



# BECOMING A PCP 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 project teams and/or their professional counterparts in Congo. The Medical Ambassador group is composed of compassionate, dedicated medical professionals who are interested in employing their skills and knowledge for the betterment of the medical system in Congo which ultimately will improve 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 upon their requests.

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 (Covenant Church of Congo) once operated one of the most sophisticated health systems in sub-Saharan Africa, but the impact of a twenty-year war has devastated structures, infrastructure, and communities. PCP is dedicated to the restoration of the medical care system and infrastructure to the pre-war days, and ultimately to expand its services.

In this packet you will find multiple ways to engage with this medical program. Engagement may include consultative work, prayer, joining one of our Resource Groups, and supporting this organization financially. You can be part of this great partnership with the Congolese people and make a difference in their lives. After reviewing these pages, contact us for more information on how you can be personally involved.



On behalf of our friends and colleagues in Congo and 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!

Ann Hagensen, RN  
Volunteer President  
PCP Medical Ambassadors

# OUR 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 Paul 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 treated patients and taught the medical staff at Wasolo Hospital, which served over 100,000 people. The local people took to calling him Monganga Paul, or “Doctor Paul.”

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



Shortly after Paul’s death, Lois and his friends formed the Paul Carlson Medical Foundation, with the goal to raise funds to support a remote hospital in Loko. They expanded the ministry and included agricultural programs to teach nutrition, agronomy, and microenterprise. In the five decades since, Congo has experienced ongoing war and unrest. Through it all, PCP has stayed the course with medical and economic development partnerships with the Covenant Church of Congo (CEUM). 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 holistic growth of healthy 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 over 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 collaborative relationships to identify specific skills and training needed in Congo and our Ambassadors respond accordingly.



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

## 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 motivated 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 Resource 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 whose personal and professional lives permit time for a longer-term involvement with the medical work of PCP. The following section explains how some of these various roles work together to accomplish our common goals.

# VALUES AND PRINCIPLES

Our Congolese brothers and sisters are capable medical professionals, a fact that is not diminished by difficult access to resources and continuing education. Our partnership is relational, contextually appropriate, and strategically focused through a teacher-training model. Our values and principles guide how we work with our partners in Congo.

## Values

<b>Relational:</b>	<i>interpersonally, professionally, as well as in spiritual matters</i>
<b>Learner/Listener:</b>	<i>growing in understanding of Congo and the Congolese people</i>
<b>Flexible/Adaptable:</b>	<i>in new or stressful situations</i>
<b>Focused long-term:</b>	<i>committed to seeing change through long-term service over the course of many years</i>

## Principles of Operation

1. Focus on training and education to improve health outcomes (ie. neonatal and maternal mortality). We plan to provide requested, additional training for the Congolese nurses (who provide the majority of healthcare in Congo) and physicians in subspecialties like gynecology, general surgery, and orthopedics. We plan to explore developing programs in dental and ophthalmologic care. 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.
2. Research the processes, techniques, equipment, and supplies that are relevant to the goal of improving chosen outcome measurements. Incorporating current “Best Practices” for international healthcare into all of the training and educational endeavors.
3. 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.
4. The Resource Groups (described on pg 11) and the Medical Ambassador Steering Team (MST) will work in a manner that integrates with the ongoing efforts of the CEUM Medical system. A pragmatic and practical sense of partnership will guide all of the efforts of the Medical Ambassadors.

# METHODOLOGY

## Training-the-Trainers

Through the Training-the-Trainers method, our goal is to multiply medical training. Medical Ambassador 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 regional 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 may be involved in funding the professional development costs for trainees. Master Trainers are chosen by the CEUM medical leadership to become lead teachers in a specific area such as Pediatrics or Maternal Care. Once certified to teach, Master Trainers train individuals within each Health Zone to be lead trainers for a specific course, and then train their entire Health Zone staff on this course annually.

## 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 program.

## Community Focused

Medical Ambassadors have 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.



Watch the video at  
[paulcarlson.org/medical-ambassadors](http://paulcarlson.org/medical-ambassadors)

Anne Marie Zuku attended the Bleeding After Birth training in 2014. In October 2019, she became a Master Trainer of Maternal Care. Over the years she has saved the lives of many women and babies through the implementation of these courses.

*“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.”*

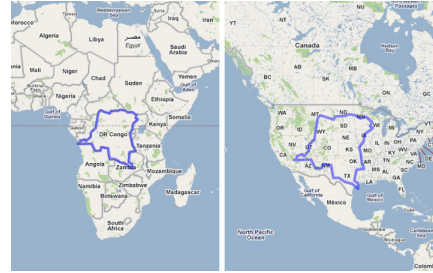
–Anne Marie Zuku

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 26 provinces; the capital city is Kinshasa.

## Languages

Primary languages in the Ubangi region are Lingala and French.

## CEUM Medical System

Paul Carlson Partnership has been partnering with the 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.



*The Ubangi region*





# OUR PARTNERS

The CEUM operates a medical system that includes hospitals, clinics, and nursing schools. This church-run medical system, recognized by the Congolese government, is the primary health care provider for over 1,000,000 people in the Ubangi region. 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.

Within the Ubangi region, healthcare is organized into “Health Zones”. Each Health Zone has a hospital and 10 to 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. Clinics have 1-4 nurses (who function as a nurse practitioner would in the U.S.), assistants, and groundskeepers. Each clinic works with a community health committee in the village, and all of CEUM's clinics have chaplains. Often, the local pastors serve as chaplains.



Ideally, clinics are spaced so that people shouldn't have to travel more than 10 km (6.2 miles) 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 and 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

1. Malaria
2. Lower Respiratory Infections
3. Neonatal disorders
4. Tuberculosis
5. Ischemic (coronary) heart disease
6. Diarrheal diseases
7. Stroke
8. Congenital defects
9. Road injuries
10. HIV/AIDS

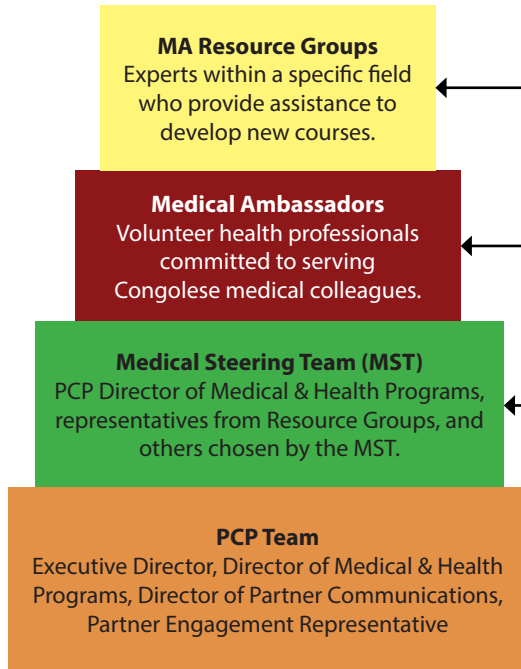
*A typical clinic in northwest Congo.*



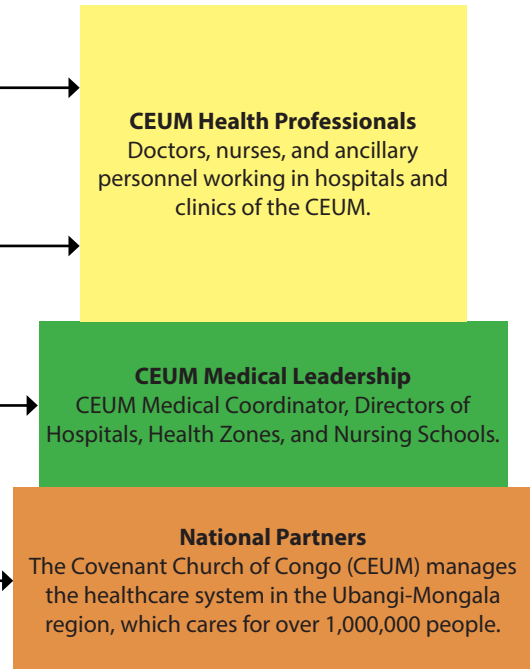
Source: GBD Compare 2017, DRC

# STRUCTURE, ROLES, AND FUNCTIONS

## PCP Medical Ambassador Structure



## CEUM Medical Structure



## Roles & Functions

### Medical Ambassadors

- An informed learner about Congo and PCP's work
- Prays knowledgeably for the work in Congo
- Advocates for the PCP in your church and community
- Supports the work of PCP financially
- Prays for how God can use you more fully in His work in Congo

### Medical Steering Team

- Overall strategic direction
- Planning/scheduling Congo trips
- Representing PCP at regional and national denominational meetings
- Fundraising
- Encouraging Resource Group Members





## Resource Group Members

- Research and advocate for realistic applications of one's specialty in Congo
- Liaison for PCP within one's church and community
- Fundraises, sources medical resources and materials/supplies for Congo
- Participates in new project development representing one's specialty
- Prays faithfully about God's plan for one's own medical field/ministry in Congo.

## Resource Group Functions and Expectations

1. To connect once or twice a year with all Resource Group members in order to learn and grow in their understanding of Congo, our Congolese partners and the work of the Medical Ambassadors.
2. To procure teaching materials, supplies, and equipment pertaining to current projects.
3. To remain abreast of current research and developments within their field as pertains to international health care and the Congo setting in particular.
4. To participate as possible with new and ongoing Medical Ambassador projects as representatives of their field of expertise. This may take the form of travel to Congo and training for trips that are coordinated by the Medical Steering Team. Members may participate in research, connections to others in their field, procurement of specialized materials and supplies, encouragement, or assistance of other team members.
5. To gather and analyze outcome data pertaining to each training/project.
6. To personally grow in their knowledge and understanding of Congo.

## Examples of current and/or potential focus areas for Resource Groups:



PEDIATRIC CARE



NURSING



MATERNAL CARE



EMERGENCY CARE



SURGERY &  
ANESTHESIOLOGY



DENTISTRY



HOSPITAL  
ADMINISTRATION



## 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.

## CONTACT

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