

ETHNE06 Member Care Workshop Notes

This workshop was led by Beram Kumar, Kelly O'Donnell, Pramila Rajendran, and Neal Pirolo (who presented on the sending church and sending team).

The group began by discussing the reasons for attending the workshop. These included:

1. The need for resources
2. Desire for creative ideas for newer sending agencies
3. Interact with the Facilitators
4. Responsibility for member care for Indonesians
5. Desire to include discipleship for young church members
6. Support of Filipino MKs
7. Internationalizing MK education resources

Thorough Discussion on the Definition of Member Care:

1. Supporting each other in the body of Christ
2. Caring for missionaries emotionally, mentally, physically, and spiritually
3. Providing resources missionaries need to be where God has called them
4. Reaching out and caring for one another
5. Need to consider additional definitions/approaches in light of current realities

One of the main definitions being used: "Member care is the ongoing investment of resources by mission agencies, churches, and other missionary organizations for nurture and development of missionary personnel." This includes connecting with the host culture, may include caring for family and orphans, pastoral care, and intensive care. An example was given of warfare in which nine people are said to be needed in order to back up new soldier on the battlefield. Member care also starts with pre-calling discipleship, but based on the above definition, is understood to begin with one's "call".

"Member care" a term coined in the 80's and 90's in the secular world, and is especially useful when more secure language is needed in potentially volatile/hostile situations. The term "member" implies belonging to a group along with mutual accountability. It's not just something done by organizations, but each other, and it includes special needs. The term has developed as one that is not overly professional but emphasizes supportive care between missionaries so that they hopefully will not need "intensive care".

Views of member care at their worst are that member care involves coddling and placating, pampering, or even condemnation and punishment. The best practitioner is the Holy Spirit and Jesus Christ, who comfort, give peace, challenge, and even at times provoke. This can be done in the context of interpersonal relationships and team dynamics.

"Trans-cultural Model of Member Care" was presented with relationship with Christ at its core. It included self and mutual care, sender care, specialist care, and network care. There are mutual expectations of missionary and supporters, and how "love" and "care" are demonstrated differs. Specialist care includes counseling, crisis care, family needs, and conflict resolution and much more related issues of member care..

One significant change in member care practice is the use of the internet, especially internet/voice over internet. However, protocols are needed for such counseling consultations. However, the internet is not always available in areas where missionaries are reaching unreached people groups.

Special care needs to be done by recognized, qualified people. Professional care may be needed for many areas, like missionary sons with homosexual tendencies, health issues, major trauma. There are so many issues, and the question becomes, “how do we help?”

II. Networking for Member Care

Networking can be used to catalyze, consult, connect, and share. Specialists could be listed on the network by specialty.

Matthew 13:51-52 gives the metaphor of a scribe being like a rich person who brings out of his treasure both old and new things. Networking for member care allows for the best of what has already been done combined with new methods of delivering care.

An Arabian proverb states, “No amount of caution can deter fate.” If you replace the word “fate” with “God”, this is a reminder that good member care does not prevent every problem. Sometimes God allows or ordains problems. The theology of suffering is a necessary understanding of missions in some areas. In the book *Back to Jerusalem*, Brother Yun asserts that the past 50 years of persecution, suffering, torture for the underground church in China has been God’s training ground. The Chinese believers ask prayer for a stronger back, not a lighter load. There is an observed correlation between persecution and revival.

The paradox of that is seen in seeing being Christ’s servant as being his slave, as in the child versus slave mentality. The load for a son may be lightened as opposed to that of a slave. And lightening the load can prevent burnout. At the same time, “lighter load” can be misunderstood as time off without dealing with interpersonal issues. This paradox was also seen as a cultural difference, as shared from several participants who observed that East Asians adjust to environment, while western missionaries try to change things. One conferee observed that Latin Americans tend to be resigned and sometimes they don’t change things they should and could change, while North Americans tend to believe there are no “acts of God”.

Some of this perspective depends on the nature of the load and the concept of having a balanced load, and this involves bearing one another’s burdens in community.

III. Lessons from the India Mission Association (IMA)

IMA introduced member care gradually by first getting mission leaders to share issues with each other. As they discovered the encouragement from caring for each other, they recognized the need for this for their missionaries. IMA then launched each track of its program one by one over the course of 2-3 years at every meeting:

Missionary track – training, counseling

Missionary families – conflicts, crossing culture

MK care and education – including boarding, parenting, relationships with parents and generation gap, moral issues etc

Missionary children – caring for them when parents are work-oriented

Missionary welfare – covering expenses for medical care, retirement, medical casualties on the field

Some ways to network for member care:

1. Small missions can plug into large missions who have member care in place
2. Training in interpersonal skills, moral issues – “Sharpening Your Interpersonal Skills” workshop
3. The need for grief counseling and psychological counseling
4. Training wheels process by looking into areas where missionaries can be upgraded in caring issues plus building teams.
5. There is a concern for workers leaving a smaller mission to join another agency that has the member care in place.

As Latin American and Korean missionaries are now all over the world, the IMA model is a good model for introducing member care. It is not just a “Western model” or one that is based on multiple finances/resources.

IV. The Sending Church And Sending Team

Neal Pirollo shared with us on how church-based support is very important in caring for their missionaries. Member care is not meant to be the sole responsibility of the agency. Rather the sending church has major responsibility. Member care is very effective when done by a team from the local supporting church. See Neal’s paper on “Member Care” and his book *Serving as Senders*. According to Neal, in Romans, the 4th question “How can he preach unless he is sent?” is often neglected. Each missionary should form a team that “sends”. This includes several supporters focusing on different types of support, including the primary liaison/coordinator, moral support, finances, secure communication, prayer, reentry, etc. Neal related stories of how effective this care for the missionary was in giving support, encouragement, and accountability. He also reminded us of Paul in prison in Phil. 1:5 and his joy and rejoicing as he commended the Philippians for their prayer support. Neal also shared the types of support that a missionary needs on reentry: Debriefing, Logistics, Communication, Prayer, Finances.

If there is church-based member care, it would not be as difficult to develop agency member care. Church-based member care is an extension of body life to the frontline. One application of the various models of member care is that senders and sent ones need to identify the important areas of care, and draw from many resources. All segments of care are needed at every stage.

There was input from various participants and good discussion. We understood our need to help bring the awareness of member care everywhere that we send personnel and where we work.

ETHNE Member Care Working Group

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