

# Upgrading Member Care Five Stones for Ethical Practice

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See the Appendix for some of the additional materials included in the expanded article:  
“Ethics and Human Rights in Member Care: Developing Guidelines for Good Practice”  
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Member care is a broad field with a wide range of practitioners. As this field continues to grow, it is important to offer guidelines to further clarify and shape good practice. Any guidelines must carefully consider the fact of the field's international diversity, and blend together the best interests of both service receivers and service providers. They also need to be applicable to member care workers (MCWs) with different types of training and experience.

The purpose of this article is to help upgrade the ethical quality of the supportive care that we offer mission/aid staff. By "ethical" I mean in accordance with recognized guidelines which promote responsible care and good practice. Such guidelines deal with areas like confidentiality, skill competencies, continuing growth, accountability, sensitivity to human diversity, and organizational responsibility for staff care. This article is meant for caregivers from different cultural backgrounds, including MCWs, leaders, staff, and sending organizations (agency/church).

## Some Examples

Here are four premises that influence the ethical practice of member care. First, staff are *humans with intrinsic worth*, and not just *resources with strategic worth*. Second, ethical care is committed to the integrity of the organization and its purposes, as well as the well-being of its staff, including leaders. Third, sacrifice and suffering are normal parts of mission/aid work. And fourth, *how* we provide services to staff is as significant as the actual services themselves. We provide quality care, *carefully*. Consider these examples.

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- *Competence.* An experienced consultant makes recommendations to a humanitarian service organization based in Asia. The consultant is addressing the care of their emergency staff working in a mass disaster area, rampant with cholera and malaria. The consultant is vaguely familiar with that cultural context and the organization itself. To what extent does the consultant need to inform the agency about limitations in his/her background? When is it OK to “stretch” beyond one’s areas of training and experience? What if no one else is readily available to offer advice? So is the consultant acting competently?
- *Confidentiality.* A compassionate leader informally exchanges a few emails with a man in their organization who has marital struggles. The man tells the leader that he and his wife have frequent fights that can be overheard by African neighbors. Later, the leader prays with his own wife about the other couple’s struggles. Is it OK for one’s spouse to know such things? Is the disclosure of “significant problems” protected information? Would asking the leader to not share be “secretive”? So what type of confidentiality is appropriate?
- *Responsibility.* A reputable sending organization shortens a family’s field preparation from three months to one month. The reason is so that the husband, a medical doctor, can cover a crucial and vacant position in a refugee hospital in the Middle East. To what extent does making such “adjustments” simply reflect the realities of mission/aid work? What if “lives”, or a large funding grant, are at stake? So to what extent is the organization acting responsibly towards the family and the refugee patients?

Many other types of ethical issues get stirred up in mission/aid settings, such as:

- assessing physical/mental disabilities during selection, including those of children (e.g., whether hiring, locating, or promoting staff is based on such disabilities)
- determining who has access to personnel files (e.g., whether team leaders have access to team members personnel files, especially “negative” information)
- working in stressful settings with limited supervision, contingency plans, and personal debriefing (e.g., whether senders can support staff adequately in risky, disaster settings, or in longer-term isolated settings)
- consulting with people with whom one has many types of social/work relationships (e.g., whether to offer conflict mediation to an interagency group that includes people from your own agency)
- confronting unhealthy practices of leaders and other staff (e.g., whether certain lifestyle choices are private affairs, and how to protect staff that point out problems)

It is important for sending organizations and MCWs to anticipate and discuss such issues together. We all want to do a good job at managing and supporting our staff. This article will help you move in this direction!

### Doing Ethics Relevantly—Five Smooth Stones

Ethical member care involves more than identifying the right ethical guidelines and then simply applying them. Rather it is fundamentally a way of *thinking through* problems, our practices, and the possible consequences of our actions. It is a *mentality*. And it is a mentality which develops over time through training, experience, and reviewing various scenarios with others.

For example, before we send an email response to someone’s question about a child’s misbehavior, a depressed team member, or a conflict with an organizational policy, we do well to “think ethically”. We pause and ask ourselves: who may be seeing our communications, now and in the future; do the

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communication exchanges need to be encrypted; am I responding informally as a colleague or “officially” on behalf of an organization or as an MCW; do I have enough information to offer input; how accurate is the information I have; should I consult with anyone about the situation; which ethical guidelines are relevant; and what may be the consequences of my response/advice? *Remember, there is always an ethical context and an ethical mentality that accompany our member care work!*

Many types of professional ethical guidelines—codes—exist that relate to the practice of member care. Such ethical codes are primarily relevant for the disciplines and countries for which they were intended. Yet many MCWs enter the member care field via a combination of their life experiences and informal training, and are not be part of a professional association with a written ethics code. Common sense and one’s sense of morality only go so far. As does appealing to another country’s or discipline’s ethical code, which can result in a rather cumbersome match between the person and the code. This “mismatch” is akin to David being outfitted in Saul’s armor, only to find that it was too large for him—too cumbersome—and hence more a liability than an asset as he prepared to fight Goliath. He clearly needed his more familiar, custom-fitted arms that fit his frame and fighting strategy: namely, his staff and his sling along with five carefully-selected, smooth stones (I Samuel 17).

By analogy, MCWs and sending groups need to identify ethical frameworks which can guide their member care practice and help further shape their ethical mentality. We need to carefully identify “smooth stones”—relevant ethical guidelines—that fit into our cultural and experiential “slings”. What might some of these stones look like?

Here are five special stones to seriously consider:

- core commitments for MCWs;
- good practice principles for senders
- common ethical rationalizations
- a code based on one’s cultural and work contexts
- the “unknown stone” [note: developed in 2008/2009 to emphasize moral law/human rights].

The purpose of these five stones is to:

- emphasize quality of services by senders and MCWs
- encourage ongoing development for MCWs and senders
- educate those who are using/providing MCW services
- protect service receivers via safeguards.

### **Stone One: Commitments for Member Care Workers<sup>1</sup>**

*Stone one* offers 15 core guidelines in the form of MCW *commitments*. It focuses on the personal qualities, skills, and training to do member care ethically. The underlying principle is that MCWs are committed to provide the best services possible in the best interests of the people whom they serve. They are intended to be referred to regularly, to be discussed with colleagues, and to be applied in light of the variations in our backgrounds.

#### **Personal Qualities and Qualifications**

*Character, competence, and compassion* are necessary to practice member care well. These “three C’s” are embedded in the 15 commitments above.

**Character**: This refers to moral virtue, emotional stability, and overall maturity. Basically, the qualifications for leaders in Timothy and Titus reflect the types of character traits needed for MCWs. Those in member care ministry have positions of trust and responsibility, and work with people who are often in a vulnerable place. Therefore they need to model godly characteristics as they minister responsibly—to protect/provide for those who receive their services.

*Applications:* MCWs like anyone else can experience serious problems, including emotional, family, or moral struggles. In such cases, the quality of MCWs' services can decrease, and MCWs will need help, accountability, and often a break for restoration. If MCWs cannot manage their own life well, how will they manage the mission/aid "household" (I Tim.3:4,5)? Member care receivers expect Christian MCWs to model a healthy, godly lifestyle, and to maintain a close relationship with the Lord. *Commitments 1, 2, and 15* are the most relevant for MCW character (personal growth, accountability, Christ).

### **15 Commitments for Member Care Workers**

- 1. Ongoing training, personal growth, and self-care.**
- 2. Ongoing accountability for personal areas and member care ministry.**
- 3. "Doing no harm" and having high standards in my services.**
- 4. Recognizing the strengths/limits in my self/skills/services.**
- 5. Understanding and respecting the felt needs of those with whom I work.**
- 6. Working with other colleagues, and making referrals when needed.**
- 7. Consulting and getting supervision as needed/regularly.**
- 8. Representing my skills and background accurately.**
- 9. Preventing problems as well as offering supportive and restorative services.**
- 10. Having cultural and organizational sensitivity and respecting diversity.**
- 11. Not imposing my disciplinary/regulatory norms on other MCWs.**
- 12. Serving as a link/mediator between staff and organizations when needed.**
- 13. Abiding by legal requirements for offering member care in a given country.**
- 14. Practicing member care ethically, based on specific ethical guidelines.**
- 15. Growing in my relationship to Christ, the Best Practitioner.**

**Competence:** This refers to having the necessary skills to help well (via life experience and training). I have found that competence is not necessarily based on degrees or certification, although the systematic training that is required to get these "validations" is a very important consideration. Others without such institutional validation are also capable of doing member care well (usually via more supportive than specialized care), and indeed in many places they are the primary service providers (e.g., peers, team leaders). Note that MCWs, like others in the health care fields, can be "stretched" at times to work in ways that may go beyond their skill level. And many services can be in ambiguous, complex, and difficult settings, with the outcomes (positive or negative) not easy to predict. Caution and consultation with others are needed in such cases.

*Applications:* Christian workers in South Asia are being trained to provide pastoral care for staff in their organizations. Most do not have backgrounds in the health sciences. But they are mature people who have been chosen by their leaders to receive special training twice a year, in areas like basic counseling, crisis care, running a personnel office, and team building. They also have access to the trainers for case consultation via email/telephone. These MCWs reflect a growing number of caregivers who are recognized within their organizations as being able to offer helpful services. Another example is the "peer debriefers" being trained in Africa as a first line of help when critical incidents occur. *Commitments 4, 7, 11, and 13* are especially important for MCW competence (knowing strengths/limits, getting supervision, respecting different MCW norms, abiding by local laws.)

**Compassion:** This refers to our core motivation for member care work. It is the love of Christ that compels us. We value people for their inherent worth, and just for their “important” work.

*Applications:* MCWs often sacrificially give of themselves. They do so not to compensate for personal deficits but rather from a compassionate commitment to help others grow. Compassion has limits, and MCWs need to be aware of their boundaries and practice self-care. Nonetheless, there are times and even seasons when serving others is costly—and helping may be done out of a sense of duty and obedience; and it may temporarily “interrupt” our commitment to self-care (e.g., the tired disciples being asked to serve the crowds—Luke 9:10-17). *Commitments 1, 5, and 15* are key for maintaining MCW compassion (self-care, sensitivity to others’ felt needs, relationship with Christ).

### **Stone Two: Good Practice Principles for Sending Organizations**

“Good practice” is a term used by many human service organizations, and it is the essence of *stone two*. This term refers to the development of principles that promote quality services. Quality care by an organization is intended for both service receivers (e.g., helping and treating patients) and service providers (managing and supporting staff). “Key indicators” are also identified in good practice, which are specific criteria to assess how each principle is being followed.

#### **Stone Two, Side One: General Principles<sup>2</sup>**

I see good practice in member care as being rooted in the example of the care offered by Christ, the “Good Practitioner”. Consider the “continuum of care” below, in which our Lord’s relationship with us serves as a foundation for our interaction with others. The middle two dimensions of being *comforted/challenged* are normative for us, and reflect many of His encounters with disciples in the New Testament. The extremes on the continuum represent “worst practice” and do not reflect Christ’s relationship with us. Likewise, they should not reflect our relationships with mission/aid personnel—that is, overly protecting them and not sufficiently challenging them (coddling), or blaming them for having needs/frailties (condemning). The Lord’s relationship with us is foundational for the five good practice principles in side one of *stone two*.

<b>Continuum of Care: Jesus Christ, the Good Practitioner</b>			
Coddler	<b>Comforter</b>	<b>Challenger</b>	Condemner
Placater	<b>Peace-giver</b>	<b>Provoker</b>	Punisher
<i>worst practice</i>	<i>best practice</i>	<i>best practice</i>	<i>worst practice</i>

*Applications:* An international Christian mission focuses on orphanage work in Africa. Many children are helped and receive a good education and vocational training. But people both at the home office and field personnel in Africa average only two years of service. What to do?

**Good Practice:** Get information from staff. Leaders discuss staff input in light of these five good practice principles and the mission’s goals. They talk about the agency “culture” of work and care, policies, and the leadership styles that might contribute to staff growth or turnover. They ask hard questions about: their own spiritual life and that of staff; maintaining work-life balance; structures to help staff support each other (email access, small groups, retreats); funds to further train staff; a referral list for specialist services; and the agency’s connections with mission and member care networks. And they pray!

**Poor Practice:** The leaders actually do not meet, nor talk openly, probably because they feel too threatened. And they are too busy. They also don’t get the perspectives of staff. Nor do they have records, surveys, or exit interviews that can provide objective data. They talk about issues one-on-one usually, but no one does anything. There is no review process in place regarding work-life balance, staff effectiveness, staff development, organizational practices, and staff morale. Someone else is always to blame.

**Principles for Senders, from *Doing Member Care Well* (2002)**

- **Principle 1: Master Care**

Our relationship with Christ is fundamental to our well-being and work effectiveness. Member care resources strengthen our relationship to the Lord and help us encourage others in the Lord. Master care—care from the Master—is the heart of member care.

- **Principle 2: Self and Mutual Care**

Self care is basic to good health. Self-awareness, monitoring one's work-life balance, a commitment to personal development, and seeking help when needed are signs of maturity. Likewise quality relationships are necessary with family and friends in our home and host cultures. Member care is a two-way street: we receive it from others and we also give it to others.

- **Principle 3: Sender Care**

Our organization's staff, including home office and field workers and their families, is our most important resource. We acknowledge the need for staff to freely and sacrificially give of themselves to others, often in very stressful settings. We therefore provide and develop a variety of resources in order to support our staff, from recruitment through retirement. We offer quality services for staff and we expect quality services from staff.

- **Principle 4: Specialist Care**

Mission/aid work requires specially trained people who at times need the support of specialist services. We therefore carefully select and develop ongoing relationships with qualified specialists from such fields as tropical medicine, psychology, pastoral care, and family life. Our goal in providing specialist care is empowerment—to help personnel further develop the resiliency and capacities needed for their lives and work.

- **Principle 5: Network Care**

In light of our organizational purposes, we connect with geographic and specialist networks in the member care field. We also contribute to the development of this field as we can, and work with others to actively “knit a net” of resources for the overall benefit of the mission/aid community.

**Stone Two, Side Two: Specific Principles<sup>3</sup>**

Side two expands *Principle 3 (Sender Care)* on the previous side of this stone. It is an abridged version of the *Code of Good Practice* (2003) developed by People In Aid in the United Kingdom. It includes seven principles and several key indicators (specific criteria). Sending organizations can use it to help them monitor how their member care (human resources) policies are integrated into their overall goals.

Good Practice: Each worker is assigned a volunteer advocate from church who stays in monthly contact with the worker. The mission coordinator reviews these seven good practice principles with the church pastors and elders. They agree to adopt these principles, and send copies of the *Code of Good Practice* to the volunteer advocates, the workers, and the sending agencies. Over the next two months the mission coordinator talks with each personnel director the sending agencies. They review how best to support the respective workers, taking special note of *Principles 4, 6, and 7* (communication with staff, learning opportunities, health/safety issues.)

*Applications:* A sending church in Europe helps support 10 mission/aid workers. The workers are part of separate agencies and they work on four different continents. Their biggest issue is maintaining communication with these workers, and feeling connected with each other. Most of the responsibilities for “managing and supporting staff” are assumed to lie with the sending agency rather than the church. During the past year one of these workers was severely injured in a car crash and needs months of intensive physiotherapy, while another suffers from recurrent malaria. What to do?

Poor Practice: The sending church agrees to help send three more mission workers. The addition of three more photos looks pretty good on their world map in the entrance to the church. The mission coordinator gets a copy of the *Code of Good Practice*, reads it with appreciation, and dutifully files it...until a new crisis hits one of their 13 mission/aid workers

### **Principles for Senders, from *People In Aid* (2003)**

#### **Principle 1: Human Resources Strategy.**

*Human resources are an integral part of our strategic and operational plans.*

- The organization allocates sufficient human and financial resources to achieve the objectives of the human resources strategy.

#### **Principle 2: Staff Policies and Practices.**

*Our human resources policies aim to be effective, fair and transparent.*

- Policies and practices that relate to staff employment are in writing, monitored, and reviewed. Staff are familiarized with policies and practices that affect them.

#### **Principle 3: Managing People.**

*Good support, management and leadership of our staff is key to our effectiveness.*

- Staff have clear work objectives and performance standards, know whom they report to and what management support they will receive. All staff are aware of grievance and disciplinary procedures.

#### **Principle 4: Consultation and Communication.**

*Dialogue with staff on matters likely to affect their employment enhances the quality and effectiveness of our policies and practices.*

- Staff are informed and adequately consulted when we develop or review human resources policies or practices that affect them.

#### **Principle 5: Recruitment and Selection.**

*Our policies and practices aim to attract and select a diverse workforce with the skills and capabilities to fulfil our requirements.*

- Written policies and procedures outline how staff are recruited and selected to positions in our organization. Our selection process is fair, transparent, and consistent...

#### **Principle 6: Learning, Training and Development.**

*Learning, training and staff development are promoted throughout the organization.*

- Adequate induction, and briefing specific to each role, is given to all staff. Written policies outline the training, development, and learning opportunities staff can expect from the organization.

#### **Principle 7: Health, Safety and Security.**

*The security, good health, and safety of our staff are a prime responsibility of our organization.*

- Written policies are available to staff on security, individual health, care and support, health and safety. Program plans include written assessment of security, travel and health risks specific to the country or region, reviewed at appropriate intervals.
- Before an international assignment, all staff receive health clearance. In addition, they and accompanying dependents receive verbal and written briefing on all risks relevant to the role to be undertaken, and the measures in place to mitigate those risks, including insurance... Briefings are updated when new equipment, procedures, or risks are identified. All staff have a debriefing or exit interview at the end of any contract or assignment. Health checks, personal counseling, and careers advice are available. Managers are trained to ensure these services are provided.

### **Stone Three: Ethical Sub-Standards for Senders and MCWs<sup>4</sup>**

*Stone three* consists of 10 areas of rationalization—sub-standards—that we can all-too-easily adopt. It is based on the work of Ken Pope and Melba Vasquez (1999). This stone helps us to regularly look in the mirror of our hearts, individually and with others, in order to scrutinize both our motives and the ethical quality of our member care work. In the words of Pope and Vasquez:

Faced with the complex demands, human costs, constant risks, and often limited resources from our work, we may be tempted to simplify life by changing or overlooking our ethical responsibilities. Not wanting to view ourselves or have others view us as being unethical, we use common fallacies and rationalizations to justify our unethical behaviors and quiet a noisy conscience. These attempts to disguise our unethical behaviors might be called *ethical sub-standards*, although they are not really ethical (p.1).

#### **10 Ethical Rationalizations to Avoid**

- It is ethical as long as you don't know a Bible verse, law, or ethical principle that prohibits it.
- It is ethical as long as your colleagues or service receivers do not complain about it; or as long as no one else knows or wants to know; or as long as you can convince others that it is OK.
- It is ethical as long as you or your telecommunications technology were having a "bad day", thus affecting your usual quality of work; or as long as the circumstances and decision were difficult; or as long as you are busy, rushed, or multi-tasking.
- It is ethical as long as you follow the majority of your ethical guidelines; or as long as you only intend to do it one time.
- It is ethical as long as there is no intent to do harm, you are being sincere, "your heart is in the right place", and you are trying to do the best that you can.
- It is ethical as long as you are a moral person; or a nice, competent, or respected person; or as long as you provide *free* services.
- It is ethical as long as you "take responsibility for your decision/behavior"; or as long as you were acting with "integrity"; or as long as it does not seem to negatively impact your behavior or emotions.
- It is ethical as long as the matter is not completely black and white; or as long as someone else is also "wrong or more wrong" than you are: or as long as others do it.
- It is ethical as long as you believe/feel it is not unethical.
- It is ethical as long as you are an important person.

*Applications:* At an international member care conference, a group of mission leaders and MCWs discuss member care issues during a special interest group. The facilitator uses the above 10 items as a springboard to discuss how quality services can be compromised. Many tricky examples are voiced: "I needed to do what I thought was best as there was not opportunity to consult a book or colleague;" "I do prayer ministry for depression and professional ethics are not relevant"; and "I am a good person and my good intentions guide how I run the personnel department." The participants then break into small groups to relate these 10 rationalizations with sayings from the book of Proverbs. They also identify a couple safeguards, from *Stone one*, to help prevent them from lapsing into ethical sub-standards.

### **Stone Four: Your Choice**

*Stone four* involves identifying or developing a set of guidelines that fit with one's background and context. For example, some MCWs are specialists and have advanced degrees/certification in their respective disciplines. So in addition to making use of the previous three stones, they abide by a fourth stone, which is their respective disciplinary/professional association's code of ethics.<sup>5</sup>

Other MCWs have less formal or systematic training routes (e.g., taking workshops, lots of life experience.) Currently there is no generic accreditation or professional association for MCWs in this category. *Stone one* and *stone three* will be very helpful to them. For instance, in line with *Commitment 14* of *stone one*, they are encouraged to identify a specific code of ethics that "fits" them (e.g., national or other codes for Christian counselors, "life skills" coaches, and human resource managers).<sup>6</sup> They are also encouraged to have a written endorsement from their organization that attests to their competence and accountability.

Sending organizations that solicit/receive MCW services are responsible to carefully choose MCWs, both in-house and outside caregivers. The 15 commitments of *stone one*, for instance, can serve as a grid to help evaluate prospective service providers. Responsibilities also include orienting staff concerning the availability of member care resources. Senders are also encouraged to endorse or adapt one or more *codes of good practice* for managing and supporting their staff that fits their context (*stone two*). Smaller and younger sending groups can also get ideas from larger and older groups.<sup>7</sup>

### **Stone Five: To the "Unknown Stone"**

[note from Kelly: January 2009—see appendix for Stone Five and Human Rights]

This stone I leave for others to develop together in the future. It will likely be different though complimentary to the other four stones in this article. It may emphasize an ethical imperative for personal and group sacrifice on behalf of humanity. Or perhaps it will become the "mother of all stones" and pull together many principles for ethical care in a comprehensive, transcultural framework.

### **Final Thoughts—Respecting our Diversity**

Taken together, these stones provide a relevant framework for doing member care ethically. I have found it very helpful to review these stones regularly, discuss them with colleagues, and above all use them! For most of us, I believe they can fit well in our "cultural and experiential" slings. For others though, these stones may still feel cumbersome and "foreign", just like Saul's armor was for David. In such cases I encourage colleagues to see them as aspirational points of departure, and to apply them in view of their cultural and organizational contexts and ongoing experience. We in member care are committed to acknowledge and respect our diversity. And we are committed to identify and embrace appropriate guidelines to upgrade both how we think about member care and how we practice it.

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### Endnotes:

<sup>1</sup> Originally published in *Connections: The Journal of the WEA Mission Commission*, June, 2004 (pp. 95-97). I developed these guidelines with significant input from from colleagues in Global Member Care Resources (MemCa) especially Harry Hoffmann, Bruce Narramore, Brent Lindquist, and Dick Gardner.

<sup>2</sup> Adapted from chapter one in *Doing Member Care Well* (2002), A Member Care Model for Good Practice.

<sup>3</sup> *People In Aid* is an international network of development and humanitarian agencies. It helps organizations to better management and support their staff. The full version of their *Good Practice Code* is at: [www.peopleinaid.org](http://www.peopleinaid.org).

<sup>4</sup> Ken Pope and Melba Vasquez, *California Board of Psychology Update*, May 1999, pp. 1-2; adapted for this article by Kelly and Michèle O'Donnell. Originally published in *Ethics in Psychotherapy and Counseling: A Practical Guide* (2<sup>nd</sup> ed.), Kenneth Pope and Melba Vasquez 1998), San Francisco: Jossey-Bass Publishers.

<sup>5</sup> See chapter 23 in *Missionary Care* (1992), Training and Using Member Care Workers; chapter 52 in *Enhancing Missionary Vitality* (2002), Excerpts from Professional Codes of Ethics; and the ethical guidelines from chapter 44 in *Helping Missionaries Grow* (1988).

<sup>6</sup> See chapter 19 in *Missionary Care* (1992), Ethical Concerns in Providing Member Care Services.

<sup>7</sup> See chapter 26 in *Doing Member Care Well* (2002), Best Practice Guidelines.

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**Appendix—from updated article February 2009**  
**Stone Five: Human Rights Principles**

This fifth stone is based on doing what we “know” is morally right to do. It shines light on our inner sense of *duty*. I believe that it must especially take into account *human rights* in a way which hitherto has received minimal consideration in the member care field. This includes understanding and protecting the rights of mission/aid staff and the people with whom they work, as described for example in international human rights documents (discussed below).

However, the primary focus of this stone is not just mission/aid staff. It is rather on the ethical responsibility—ethical imperative—for personal and group duty (often sacrificial duty) on behalf of humanity. *It is about the duty and choice to risk one’s own rights and well-being in order to extend member care, broadly speaking, to vulnerable populations.* More specifically, it is a principled commitment to improve the quality of life and seek justice for those whose human rights, including religious liberties and freedom of conscience as well as physical safety and economic livelihood, are habitually threatened through neglect, disasters, poverty, discrimination, fear, and persecution.

I like to refer to stone five as the “known” stone—our moral knowledge and moral duty—that impels us to help others even if it inconveniences us or leads to difficult consequences. It is not just knowledge-based however, but also affect-based (e.g., involving “moral emotions”, Leffel et al, 2008, *Journal of Psychology and Christianity*). It makes us “groan” with pain and compassion, even as all creation groans in futility and brokenness (Romans 8:22). I thus also refer to this stone as the “groan stone.” As an example, consider how the following account can stir up your own “known-groan stone” and sense of duty to do good.

I just returned from Sulawesi yesterday where I met with leaders who oversee about 2000 church-planters, pastors, and evangelists in the Maluku islands, Indonesia. They have lost about 100 workers in the last several months. Some were burnt alive and others cut to pieces...One pastor lost his children and grand children. Another pastor was forcibly circumcised along with his children, including his five-year year old girl. I am just so overwhelmed with pain in my heart. As I sat with them I couldn't bear to listen. But even more painful, is what one pastor asked me: "Why doesn't anyone care for us?" (Report from Beram Kumar, Member Care Network-Malaysia; February, 2001; quoted in “Human Rights Advocacy in Missions” by Wilfred Wong, *Doing Member Care Well*, 2002)

**Human Rights (HR) and Member Care (MC): From Sulawesi to Starbucks**

I was recently facilitating a one-week consultation on developing member care. The day before the event began, I participated in a “self-consultation” at the local Starbucks, sipping an iced coffee over a two hour period. I spent my entire time scrutinizing the *United Nation's Universal Declaration of Human Rights* (UDHR, 1948) including the *Preamble* and its *30 Articles* (principles). I had become engrossed in serious reflection on just how much human rights seemed to be foundational for good member care. It was amazing! But was this merely a transient caffeine-induced “revelation”? Or had I, along with a myriad of other competent member care practitioners, missed this central and possibly self-evident truth over the last two decades? I wondered.

I also timidly wondered to what extent I would be willing to further look into my own heart, as *stone four* instructs us to do, to see if I had rationalized away some of my duty—*stone five*—to help others in dire need, such as the 100 martyred Christian workers in the Sulawesi account above, or the estimated one billion slum-dwellers on our planet whose lack of economic and social opportunities/rights are nothing short of horrific. How much did I really understand human rights (see Box 6 below) and to what extent were human rights integrated into my personal and professional life? Again, I wondered...and stared in astonishment as the experiential contours of both the known stone and the groan stone started to emerge out of my own inner fog of humanity-related ethics. My understanding of human rights, ethics, and member care, would never be the same again.

#### Box 4. What Are Human Rights?

United Nations Office of the High Commission for Human Rights (<http://www.ohchr.org>)

- Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible.
- Universal human rights are often expressed and guaranteed by law, in the forms of treaties, customary international law, general principles and other sources of international law. International human rights law lays down obligations of Governments to act in certain ways or to refrain from certain acts, in order to promote and protect human rights and fundamental freedoms of individuals or groups.
- The principle of universality of human rights is the cornerstone of international human rights law. This principle, as first emphasized in the *Universal Declaration on Human Rights* in 1948, has been reiterated in numerous international human rights conventions, declarations, and resolutions. The 1993 Vienna World Conference on Human Rights, for example, noted that it is the duty of States to promote and protect all human rights and fundamental freedoms, regardless of their political, economic and cultural systems.
- Human rights are inalienable. They should not be taken away, except in specific situations and according to due process. For example, the right to liberty may be restricted if a person is found guilty of a crime by a court of law.
- All human rights are indivisible, whether they are civil and political rights, such as the right to life, equality before the law and freedom of expression; economic, social and cultural rights, such as the rights to work, social security and education; or collective rights, such as the rights to development and self-determination...The improvement of one right facilitates advancement of the others. Likewise, the deprivation of one right adversely affects the others.

<http://www.ohchr.org/EN/Issues/Pages/WhatareHumanRights.aspx>

For me, the more I explore the MC-HR relationship, the stronger my convictions grow of the central, ubiquitous role of HR for the member care field. I have continued to build upon my Starbuck's experience with the *UDHR* document and other subsequent human rights documents, relating MC in HR terms and how HR principles could inform MC practice. My ideas roughly fit into two broad areas of inquiry regarding the MC-HR connection.

- 1. How is HR a foundation for our responsibility to manage and support our mission/aid staff?**
- 2. How is HR a foundation for our responsibility in mission/aid work to help vulnerable populations including those who have experienced human rights abuses?**

A good starting point for answering these two core questions is found in the opening statements of the *UNDHR Preamble*. The foundational assertion is found in the first line, in that we recognize "the inherent dignity and equal and inalienable rights of all members of the human family." This assertion applies to all people, and for our purposes it applies to both mission/aid staff and the people with whom staff work. Take some time to read the *Preamble* below. Be sure to note the powerful contrasts that are used (bold/italics added) that reflect humanity's very inconsistent understanding and application of human rights throughout history: e.g., recognition and disregard, progress/development and oppression, promote/protect and contempt, reaffirm and outrage, freedom and tyranny, peace and fear. We humans have a cyclical history of wounding ourselves, then bandaging ourselves, then wounding ourselves again, then bandaging ourselves again. Helping to break this cycle is one of the purposes of human rights instruments (plus "the rule of *just laws*"), which fits well with the goals of many mission/aid groups.

**Box 7. Universal Declaration of Human Rights—Preamble**  
**United Nations 1948** (<http://www.un.org/Overview/rights>)

Whereas *recognition* of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and *peace* in the world,

Whereas *disregard* and *contempt* for human rights have resulted in barbarous acts which have *outraged* the conscience of mankind, and the advent of a world in which human beings shall enjoy *freedom* of speech and belief and freedom from *fear* and want has been proclaimed as the highest aspiration of the common people,

Whereas it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against *tyranny* and *oppression*, that human rights should be *protected* by the rule of law,

Whereas it is essential to *promote* the *development* of friendly relations between nations,

Whereas the peoples of the United Nations have in the Charter *reaffirmed* their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to *promote* social *progress* and better standards of life in larger freedom,

Whereas Member States have pledged themselves to achieve, in co-operation with the United Nations, the *promotion* of universal respect for and observance of human rights and fundamental freedoms,

Whereas a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge,

Now, therefore the General Assembly proclaims this *Universal Declaration of Human Rights* as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction.

Here are five key applications of the *Preamble* to the mission/aid community. These applications are core principles that form my main recommendations for stone five. Note that both rights and responsibilities are emphasized, and that moral duty underlies these principles.

**Stone Five—Recommended Guidelines**  
**Five Core Principles for Human Rights and Member Care**

- We recognize the dignity and equality of our staff and of the people that are the focus of our services. The pursuit of freedom, justice, and peace are responsibilities that are reflected in our core values and goals.
- We promote friendly relations, social progress, and better standards of life within our organizations and within the people that are the focus of our services.
- We are gravely concerned (“outraged” in the *Preamble*) when basic rights are disregarded within our organizations and within the people that are the focus of our services. We seek to protect people’s rights and we oppose (“rebellion” in the *Preamble*) those entities that stifle freedoms of speech and beliefs and the freedom from fear.
- We reaffirm our ongoing commitment to basic human rights in both our organizations and in the people who are the focus of our services.
- We are willing to prudently make sacrifices in order to safeguard and promote the rights and well-being of vulnerable people, including mission/aid personnel and the people whom they serve.