, and fumigating houses of those patients who had been seen at a clinic or hospital for fever and were suspected to have dengue or chikinguna.

Another week I worked at the public hospital. This held a variety of activities, including traditional medicine rounds, surgeries, OB/GYN visits, pediatric consults, and routine adult outpatient visits for patients with complicated medical histories or uncontrolled hypertension/diabetes that the community clinics could not treat. While mainly devoted to seeing patients and helping the physicians by doing physical exams while they hand-wrote prescriptions or lab requests, there was also time for the physicians to provide us with medical education.

The feeling of panic still lingers as I think about how I felt when my attending physician asked me for a differential diagnosis and treatment plan or to explain the stages of chronic kidney disease, *all in Spanish.* Those feelings are mixed with the excitement of identifying the rash of chikinguna for the first time or completing a medical history on my own in Spanish.

In addition to these clinical sites, students spent a week with the midwives, where we did prenatal visits at patients' homes out in the countryside. One moment in particular stands out--when there were two medical students, one midwife, one community liaison, one pregnant woman, one large turkey, one scrawny dog, two ducks, and a hen and some of her baby chicks, all in one bedroom, which was our makeshift exam room. The patient and midwife were unfazed by the extra company and continued their conversation comfortably.

What I appreciated about this interaction was how no one was distracted by the animals or the heat. (April is one of the hottest months of the year.) Rather, the midwife was patiently advising the soon-to-be mother about the symptoms she would experience when labor started and the importance of breastfeeding her newborn. This patient received the counseling and care she needed, even though she was an arms length away from a miniature farm in her own bedroom!

While it was frustrating to work in a system that doesn't have enough medicines, doesn't have enough doctors or nurses, or enough beds in the hospital, I was encouraged to find hardworking, kind providers in El Salvador similar to those I've worked with in the United States. Kindness and patience are resources that are abundant here in La Mora and Suchitoto, no matter how limited their other resources are.

The clinical aspects of this elective were a highlight of medical school, without a doubt. But what I appreciated most was the opportunity to improve my Spanish so that I can communicate better with my patients who are Spanish-speakers and to become more culturally sensitive. My

understanding of global health, while not radically different than before, has a greater depth and a firmer foundation thanks to this experience.

There is still so much work to be done in order to provide equality in healthcare for people around the world. This means not just improving access to services, or access to certain medicines and therapies, but also supporting efforts to eliminate discrimination, to empower women and eliminate domestic violence in communities, and to protect children from malnutrition and provide them with educational opportunities. My experience in Suchitoto has been a reminder that global health is more than just the physical health of one's body, but also the emotional, spiritual, and mental health of a community in the many places around the world that people call home. *(Picture at right: Luis, one of our guides, teaches us about the guerrilla encampments. Pictured is the table they would use for surgery during the war.)*

Because of my time spent living and working in El Salvador, I also have a renewed respect and appreciation for living simply. The Salvadoran attitude of humility and thankfulness for what they have is something I hope to carry with me and share with others, in and out of the hospital. The hope they offer themselves and foreigners like me is a nothing short of a miracle after so recently experiencing such a gruesome war.

I was welcomed to El Salvador with open arms and ushered into a world where the greatest value in a person's life lies in relationships, not material possessions. The courage and determination that these people exhibit is extraordinary. I'm so thankful that they were willing to share their stories with me; because of them, not only did I learn Spanish, but I gained a second family and another place to call home.

I'm not certain how my career in neurology will incorporate international health, but I know that the experiences I had in El Salvador, what I learned from the patients and doctors, and what I learned from my host family won't be forgotten.

***Elizabeth Nafziger, MD,*** *is originally from Goshen, Indiana. She graduated from Indiana University School of Medicine in May of 2015 and is currently living in Ann Arbor, Michigan, where she has started her first year of residency at the University of Michigan, where she will spend the next four years training to be a neurologist. She carried out her Student Elective Term in several settings under the ENLACE Global Health Elective in El Salvador in the spring of 2015.*

# Respect

## by Murray Nickel, President, International Mennonite Health Association

“Say ‘please.’” “Say ‘thank-you.’” “The sign says don't walk on the grass....so don't walk on it.” “If they tell you to be quiet, be quiet.” My father taught me to respect others. Respect your mother. Respect the neighbors.

My siblings and I learned early on what this meant. It meant that including everyone in the group was imperative, swearing or yelling at someone was in poor taste, and listening to people was an obligation.

I've now been programmed to think that acting in this way is right and good. I feel guilty when I act differently. But is this sort of behavior really respect or is it just being a nice person?

Having lived in Africa, I've attended many meetings concerning African poverty. It starts with an idea. Maybe it's distributing medicine to clinics in need, or training nurses in preventative medicine, or handing out scholarships for further medical training. The ideas are good, relevant and applicable. The experienced people around the table are thoughtful and informative.

Despite the good discussion, there's often a nagging feeling of guilt lingering in the air. Nobody can put their finger on it until finally someone pipes up, "Um...if we're talking about doing something in Africa, shouldn't we have an African at the table?" Ah yes. That's what's missing. We'd be far more expedient implementing the idea on our own, but out of respect we bring them into the planning circle. The feeling of guilt is appeased. We're back on the right track.

Reaching out to each other over oceans and continents isn't cheap. At the next meeting, chosen representatives from Africa get flown over to the USA for discussions. Or, more often than not, some of us fly over to Africa to meet with relevant leaders. A discussion of ideas begins.

The African representatives agree that the ideas are great. One of them gets hired to implement the ideas and manage them. After a few years of success, an effort is made to hand over the reins, including the funding. Managers are trained, infrastructure is built up; these are all tools that will help the local church or community sustain the success of the idea.

But the idea rapidly fizzles. It doesn't seem to matter how good the idea is. Africans often live from one good Western idea to the next. After all, that's where the money is. We in the West are under the illusion that our idea is somehow better than all ideas that have come before it. Just the same, it doesn't last.

What's the problem? I feel, it's lack of respect. I'm not talking about the respect my father taught me. That kind is a given. That respect is civil behavior. I'd feel guilty if I behaved otherwise.

Everyone at the meeting is nice. We might feel that in the past our fathers and grandfathers were less inclusive. Like us, they too tried to be nice. But we, of course, have one over on them. We're inclusive.

We call this being respectful, but it's not. It's only being nice. True respect demands more. It demands honor. I'm nice so that everyone likes each other and we all get along. I honor because I deeply value someone. Honor requires an attitude of servanthood. It calls for humility, enough to let go of our ideas and focus outward.

Honor isn't an attempt to make sure everything is fair. It's a desire to dig deeper, to take the time to listen. Respect fertilizes a deep appreciation for the passions and ideas pent up in the heart and soul of the next person.

Our ideas may seem great but if they're going to mean anything to the grassroots or have a sustainable impact, the idea needs to start in Africa. An African idea may not be what I think is a priority. Nor may it seem as innovative as my idea. But if I'm truly aiming for transformation, then I need to honor his passions and place them before my own. I need to realize that it's his idea, not mine, that contains the heart and soul of Africa.

***Murray Nickel**, MD, is President of International Mennonite Health Association (IMHA) and an emergency physician living in Abbotsford, British Columbia, just outside of Vancouver. He spent six years in Congo in association with Mennonite Brethren Mission and now travels back and forth between Congo and Canada two or three times a year. He has a special interest in human development and transformation in the context of the poverty.*

# On Commitment and Transformation
## Reflections on the Changes Ahead

### Editorial by Paul D. Leichty, Executive Director of Mennonite Healthcare Fellowship

**Mennonite Healthcare Fellowship** (MHF) is well into the fifth year since its founding in June 2011 when Mennonite Medical Association (MMA) and Mennonite Nurses Association (MNA) joined to form a new organization open to all Anabaptist healthcare professionals. At its October 2015 meeting in Lancaster, Pennsylvania, the MHF Board met with consultant LaVern Yutzy for a strategic planning workshop on the future of the organization.

The key issue for the Board is the fact that the projected membership growth among a new generation of diverse healthcare professionals has not kept pace with membership attrition among those who were formerly members of MMA or MNA. That means that the revenue to support the operations of MHF has just barely kept up with expenses, which, in turn, does not allow for an internal debt incurred in the transition process to be paid off.

MHF exists to help healthcare professionals integrate their faith and professional life. The Board believes that quality programming that ministers to the diverse generations and expanding healthcare professions will enable MHF to fulfill its mission. Thus, the key question has become how MHF through its Board and staff intervenes into a classic chicken and egg dilemma.

- Developing **quality programming** that fulfills a need and stimulates **financial support.**
- Raising the **financial support** to develop **quality programming**.

Related questions involve the best use of the time of MHF's two part-time staff to focus on activities that will stimulate this growth and energize an enlarging group of volunteers.

All of this will depend on two factors:

- The **commitment** of an increasing number of people to MHF's core mission.
- The **transformation** that it will take to reach out in new ways to a new generation of healthcare workers as well as the church as a whole. This transformation will be both personal and corporate, both structural and spiritual.

The MHF Board is embarking on the following actions in order to demonstrate its commitment to the transformation needed:

**The Conversations Initiative**
Over the course of the next six months (and maybe longer), Board members, joined by other supportive MHF members will be inviting Anabaptist healthcare professionals, both members and non-members, to a "Conversation" in their home, office, or church. This is an attempt to build relationships with a more diverse group of healthcare professionals, find out what their interests and needs are, and attempt to bring resources to bear upon the true felt needs of MHF's larger constituency.

**A Funding Model for the Future**
The current funding model for MHF relies on a combination of assumptions under an old model

of operation along with uneasy adjustments to a newer reality. The Board is leading the way in examining the functionality of the old models and assumptions in light of an ever changing 21st century Anabaptist context. Questions being contemplated include whether the concepts of "membership" and "dues" are still useful and whether a dichotomy between "operations" and "missions" is still valid.

**A Shift in Program Planning**

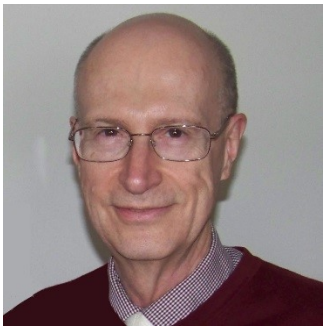
In the start-up phase, the Board and particularly the staff of MHF assumed a large measure of responsibility for program planning, especially for events like the Annual Gathering and Regional Meetings. Now, MHF must find ways of serving more people than just those who are able to attend one of these meetings. This will be the new thrust of the work of the half-time Executive Director. In turn, there will be more reliance on members themselves in planning for Annual Gatherings and Regional Meetings. This has already begun with a group in Colorado and Kansas taking responsibility for the planning of Annual Gathering 2016.

**Healthy Future 2**

MHF emerged from a transition period and its first full year of operations with a $40,000 debt. In 2012-13, MHF raised a little over $40,000 through a Healthy Future Campaign. However, with a $20,000 shortfall in regular giving, the debt was only reduced by $20,000. A similar projected shortfall toward the end of 2013-14 was met with a smaller campaign which kept the debt at the same level. However, despite budget cuts and a very successful Annual Gathering, the overall shortfall in 2014-15 has added another $10,000 to that debt, so it now stands at about $30,000. The Board has resolved that any new funding model as discussed above needs to be accompanied by a concerted multi-year, above budget effort to eliminate this debt.

This is an opportunity for Anabaptist healthcare professionals who are committed to the holistic mission of Mennonite Healthcare Fellowship to step up, **offer their input** into the Conversations Initiative, **support MHF financially** as they are able, and **be open to the transforming work** of the Holy Spirit as together we **reach out to a new generation** with this holistic Anabaptist vision of health.

This vision is expressed in the theme for Annual Gathering 2016, June 17-19, 2016 at the YMCA of the Rockies, Estes Park, Colorado: **Wholeness and Holiness: Views from the Mountaintop.** We hope many of you can come to this important and exciting Annual Gathering! We hope many more of you will gather in homes, congregations, and regional gatherings to join the conversation! Please let us know what you are thinking! God's blessings be upon you!



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