

Developing a Flow of Care and Caregivers

DP

Overview: This article explores the need to develop a steady stream of care on behalf of mission personnel. The essence of this care is best understood as a “flow of love”. Such love permeates the good programs, competent practitioners, mutual support between mission personnel, and the supportive resources needed throughout missionary life. Our love and unity demonstrate that we are His disciples. Love is the definitive apologetic and the core component of mission strategy.

*Two themes converged in the Word
And we should be doing both.
And that would make all the difference.*

The *Great Commandment* and the *Great Commission* are inseparable. The second cannot be done without the first. Obedience to the Great Commandment is the motivation, message, and methodology in fulfilling the Great Commission. “For God so loved...that He gave” (John 3:16). “God demonstrated His love toward us in that while we were yet sinners Christ died for us” (Romans 5:8). The key motivating force for all that is good is God’s love toward us, in us, and through us. Fulfilling the Great Commission is unthinkable without the love of Christ compelling us (2 Cor. 5:14). Our struggle to see the Great Commission fulfilled, however, may be in our struggle to believe that Jesus’ command of John 13:34 is also His strategy in reaching the world (John 13:35).

The command of John 13:34 comes in the context of the last evening before the crucifixion of Jesus Christ. It may be that what we see in John chapters 13-17 is in fact the shorter catechism of all He had taught His friends over their three year journey of discipleship. That which is recorded includes *demonstration* of His love for them in the process of washing their feet and predicting His crucifixion through the bread and wine. It was followed by His *proclamation* of what He was about to do, what the future of the disciples would be, and how through His Spirit their care would be safeguarded and their ministry implemented. He concludes with *supplication* as He reviews the essence of His journey on earth: “that they may have Eternal Life...this is Eternal Life that they may know You and Jesus Christ whom You have sent...that they may glorify Me...that they may be One as we are One *that the world may know that You have sent Me*” (John 17).

This unity for which He prays confronts a world with the truth that “God was in Christ reconciling the world to Himself”. This unity is the product of obedience to the Great Commandment, and the fulfillment of the Great Commandment demonstrates the very character of God. The demonstration of His character *is* the glory of God—it is how we glorify Him!

When I was a pastor I often heard people say, “What we need to do is return to the first century Church”. My response was, “Do you want to be the church at Philippi, Galatia or perhaps Corinth?” Obviously there were various struggles within the first century Church, foreshadowing the conditions that lay ahead.

There is however an early Church model that is worth modeling. Following the coming of the Holy Spirit we have a snapshot of the church in Acts 2:42ff. In this description nothing is said of evangelism as proclamation, and yet the closing line says, “and the Lord added to the church daily.” Obviously in reading Acts proclamation was happening, but the sense of Acts 2:42ff is that basic to proclamation was a demonstration of the functional love of God in His people that was a convincing basis for proclamation. This “Body of Believers” in their lifestyle and relationship to each other screamed to a world that something had occurred in normal human beings that could be explained in no other way

except that God has invaded and changed humans to reflect who He was. They were fulfilling John 13:34 and 17:21.

The epistles have far more to say about the reality of demonstrating Christ than about proclaiming Him. This demonstration is referred to throughout the New Testament as a Body with different parts that strengthen, support, nurture, and care for “one another” under Christ who is the head (Romans 12, 1 Cor. 12, Eph. 4). Out of this demonstration, proclamation comes naturally and makes sense to a watching world.

The Apostle Paul, addressing the divisiveness of the church in Corinth (a condition which reflected the opposite to Jesus’ prayer of John 17), clearly identifies the solution to be a combination of “faith, hope, and love, but the greatest of these is love” (1 Cor. 13:13). His clear description of love in 1 Corinthians 13 leaves little to the imagination of what it looks like and how it works out in the support and care of healthy community.

Jesus was very clear in defining the essence of God’s commandments in Matthew 22:36-40. “Love the Lord your God with all your heart with all your soul and with all your mind. This is the first and greatest commandment. And the second is like it: love your neighbor as yourself.” It is the same issue—loving God and one another—which is at the heart of His strategy for fulfilling the Great Commission.

The Eternal God of the Universe, in His mission plan has, according to Paul, revealed Himself through:

Creation: Romans 1:19-20

Conscience: Romans 2:12-15

Commandment: Romans 2: 17-20

Christ: Romans 3:21- 5:21; Hebrews 1:1-4

Christians: Romans 6:1-16:27; Hebrews 13:20,21

With regards to the last means of revelation, God uses Christians to reveal His character via the love they show. It is behavioral demonstration and not only verbal proclamation. It bears repeating that perhaps our frustration in fulfilling the Great Commission is related to our failure to intentionally concentrate on fulfilling the Great Commandment. The simplicity of the community of Acts 2:42-47 often seems too elementary while our world and its demands so complex that a return to this model seems impossible. It was the growing complexity of Body life even in the first century that made the directives to the churches in Corinth, Galatia, Ephesus, and Rome necessary. Encouragement and instruction to Timothy, Titus, and Philemon indicate the need for advice on how best to conduct oneself and manage the churches, but the principle and motivation remained the same. The advice consistently goes back to Jesus’ simple and profound instructions: we are to love God and love one another, demonstrate God’s love, and thus proclaim the identity and activity of the Eternal God.

The Church is a Body—a community—not a business. The direction given in the epistles is abundant and clear for the well-being of this living demonstration in community. The atrocities within the so-called evangelized countries such as Rwanda, Liberia, and Sierra Leone (as well as in other Western “Christian” countries) confront us with the fact that the Great Commission is not fulfilled by planting branch offices called churches and making them an ecclesiastical statistic. It is not complete until we have “made disciples...teaching them to obey everything I have commanded you.” The Great Commandment is the essence of what we are to teach, how we are to disciple, and the way to develop Christian community.

The model in Acts 2:42-49, the life of Barnabas, the “one another” verses of the epistles, and the relationships reflected in the book of Acts and the apostles’ writings give us basic insight into the task before us. The same love requirement is incumbent upon the Church of the 21st century with our own complex and ever-changing challenges. This is why we must prepare a *flow of care* for those He has moved to be the mobile, global proclaimers of the Good News. Member care in this sense, is understood as an embodiment of love. Hence the flow of care is actually the flow of love. It is not

simply an accommodation to stem the tide of attrition. It is not simply to make people more effective, efficient, and enduring. It is the response to the Master's mandate.

In the international business world there is a growing awareness of the need to heed the "people issues" of cross-culturally mobile personnel. According to researchers Grant-Vallone and Ensher (2000), premature home returns for Americans occur in 10-20% of expatriate assignments. Some statistics quote percentages as high as 40%. The extra financial loss to the company is \$100,000 to \$500,000. In addition, 20% of employees leave their company within three years after repatriation. The high attrition has many reasons, including couples with dual careers where one is unable to pursue their career, problems with children's care and education, and responsibility for elderly relatives in their home country. Some of those reasons are more subtle, including the sense of being "side-tracked" from their career flow by being away from the "home office", not being valued for what one has learned on the international assignment, and generally not being cared for by those in charge of personnel. The financial loss in all of this is only a part of the problem. One executive reflecting on the cost said to me, "In the thirty years of sending employees abroad I have always known the financial loss but I have considered it part of the price of doing international business. Now, however, as I retire I am asking myself, 'What was the cost in terms of broken families and destroyed lives of those for whom we have not sufficiently cared?'"

In the missions community, care of personnel is the fulfillment of our mandate and the natural expression of our fellowship. It is, of course more than just protection against financial loss or safeguarding our investments. Such care is not an event nor is it necessarily automatic. Rather it is an intentional, planned, and ongoing flow which occurs throughout missionary life.

The Flow of Care and Caregivers

The flow of care begins with the prospective missionaries' relationship to the local Body of Believers and moves to the relationship with the sending agency, whether it be the same local body or a mission agency. Ideally the local church has nurtured the individual and family and has thus functioned as a visible caring community. Basic spiritual and personal growth has been promoted through the mentors as well as through the general life of the Body. Now comes a new level of intentional care, requiring a variety of caregivers, and moving from stage to stage in the life cycle of the missionary and the missionary family—from recruitment through retirement/end of service.

Stage 1—Recruitment

The "call" must be from God, not from slick promotion. We must expose and even confront people with the needs of a real world but the decision to go must be in response to the question of the individual "Lord what do You want *me* to do?" This recognizes that all Christians are called to *Him*, that they might be with Him and that He might send them (Mark 3:14). Each has a role in the Great Commission but all have not the same role. Some are sent to "Jerusalem" and some to "a distant place." Some are sent to their own cultures and others to different cultures. Each needs to hear their own assignment and obey. And each person needs to understand that their fundamental call is first to be with the Lord Jesus (1 Cor. 1:9), and from this place of fellowship, to then launch out.

Key to good recruitment is "honesty in advertising". The likely cost as well as the needs and rewards must also be part of recruitment. Jesus directs His disciples to count the cost before building the tower. This does not mean that a high cost negates building the tower but rather by counting the cost one avoids discouraging and destructive surprises. There are many questions and considerations. Should a family go with teenagers or needy, elderly parents? Should one move into a limited access and/or potentially dangerous situation with all the uncertainties? Do both spouses agree? Is there a sense of call for both? Do older children have a sense that this is God's direction for them? What are the details of the task? Are they gifted? Are they equipped? Is the entire family prepared to respond to the call? What are the issues for single people? Is celibacy for the sake of the Kingdom feasible? The list of considerations is huge.

Asking the appropriate questions of these potential missionaries is key for starting well. They are usually not in a position to raise all of the essential questions about themselves and thus need the guidance of those who from experience know what questions to ask and how to evaluate the responses. At the same time, it is also critical for the “candidate” to ask the right questions about the sending agency. Giving permission, even encouraging questions and providing objective sources for answering those questions, sets the right tone for healthy communication over the long haul. An accurate picture of the mission agency, prospective candidate, task, and ministry environment are all part of “honesty in advertising”. Senders must realistically communicate that there will be many unknowns and that much of the journey is one of faith not sight. The caring recruiter/mobilizer, pastor, and friends are some of the main caregivers at this time.

Stage 2—Screening

It is important to determine who the “client” is when one is doing both recruiting and screening. In the first stages of recruitment and screening, the sending agency is the primary client as we seek to find personnel to do the tasks required and desired. Nevertheless, love always requires that we keep the potential candidate clearly in mind as the subject of both His and our love.

The agency should be seeking the best possible people to do the task. They need to meet basic requirements while acknowledging that the candidate will grow and learn with time and experience. The agency needs to be protected from bad choices for the sake of both the agency and its existing teams as well as those whom they would serve. Sometimes the most loving response to those who are not qualified, prepared, or otherwise “ready” is a “no” stated in genuine concern for the potential candidates as well as all the others involved. The “GP” seen in the clouds by the candidate may indeed mean “Go Plow” at home as opposed to “Go Preach” overseas. Screening out should be done as early as possible with great care and sensitivity before public announcements have been made, resignations from jobs submitted, or houses sold. In most cases involving a “no” or a “not yet”, counseling should be advised to assist the people to move ahead with their lives.

For those who are the probable candidates and potential personnel there is also an important screening process that is called “screening in”. At this point the primary client is the candidate. Screening in is designed to discover as much as possible about the individual to be able to direct and place them (and the entire family) wisely and then to deliver appropriate care and support throughout their entire life experience both overseas and upon return to the passport country. Medical history is key in being able to predict possible needs, as are family history, psychological evaluation, and social and cross-cultural abilities. It is important that these areas of examination be integrated in order to get a composite and accurate picture of strengths and weaknesses. Physical problems may have a psychological basis, and social background, including family dynamics, may have a profound impact on the development of cross-cultural adjustment. The competent input from special caregivers at this stage—physicians, mental health professionals, personnel officers—is an early and essential part of the flow of care.

Stage 3—Preparation and Pre-Departure Orientation

Proper education and training are obviously an important consideration. Professional competency must be closely examined both from the perspective of education and practical track record. Untested education is always a danger when sending someone into a new and unfamiliar situation where the environment, tools and details of the task require one to be able to adapt abilities to meet new demands. If abilities have not been mastered in one’s “home” territory it is difficult to customize them to new circumstances. Lack of ministry experience in one’s home culture is not a good indicator of success elsewhere.

Spiritual formation prior to going overseas is critical. Usually nothing dynamic of a spiritual nature occurs in flight across an ocean. It can be a great disappointment to discover that the person entering the airport in a new country is basically the same person who left the old. Neither the name “missionary” nor the new geographical location produces the spiritual maturity that may be needed. The preparation process is in one sense the process of a lifetime. On the other hand, there are aspects of preparation, even fine-tuning, that must take place in the period of time prior to embarkation.

Pre-departure orientation may vary from agency to agency in length of time, people invited to participate as teachers and resources, and even content. Unfortunately some agencies question its importance and leave such preparation to the discretion of people who often are not in a position to know that there are issues and questions to explore let alone having a sense of need to get answers. As a result there may be dangerous gaps in the awareness, preparation, and ability to respond appropriately in the overseas ministry setting. Inappropriate expectations leave the sojourner open to deep disappointment and, perhaps, failure.

Pre-departure orientation, properly developed, should accomplish several objectives. First, it should assist people in “leaving right”. Leaving right is key to entering right and to the correct process of re-entering when one returns to the place of origin. Secondly, this experience should assist in developing and defining expectations that are both realistic and sufficiently positive. Thirdly, the orientation should help develop a frame of reference that provides basic understanding of one’s own reactions and responses to the new environment and helps to develop a positive attitude toward good adjustment and ability to learn. It should inform one’s perspective and produce patience with oneself as well as others. Good decisions are based on good preparation. Key caregivers at this stage include cross-cultural trainers, seasoned missionaries, and others who can further prepare the new missionaries.

Stage 4—Departure

An important aspect of the pre-field experience is the opportunity for proper farewells. The commissioning of missionaries is an important step in the process, but often the less formal aspects of departure are just as critical. Being certain that a “RAFT” is built to help one get to the new location is important. Rconciliation of any unresolved conflicts as much as possible is the first section of the transition raft. Affirmations are next, for both the departing and the remaining in order to express appreciation to each other. The Farewells from family, friends, and body of believers need to be done at different times and in culturally appropriate ways, and these represent the third part of the raft. Finally, key to leaving and entering is the exercise of Thinking about one’s destination: developing expectations that are both realistic and positive will minimize disappointment and enhances resilience. Friends and family are especially important caregivers at this time.

Stage 5 - Arrival

Probably the most important aspect of arriving is to have healthy, proactive mentors. A mentor, who is an important type of caregiver, performs two tasks. First of all the mentors introduce the culture to the newcomer. They answer questions that are asked and questions that should have been asked. They make suggestions, correct errors, and generally guide through the uneasy experience of being foreign. The second task of mentors is to introduce the newcomer to the community. Sometimes this is accomplished automatically by virtue of the mentor’s reputation which can open relationships to others, while at other times the mentor must actively introduce the newcomer.

The meeting of initial needs within the first few hours/days provides a sense of peace and well-being. For the sojourner, the basics of a reasonably comfortable place to sleep, eat, and relax are critical. Transportation and a basic instruction and guidance in getting around is next in order of need closely followed by the need for sufficient funds to meet personal and family requirements. Health care and information about safety rise as issues. A good mentoring program is prepared with information and help in these areas.

After a few days the issues of schedule, job description, cultural practices, and relationships beyond the mentors begin to impress themselves on the newcomer. A basic orientation addressing these issues and reminding the person of the elements in the pre-orientation that are now relevant, allows them to know that they are normal and they can be patient with themselves and others during these days of initial adjustment.

Stage 6—Field Life

This stage involves the ongoing flow of care on-site. Support systems for physical, psychological, and emotional health will vary in usefulness and importance from person to person and time to time. Building quality relationships with team members along with nationals/locals are essential sources of support. Colleagues and nationals become the building blocks for mutual care.

Crisis care in the face of traumatic experiences becomes increasingly critical in our age of growing anarchy and the chaos it produces. In 2000 Karen Karr and Darlene Jerome with other teammates initiated the Mobile Member Care Team in Abidjan, Ivory Coast (see chapter 12). Hopefully this will be the first of many locations/centers from which quick response can be launched to meet the needs of those confronted with severe crisis. In addition, such centers can provide crisis response and interpersonal skills training as well as counseling services. Often a crisis situation allows the members of the Body of Christ to activate their ability and interest to be supportive in His love to one another. A supportive Christian community and the input from professional caregivers are a powerful combination for the flow of care.

Another aspect of the flow of care is how the organization handles its personnel on the field. On the down side, often the organizational *system*, removed from the conscious obedience to the Master's directives, can act more like a company than a community. The organization may become very impersonal, and even those "in charge" can blame poor decisions and destructive behavior on the "system". Getting the job done in missions also involves assessing and acknowledging the impact on the lives of those involved. Leaders at every level must thus be evaluated on the basis of how they view and treat the people for whom they are responsible. The flow of care, though assisted by intentional member care programs, is in reality dependent upon person-to-person consideration and care.

One issue in particular that is near and dear to my heart is the well-being of missionary children. Accomplishing the goals of a mission cannot be done while knowingly "sacrificing" children. This is still happening far too frequently! The response of Jesus to the self-centered question of Peter (Matt. 19:27-30—what do I get by leaving family for the sake of the gospel?) does not negate the powerful admonition and warnings related to the care of children that Jesus gave earlier (Matt. 18:1-14—woe to the person causing one of these little ones to stumble!). Sending organizations thus do well to prioritize care for all members of the mission family. MK caregivers (e.g., educational consultants, teachers, dorm parents, reentry facilitators) are becoming an increasingly important part of missions today.

Home churches and mission agencies have a responsibility to maintain communication on behalf of mission personnel. There should be clear understanding of expectations of all concerned—the agency's expectations of the church, the church's of the agency, and the missionary toward the church/agency and vice versa. Ongoing three way communication, visits from the church leadership to the missionary, support in crisis situations from the sending groups, and regular signs of genuine interest and concern contributes to the health of the mission personnel.

Specialists with knowledge and experience in the international and missions community are critical in providing a flow of adequate care. A flow of caregivers who can deliver care through their specialties of medicine, psychology, crisis intervention, pastoral care, team building, conflict management, education, training, fiscal support, and career development across mission agency lines is necessary. Personnel and human resource directors as well as mission specialists in local churches need to build relationships with these specialists (and vice versa) and facilitate the connection with their mission personnel. Such a pool of specialists that are supported, promoted, and used by a variety of agencies reduces cost, assures availability of care when needed, and reduces the stress on the individual agency by making it unnecessary to develop and maintain their own group of specialized support personnel.

Stage 7—Preparation for Returning “Home”

For many the process of returning to one’s “home” country is more challenging than moving to a new one. Also, for many, the first such transition comes as a shock. Preparation for this change is both loving and necessary. The same process of leaving right via a “RAFT” is necessary for returning right. Personnel need to be assisted and at times admonished to reconcile and be reconciled; to affirm and be affirmed; to bid farewell to people, places, pets and possessions; and to think ahead in developing realistic expectations and strategies for reentry and re-adjustment. Materials, seminars, exit interviews, and peer counseling may all be employed to assist personnel of all ages to leave/return right. Building the RAFT is as important in leaving the overseas assignment as it is in the original “home” departure.

Another part of repatriation includes the preparation of those receiving the overseas sojourner. Neal Pirolo (2000) in his book *The ReEntry Team* uses the model of the church of Antioch as the basis for forming both right perspectives and right plans for healthy missionary reentry. The anticipation and planning for missionaries’ return raises expectations of the “home team”. Although surprises are sometimes nice, it is important that the returning missionary receive realistic information about the basics of the reentry process and support. They must know who will meet them at their point of entry, where will they be staying initially, what provision there is for transportation, schooling for the children, money for immediate use and other necessary living issues. It is critical that “promises” made are fulfilled.

Stage 8—Reentry

As with the previous stage of preparation, reentry care (for furlough end of service, or retirement) is a team effort involving the mission agency, the primary supporting church or churches and, hopefully, the family. The mission agency in most cases must take the position of “coach” in identifying what must and should be done and then coordinating the process. The better the communication has been between mission agency and church, the simpler this process becomes. Some churches have formed “home teams” made up of several families to support the missionaries throughout their career. These teams interface with the mission agency, the church body as a whole, the missionary family, and the missionary as a key source of support including in the reentry process. Such proactive commitment minimizes miscommunication and prevents important issues from being ignored and people “slipping between the cracks.”

Key to reentry support are mentors. The healthiest and most helpful people should be invited to be the mentors for adults and young people alike. The mentor’s role is to inform, answer questions, and give guidance to the returnee. They also are the representatives of the returnee in introducing new people to them (sometimes including new church or community leaders) and representing their needs to those who may be able to help. They function as advocates on behalf of the returnees. The mentor’s task is to help the returning missionaries reestablish themselves as deeply and as quickly as possible. This does not mean that they are the sole caregivers, but they are often the main points of contact for the care team.

Transition or reentry seminars are often a key source of support. Not only is the content and process of such seminars valuable, but meeting others and listening to their experience of reentry is also very helpful. One usually ends up feeling more “normal” and becomes more patient and relaxed about the reentry process.

Two types of debriefing are helpful around the time of reentry. The first is *operational debriefing*, which primarily reviews the work-related experiences and issues for the missionary. This is done by the sending agency and/or the sending church. The second is *emotional debriefing*, which explores the feelings and personal experiences of the missionaries. This is done more privately to allow the missionary to express him/herself freely and explore his/her life and work. Children and families benefit from this type of debriefing too.

In general, both types of debriefing should be designed to help the missionary and the sending groups better understand of the missionary's experience. It should be an opportunity to hear both the good and the bad without defense (or offense). Its goal should be to discover ways to contribute to support, healing, and preparation for the future. Thus those who conduct the debriefing should be people who have some knowledge and understanding of the people involved. And in the case of operational debriefings, they should be in places of sufficient leadership where appropriate actions can be taken when necessary.

Which types of caregivers are the debriefers? Depending on the type of debriefing, it could be a counselor, the head of the missions department at one's church, a trusted/skilled friend, a pastor, or a personnel officer.

Stage 9—Ongoing Support

There are at least three special categories of people in the missions community who should have specialized and ongoing support. They are the "beginners", the "finishers" and "the injured."

Beginners. Third culture kids (TCKs) can be considered "beginners" when they experience significant transitions as young adults: from living abroad to living in one's passport country, from secondary education to university or the work force, from being close to parents to distance from them with little or no familiar faces. Transition seminars, networking through the internet, publications, reunions, return visits to family and "home" country, and coaching/counseling support are all important.

Once again, healthy, helpful mentors are critical not only upon reentry but through the ongoing growth and development of these TCKs. To realize their potential, young adult MKs need people who can validate their TCK experience and serve as coaches to help them into appropriate places of development and leadership. Mentors may begin the process by helping to meet very mundane needs such as attaining a driver's license, getting a job, buying a used vehicle, and getting registration and insurance for the first time without the help of their parents.

Finishers. The second area of ongoing care is for the finishers. Retiring missionaries or those who conclude their career because their particular task is finished or due to health reasons are not throwaways. Too often people who have consciously sacrificed economic security for the cause of the gospel find themselves in desperate need because there is little or no provision for retirement (including government-supported supplements) in their closing years. Too often the Church rejects the responsibility to continue to support because the person is "no longer a missionary."

Beyond the issue of finances however, there is the issue of continued significance. Missionaries may return or retire but they may live many years beyond the termination of their overseas assignment. They may be healthy and sharp-minded and obviously still possess language skills, an encyclopedia of cultural and ministry information, and a heart for Kingdom business. Helping returnees or retirees to reinvest themselves at a reasonable level of involvement is part of the support process.

Retirement support needs to begin long before retirement through the encouragement and support of both mission agency and church. Financial planning, retirement housing, and useful post-retirement activity are too often ignored until it is too late to provide for it. Once again mission agency and church need to communicate with each other about expectations and provisions.

Injured. The third area of continuing care involves the injured, whether physically, psychologically, or spiritually. Barnabas separated from a rewarding, positive, long-term relationship with Paul in order to care for a wounded disciple named John Mark. The latter ultimately recovered to become "profitable" to Paul (Acts 15:36ff; 2 Tim. 4:11). Such a model of care in the early Church is instructive for us. Personal growth takes time, as does helping someone who is weak or injured. There are consequences to our Kingdom work and oftentimes there are significant injuries. We must thus prioritize, budget, and take the time necessary to walk mission personnel through the healing process

and see them restored. This is not only applicable to active mission personnel, but also to those who are leaving mission service.

Summary Thoughts

The flow of care is made possible only with a flow of caregivers. And missionaries themselves, along with their mutually supportive relationships with nationals/locals, are surely a major part of the care needed for longevity. But that is not, of course, all that is required. Personnel/human resource directors and church-based mission leadership, coupled with specialists in fields of medicine, mental health, education, crisis and conflict management, pastoral care finance and so on, must coordinate and integrate their activity. Training is required to hone the skills of people in these disciplines to the specific needs of the inter-culturally mobile mission population. A network for communication is required to coordinate efforts, cross-pollinate the care disciplines, and communicate availability and accessibility of these services. It is encouraging to see the ongoing development of such networks within and between the Newer Sending Countries from Asia, Africa, and Latin America, and the Old Sending Countries.

It has been my conviction over the last four decades of my work in missions that member care is by its very nature the tangible expression of the love of Christ for us and our love for Him. It is not simply a program or a plan; it is the product of who we are because of our relationship to Him and our being His “new creation.” He is Emanuel, God with us, and it is He in us that is the hope of glory. The flow of caregivers, cooperating together to support mission personnel, is one more demonstration to the world of the God-produced unity for which Jesus prayed. Providing the flow of care is a Body effort of mission agencies, sending churches, supporting families, and committed caregivers who realize that the Great Commandment and the Great Commission are inseparable.

Reflection and Discussion

1. What is the rationale for stating that “the Great Commandment and the Great Commission inseparable”?
2. List a few ways that the flow of care might be different for Newer Sending Countries and for Older Sending Countries.
3. List a few ways that the flow of caregivers might be different for Newer Sending Countries and for Older Sending Countries.
4. Who should coordinate/oversee each phase of the flow of care?
5. What are appropriate expectations for care that a missionary should have for his/her mission agency, sending church, field leadership, other missionaries, and oneself?

References

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