



BECOMING A MEDICAL AMBASSADOR



WELCOME!

Thank you for your interest in the Paul Carlson Partnership (PCP) Medical Ambassadors program!

The PCP Medical Ambassadors program is an exciting, expanding program that matches medical professionals in North America with their counterparts in the Democratic Republic of Congo. The Medical Ambassador group is composed of compassionate, dedicated medical professionals who are interested in employing their skills for the betterment of the medical system in Congo and for improving the quality of life for the Congolese people. PCP has been dedicated to work alongside the Congolese, relationally and practically, since 1965 in medical and healthcare work, economic development, and infrastructure projects.



This work has an immediate impact on over 1,000,000 people who depend on the healthcare system of the Ubangi Region in DR-Congo. The CEUM, the Covenant Church of Congo, was once one of the most sophisticated systems in sub-Saharan Africa but the impact of a twenty-year war has devastated structures, infrastructure, and communities. PCP is dedicated to the resumption of the medical care system and infrastructure to the prewar days, and ultimately to expand its services.

In this packet you will find multiple ways to engage with this medical program such as joining a Focus Group dedicated to a specific medical specialty, providing consultative work, joining one of our Train-the-Trainer teams to the Ubangi region, and supporting this organization financially. After reviewing these pages, contact us for more information on how you can be personally involved.

On behalf of our friends and colleagues here at Paul Carlson Partnership, we look forward to hearing from you and further discussing how you can become part of this journey together!

Join us!

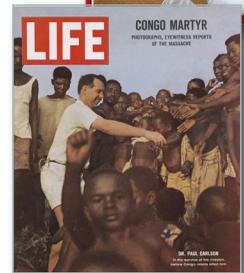
Dr. Eric Gunnoe
President, PCP Medical Ambassadors



HISTORY

In 1961, Dr. Paul Carlson, an American physician, decided to serve as a medical missionary with the Evangelical Covenant Church in the Democratic Republic of Congo. He served for six months, then returned home to California. But Carlson longed to return to Congo. In 1963, Paul and his wife, Lois, and their two children, moved to the Ubangi region in a town called Wasolo. There, he served patients at Wasolo Hospital, which served over 100,000 people. The local people took to calling him Monganga Paul, or “My Doctor Paul.”

In the early fall of 1964, the political situation in the region was deteriorating. Carlson became sufficiently concerned, so he moved Lois and their children to the Central African Republic. He returned to his post, hoping to stay as long as possible to minister to his patients in Wasolo. Not long after, the rebel group accused Carlson of being an American spy, and took him as a hostage (along with several other staff members) to Stanleyville (now Kisangani) where he was tortured. On November 24, 1964, Carlson and several others ran to a wall in hopes of escaping. Before Carlson scaled the wall, he urged a clergyman to go first, and as Paul was climbing the wall, he was shot and killed by rebel gun fire.



Shortly after Carlson’s death, Lois and others formed the Paul Carlson Medical Program with the goal of raising money to support the Loko hospital. They expanded with agricultural programs to teach nutrition, agronomy, and microenterprise. In 2004, the Paul Carlson Medical Program was revitalized and now operates under the name the Paul Carlson Partnership, a non-profit organization.

MISSION

The mission of the Paul Carlson Partnership is to catalyze the growth of self-sustaining families and communities in places of deep poverty. Working together with partners in Africa and elsewhere, we invest in local efforts in medical and economic development.



MEDICAL AMBASSADORS

What is the PCP Medical Ambassadors Program?

Started in 2011 by two volunteers, Dr. Eric Gunnoe and Mary Stockmeyer, the PCP Medical Ambassadors program seeks to coordinate the medical work of Paul Carlson Partnership by facilitating collaboration between medical professionals in the U.S. and their professional counterparts in the Democratic Republic of Congo.

Paul Carlson Partnership has been in relationship with the Congolese medical professionals in the Ubangi region for nearly 50 years. Our commitments distinguish us from other organizations in two ways: we are committed to **relationships and training**. We believe that organizations and individuals in Congo and in the US should maintain long-term relationships. As such, we work collaboratively with Congolese professionals to assist and support the priorities of their leadership. Our Training-the-Trainers method utilizes these relationships to identify specific skills training needed in Congo and our Ambassadors respond accordingly.



What is a Medical Ambassador?

PCP Medical Ambassadors are compassionate, dedicated medical professionals investing their skills in service to Congo. A Medical Ambassador is a person – a medical professional or otherwise – who is intrigued by our unique approach and commits personally in three general ways:

- believes in, represents, informs, and promotes the medical work and core values of PCP;
- supports the work financially at any level;
- actively participates in the work in a variety of ways: prayer first (as the true foundation of our work), volunteering time and individual expertise whether that be medical, administrative, clerical, networking, language fluency, consulting, or other skills.

In addition to these basic commitments, some Medical Ambassadors may become more fully engaged in the work by joining Focus Groups and spending time investigating a specific project or idea. Others will help plan trips, fundraise, write grants, translate, train, or travel. These are people with a deeper time commitment to the medical work of PCP. The following section explains how some of these various roles work together to accomplish our common goals.

In short, Medical Ambassadors readily share about the work of PCP, give to the organization, and lend a hand if needed.

VALUES AND PRINCIPLES

The PCP Medical Ambassador program seeks to engage Western healthcare professionals to work alongside and lend their expertise to their counterparts in the Congo. It is relational, contextually appropriate, and strategically focused through a teacher training model. Our Congolese brothers and sisters are capable medical professionals, a fact that is not diminished by difficult access to resources and continuing education. Our values and principles guide how we work with our partners in Congo.

Values

Relational:	interpersonally, professionally, as well as in spiritual matters
Learner/listener:	growing in understanding of Congo
Flexible/adaptable:	in new or stressful situations
Focused long-term:	committed to seeing change through patient service over the course of many years

Principles of Operation

Focus upon training and education to stimulate improvement in relevant outcomes (e.g. neonatal mortality, maternal mortality, surgical infections). The delivery of hands-on medical care by the team members is appropriate if it is done in the context of training Congolese medical providers. We do not intend to provide services without simultaneous training.

Research the processes, techniques, equipment, and supplies that are relevant to the goal of improving chosen outcome measurements. Incorporating current “Best Practices” into all of the training and educational endeavors.

A key goal is sustainability. In other words, the goal of each project is to improve the designated outcome by using those techniques and equipment that can be reliably maintained by the CEUM healthcare system. Any project that requires continual, expensive outside resources is likely to be unsuccessful in the long-term.

The Focus Groups should strive for integration at each level:

- Integration within the current CEUM healthcare system
- Integration within the efforts of other Focus Groups
- Integration with the goals of the PCP Medical Steering Team
- Integration with the structure and goals of the Evangelical Covenant Church and CEUM



METHODOLOGY

Train-the-Trainer

Through the Train-the-Trainer method, our goal is to multiply medical training. Medical teams traveling to Congo teach a group of local medical professionals aligned with their expertise. Typically, a small number of Congolese professionals, associated with one of the region's hospitals or Health Zones, are brought to a central location to be trained. The team then provides skill training, follow-up processes, procurement of supplies, and is often involved in funding of the professional development costs for participating Congolese. Congolese professionals return to their facility, where they train 8-10 people on the specific skill. In addition, they are equipped with supplies needed to carry out the program at their respective facility.



Long-Term Approach

Medical Ambassadors make the choice to equip, to inspire confidence, and then step aside and take on a supporting role. Our focus is for the long-term viability and sustainability of the CEUM medical system. Each Medical Ambassador makes a long-term, relational commitment to the region. Teams return on a semi-regular basis to train and follow-up with their Congolese counterparts. These dedicated professionals are a critical link to the implementation and effectiveness of the Medical Ambassador programs.

Community Focused

To that end the Medical Ambassadors are also initiating a community focused approach to health improvement that aims to use existing resources with evidence based testing of locally determined ideas to realize an overall improvement of health in the region. This approach is being developed using best practices to enhance the health of a population.

Anne Marie took the Bleeding After Birth training in 2014 and has since saved the lives of many women.

“When western doctors visit, they can treat people, but they will go home. However, through training, we can improve our skills and we can care for our own people.”

Anne Marie Zuku
Head nurse at IPOK Clinic, Gemena, DRC



WHERE WE SERVE



The Democratic Republic of Congo is the second largest country in Africa (after Algeria) and largest country in Sub-Saharan Africa. DR Congo is slightly less than 1/3 the size of the United States.



Provinces

The country is currently divided into 25 provinces and the city-province of Kinshasa. The provinces are subdivided into districts which are divided into territories.

Languages

Primary languages in the Ubangi region are Lingala and French.

CEUM Medical System

Paul Carlson Partnership has been partnering with the Covenant Church of Congo (CEUM) for over 50 years. The CEUM medical system operates in three of DR Congo's 26 provinces: North Ubangi, South Ubangi, and Mongala (circled). The central office of the CEUM is located in Gemena.



Circled: the Ubangi region



OUR PARTNERS

The Congolese Covenant Church (called the CEUM) operates a medical system that includes hospitals, clinics, and nursing schools. This church-run medical system is the primary health care option for hundreds of thousands of people in northwestern DR Congo. It is also recognized by the Congolese government as the primary health provider in this region of Congo. In addition to the support it gets through PCP and other international groups, the CEUM medical system benefits from governmental oversight and many of its staff members receive government salaries.



Karawa Health Zone

Bogose Nubea Health Zone

Loko Health Zone

Wasolo Health Zone

Within the Ubangi region, healthcare is organized into four “Health Zones.” Each health zone has a hospital and anywhere from 10-25 clinics. In each of these zones, there is a doctor and a small administrative staff that oversees all of the clinics in their health zone. Individual clinics have 1-4 nurses, assistants, and grounds keepers. Each clinic works with a community health committee, and all of CEUM’s clinics have chaplains. Often, the local pastors serve as chaplains.

Ideally, these clinics are to be spaced so that people shouldn’t have to travel more than 10 km to get to a clinic. Clinic nurses refer cases they can’t handle to their health zone’s hospital. Additionally, the CEUM operates a smaller hospital in an adjacent health zone and has a series of clinics in neighboring health zones. In all, the CEUM has over 600 medical staff members.

Top 10 Causes of Death in DRC

- 12% Diarrheal Diseases
- 11% Lower Respiratory Infections
- 7% Malaria
- 7% Protein-energy Malnutrition
- 5% Preterm Birth Complications
- 4% Stroke
- 4% Birth Asphyxia & Trauma
- 4% Tuberculosis
- 3% Meningitis
- 3% HIV/AIDS

Source: WHO Country Health Profile 2012 DRC



STRUCTURE

Organizational Relationships:

National Partners: The Covenant Church of Congo (CEUM)

PCP Staff: Executive Director, Dir. of Medical & Health Programs, Marketing Manager

Medical Ambassadors: Volunteer health professionals committed to serving Congolese medical colleagues

Medical Steering Team (MST): Consists of the PCP Director of Medical & Health Programs, representatives from Focus Groups, and others chosen by the MST

Medical Ambassador Focus Groups: Consisting of experts within prioritized fields

Focus Groups:

Adult Medicine & Public Health

Dentistry

Emergency Care

Eye Care

Hospital Administration

Maternal Health

Nursing

Pediatrics

Pharmaceuticals

Surgery & Anesthesiology



ROLES AND FUNCTIONS



Primary Roles of an Ambassador

- Informed Learner
- Administrator/Coordinator
- Translator
- Advocate
- Prayer Partner
- Donor

Focus Groups

- Adult Medicine & Public Health
- Dentistry
- Emergency Care
- Eye Care
- Hospital Administration
- Maternal Health
- Nursing
- Pediatrics
- Pharmaceuticals
- Surgery & Anesthesiology

Medical Steering Team

- Coordinates and guides the Medical Ambassadors program
- Plans and schedules trips to Congo
- Provides overall strategy
- Members Participate in Focus Groups
- Encourages and supports Focus Group members

A Focus Group member

is an advocate for assisting in sustainable development of their specialty's counterparts.

Roles include:

- Researcher/Connector
- Crosscultural trainer/Educator
- Admin./Leader
- Advocate
- Prayer Partner
- Gathering supplies and training materials

Focus Group Functions and Expectations:

1. To connect as a group regularly in order to discuss present and future Congolese projects as determined by each Focus Group.
2. To procure teaching materials, supplies, and equipment pertaining to this series of projects.
3. To remain abreast of current research and developments within the field as pertains to the International health care and the Congo setting in particular.
4. To designate a small team to travel to/from the Congo in order to provide training and education. Each team likely will consist of 1-3 members who are the implementers for training and project work. The purpose of this team is to provide continuity in the field, motivate and develop new trainers/implementers, and to promote communication/collaboration between the Focus Group their Congolese counterparts. All of these trips are coordinated by the Medical Steering Team.
5. To gather and analyze outcomes data pertaining to each training/project.
6. To advocate for their specific Focus Group in terms of training and resource development
7. To maintain a growing understanding of Congo and our partners.

JOIN US!

Compassionate volunteers are the key to successful medical development in Congo. If you are inspired to get involved in this vital work or learn more about it, we would love to discuss with you where your gifts and skills can be used.

Questions? Contact:

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Connect with us!

- Visit us online at paulcarlson.org/medical-ambassadors.
- Sign up for the PCP Promise and PCP Medical Ambassador email updates at paulcarlson.org/stories.
- Give to the Medical Ambassador programs at paulcarlson.org/donate.
- Follow us on social media: Facebook, Twitter, and Instagram.