

The Center for Medical Mission's *e-Pistle* August 2014

Welcome to this issue of the *e-Pistle*. I hope you will find it useful. It is a little shorter than usual due to the fact that tomorrow begins our second orientation training for new medical missionaries. I might be a little stressed right now.

A week and a half ago we enjoyed hosting 26 new medical missionaries, some who are leaving for the field even this week. As they introduced themselves, I ask them what they were most afraid of and what was overwhelming them. I think, if you can remember back to when you were preparing to head out for the first time that you can probably guess what they shared. Those things haven't changed much over the years. Will you join us in praying for this newest class of medical missionaries as they head out to be the hands and feet of Christ?

The second new medical missionary class that begins tomorrow is even larger. We have 34 coming for it. We've had so many who want to participate that we've scheduled yet a third conference for March. At least half of this next class will be serving in the really difficult places. I hope the Lord will bring them to mind also and that you will pray for the new harvest workers.

Before you receive the October issue of the *e-Pistle*, we will have hosted our annual Medical Mission Summit for sending agency executives. That meeting will take place September 4-5 at SIM headquarters in Charlotte, North Carolina. We have an exciting agenda and already have significantly more registered than in previous years. Our prayer is that the Lord will use this time to strengthen each agency's resolve to continue using medical ministry to build the Kingdom as well as provide better leadership and care for their medical missionaries.

If you are going to be in the U.S. in November, I hope you have the Global Missions Health Conference on your calendar. The dates are November 6-8 in Louisville, Kentucky. If you are there, please stop by the CMDA booths in the center aisle of the main floor exhibit area. If you don't come there, I will most likely not see you as I almost never get away from the exhibit booth. I hope to see many of you there.

I'd better close. Know that I am here to serve you. If there is ever anything you think I might be able to help you with, please ask. Enjoy this issue!

Susan

Included in this newsletter are:

[Cura Animarum](#)

[A Missionary's Money](#) by David Stevens, MD, MA (Ethics)

[Opportunities](#) - multiple

[Healing](#) by Huw Morgan, MD

[Tea Mobile](#) by Judy Palpant

Cura Animarum
Author Unknown

Lord help me remember when others I see
That they are reading the gospel according to me...

Mathew, Mark, Peter and Paul...

The world looks upon them as names. that's all...

Let me remember the words that I speak
Must closely resemble the walk of my feet
Volumes of words may enter one's ear
But nothing speaks louder than the life that I share

Titus and Timothy, Luke and John
Are only examples of the race I must run
When others draw closely and peer into me
May they realize its Jesus they see

May I become less 'till no more I be
Then all that is left is Jesus in me

A Missionary's Money

by David Stevens, MD, MA (Ethics)

It was my first job offer as a physician and the man making it promised me more money than I had ever made in my life. I was tempted to take it.

During my last year of residency, all of the third year family practice residents in Georgia and Alabama were offered a free weekend at Callaway Gardens' beautiful resort. It was paid for by communities that were looking to recruit physicians and they put on the "Ritz" – steak and lobster, horseback riding, skeet shooting, golf and many other activities.

I was under appointment with our mission but I thought, "My mom didn't raise a fool! It's a free weekend with my friends! I've been working so hard! I deserve some time away." So I went and the first night a man approached me saying, "I hear you are the chief resident down at Columbus. Let me tell you about our community..." He offered me an office already built, a guarantee income my first two years and much more.

I listened politely and then told him I was going to Africa as a missionary. I might as well have told him I had a contagious disease! He was on to his next target!

But the devil began to tempt me. "Did I really want to have a missionary organization telling me what to do and when to come and go? Did I want to give up my financial independence?"

There are significant financial sacrifices to being a healthcare missionary. My mission salary and benefits was about one-fifth of what I had been offered by that man and I could make much more than that in those fee-for-service days.

I was thinking about that this week as we were winding up the first of our three new medical missionary training conferences in the next nine months. One participant, fresh out of residency, had just asked a question about how to plan for their children's education and their retirement. I commented that they were already on the right track and shared some principles that all of us need to be reminded of:

- Do Your Part – Be a Good Steward
 - Start Early – Time, not how much you put aside, is the key to compounding interest and reaching your financial goals. Delaying getting started even five or six years can have significant impact.

What if I offered you a choice between giving you a million dollars or giving a single penny,

but doubling that every day for a month? Which would you pick? Because of the effect of a 100 percent increase a day, you would have more than \$21 million dollars at the end of the month if you went for the penny! But do the math, you would make more than \$20 million of that amount in the last four days of the month. If you started the process four days later, you would only end up with around \$600,000. Start early, and if you haven't, start now.

- Be a Consistent Saver – Next to starting early, this is the most important principle. Do something every month. A good routine is to put aside 10 percent or more for your tithe/gifts and then put aside another 10 percent or more for savings. Do that first and put it in separate accounts if you can. If you tithe and save based on your “leftovers” at the end of the month, there will never be enough to do it.

If you have children who are getting an allowance or earning money, have them use three jars or piggy banks to get into this habit. Mark one for “God,” one for “Savings” and one for “Spending.” Interestingly, we were able to save a great percentage of our modest income when we served overseas mainly because we had no place to spend money locally except for food.

- Control Your Spending - Avoid an “I or my family deserve this because we have sacrificed so much” mentality. I know missionaries who have gotten themselves into serious financial difficulties with that type of mindset. More so, financial bondage has kept many people off the mission field.

I got the opportunity to go to some prestigious private medical schools, including an early admission program at Harvard, but they would have left me in serious debt. Instead, I went to a state school and with some scholarship, grants and limited spending, Jody and I graduated without owing a penny. We lived in a crummy small apartment near school and only had one used car to drive between us. Jody drove the car to teach school every day, so I walked or hitched a ride to my rotations. In residency, we found a great deal on a rental house not far from the medical center. The lady who owned it lived next door and wanted a doctor close by in case she got sick. I didn't enlighten her that during residency I was only going to be rarely there! When I finished residency, mortgage rates were at 12 percent and it took my fellow residents a year or two to sell their homes.

- Flee From the “Love of Money” – The world preaches “financial security” to us all the time as if that is the Holy Grail. If we are not very careful, we can find ourselves trusting in ourselves and the size of our 401K rather than in the Lord. We think first and then act like we have to secure ourselves through our own efforts. We sing, “My hope is built on nothing less than Jesus blood and righteous,” while we worry about retirement, fret over our college fund and strive to increase our bank account.

After receiving that job offer in residency, I began to rationalize my call away (but of course in a very spiritual way) as I tried to bargain with God. I promised to teach a Sunday school class, to do two short-term mission trips a year, witness through my practice and go on lay witness teams. Those are all good things but that is not what God had called me to do. I still remember the night I woke up Jody and we got down on our knees and recommitted ourselves to God call, reaffirming that our trust was in Him and not in securing our lives ourselves with false “independence” and “financial security,” which were really terms cloaking our love of money.

- God Will Do His Part

- True Joy Isn't Found in Fat Bank Accounts – Money doesn't bring satisfaction, only dissatisfaction. You can never pay someone what they think they are worth and satisfy them.

They always think they are worth more. True joy comes from having your identity in Christ, being part of His family, growing in your relationship with Him and knowing you are in the center of God's will. Being a missionary is a continual adventure of faith as you walk with God and see Him show up as you exercise your faith on a daily basis. As a bonus, you get the incredible joy of seeing Him work in and through you to bring people to Himself.

- o God Provides For Your Needs – Do you think God can take care of everything besides the cost of your kids' education and your retirement? He has promised to meet all your needs "...according to his riches in glory..." (Philippians 4:19, ESV). Wow! Talk about "financial security!"

God called us back to the U.S. to work with other mission hospitals through Samaritan's Purse a few years before our oldest headed for college. All of a sudden I was making more money and wasn't a missionary any longer, so we didn't get the financial assistance that many of my missionary friends received for their children's education. We didn't go out to eat much when I had two children in college at the same time and one day I complained to my mom. She smiled and said, "Son, we made it through and so will you." We did and so will you. God will provide for your needs. God will provide scholarships and other aid to get your children through college to go along with your good stewardship. When your service overseas is done, He will take care of you as well.

- o Humbled by Generosity – As healthcare professionals, we are taught and mentored to be independent. Because of that, it can be hard to accept the incredible generosity of other people and churches as you serve on the field or on home assignment. They may loan you a vehicle, provide housing, let you use their vacation home or give you gifts of all sorts. It is humbling. I remember many instances of that in my own life.

I did a rotation at Tenwek Hospital at the beginning of my third year of residency to see what electives I should take to be better prepared. One day in the doctor's office, I asked what was behind the locked closet door and found a 15-year-old ham radio set. It was locked because there was no licensed ham radio operator at our station. I was determined to get my certification before we went to the field. The phone with a crank on the side at the hospital could barely reach the exchange five miles down the road, but a ham radio could reach around the world.

Our first deputation was busy, but I studied, took the General Class test and passed without ever turning on a shortwave radio transceiver. The trouble when I arrived in Kenya was that I had no practical experience and couldn't get our old radio to reach down the road, much less around the world. Later I found out the amplifier was blown and the signal wasn't going anywhere.

A ham I met a few times who lived down the street from us in the U.S. bought me a brand new state of the art radio and antenna and sent it out with a work team! I was humbled.

After doing some homeschooling, we helped start the first primary school at our hospital for young missionary kids. We had so many people give us gifts of computers, audio resources, books and learning games that our one-room schoolhouse with eight students was better equipped than any classroom in the U.S. I was humbled!

I could tell story after story like that just as you can. God provides above and beyond our needs as we serve Him. The key is to accept gifts with humility and to never start thinking, "We deserve this." God's blessing should never be taken for granted, but we should always have faith that He will provide.

Many of you reading this have been on the mission field for many years and have lived and practiced what I'm talking about this month. At the same time, we need to be reminded of these principles again and again as we go through the different stages of life and new challenges arise. God cannot only take care of our personal financial needs but the needs of the ministries we are part of.

His Grace is sufficient. We just need to trust Him more.

Opportunities

Vacation rental for missionaries in Antigua

CMDA members Jeff and Mary Lee Meter have purchased a home on Antigua for the express purpose of blessing missionaries or others involved in full-time ministry. For a minimal fee, they welcome people to stay. Check it out at <http://arkaio.org/arkaio>

Blog - Velvet Ashes

I've recently become a big fan of a collective blog called "velvet ashes." It is written for women serving overseas. The first week I followed this blog it was all about "packing." Last week it focused each day on saying "goodbye." This week they are focusing on "cross-cultural issues." You should check it out. I think many will find it helpful. <http://velvetashes.com/>

www.HelpingWorldwide.org

This is a website that has more than 300 organizations and one-third of those offer medical supplies and technologies. You might want to check it out.

Global Missions Health Conference – Africa

September 4-5, 2014 at All Saints Cathedral in Nairobi, Kenya

Student Emphasis Day – September 6, 2014

To learn more and register: www.medicalmissions.com/conferences/GMHC-Africa-2014

PRIME International Email

Huw Morgan, MD

Healing

*I am not a mechanism, an assembly of various sections.
And it is not because the mechanism is working wrongly, that I am ill.
I am ill because of wounds to the soul, to the deep emotional self
and the wounds to the soul take a long, long time, only time can help
and patience, and a certain difficult repentance long, difficult repentance,
realisation of life's mistake, and the freeing oneself from the endless
repetition of the mistake? which mankind at large has chosen to sanctify.*

D.H. Lawrence

This poem is a powerful expression of the wholistic understanding of illness, and could profitably be used in teaching. "I am not a mechanism, an assembly of various sections. And it is not because the mechanism is working wrongly, that I am ill.' Discuss"; could be a thought provoking and revealing essay question or discussion starter for students and junior healthcare professionals!

Any good general practitioner will be well aware that it is indeed "wounds of the soul" that are a significant cause of illness – the bitterness, anger, disappointment, sorrow or jealousy that underlie the development of some serious acute and chronic diseases are familiar daily fare to any healthcare professional who takes the time and trouble to listen to his or her patients.

But what about the “certain difficult repentance” and “realisation of life’s mistake” and “freeing oneself from the endless repetition of the mistake”? Here we are perhaps stepping outside the bounds of conventional medical treatment (although the principal could well be applied to health education – stopping smoking, taking exercise, eating healthily, etc. – all perhaps “freeing oneself from the endless repetition of the mistake”). However it’s clear that the author has in mind a deeper form of “repentance,” an attitudinal change that determines the end of selfish self-absorption and the clinging onto past hurts (however real), and a moving forward freely into new and better patterns of life. Rarely perhaps does a healthcare professional have the opportunity to address issues of this depth with patients, although I can certainly remember a few that occurred in my time in practice. Unfortunately, our so called “developed” societies have indeed “chosen to sanctify” the “endless repetition of the mistake,” promoting as they do through media and advertising all kinds of self-indulgent, selfish and destructive attitudes and behaviors.

It is interesting that Lawrence, who was a novelist, playwright and poet from a poor mining family and totally without any kind of medical training, should so eruditely put his finger on such a crucial and central aspect of illness causation. I have long been convinced that the key to health, as well as to effective medical education, is all about cultivating the right attitudes. That is why PRIME promotes Jesus and His teaching as our best example of teacher and healer, for He consistently demonstrated and taught that it is our attitudes that are key to spiritual (and physical and mental) health, and explained “repentance” as a change of heart and mind that led to a new, unselfish direction. Why not get your students to read and discuss the poem, and see what they make of it?

Tea Mobile **by Judy Palpant**

*Over tea we built trust. I was shown the social topography that I needed to navigate to become relevant and useful to the community. Operating at eye level...face to face.--Aaron Ausland writes of his early days in Bolivia with the Mennonite Central Committee in "Staying for Tea"**

She caught me red-eyed from crying, sweeping our cement floor. Embarrassed, I brushed the tears away and welcomed Christine into my home. We'd recently met upon our arrival in Lugulu, Kenya. I'd relegated her to the "acquaintance" category because her extroverted, bubbly personality contrasted with mine.

"What's wrong?" she asked as I poured chai into her mug.

"Ben and the pharmacist's son closed the hospital gate yesterday. No staff or patients could pass. Five year-olds! Someone ran to tell me," I answered. "Nobody wanted to cross the new American doctor's son. Since we arrived here, he's been acting out."

Christine followed with a few stories about her 7-year-old son Philip. Though not sounding as dramatic as mine, they helped.

Different personalities. Different cultures. Different mother tongues. She, a Ugandan refugee. Me, the new American missionary. Both living in a foreign country. Both mothers. Both believers. Over chai, we connected. As she prepared to leave, Christine invited me to pray with her every week and I gratefully accepted.

Like the tea leaves I threw into the boiling water to make chai that morning, we both found ourselves fighting inner battles juxtaposed with external circumstances. "The agony of the leaves," according to tea jargon, draws out the essence.

As Christine left, I prayed, "O God, give us all the staying power. We are tempted to jump. Let the fragrance of our lives be compelling."

Tempests within and without marked our transition into Kenya. In addition to parenting dilemmas, my husband found himself caught in conflicts between staff and administration at the hospital.

Before leaving the U.S., we attended orientation with the Mennonite Central Committee. They wisely advised us--"don't impose your ideas for change until six months have passed"--just live with and among the people. Work to see things from their perspective. We did. Like the quiet expectancy of an extended Advent season, we listened. We waited and watched.

We earnestly prayed for God's wisdom. Blue air mail letters flew between the U.S. and Kenya requesting friends and family to join us in these prayers.

Eventually, we invited the hospital administrator once a week to our home for a cup of chai. Away from the hubbub and pressure of the hospital, this African administrator and my husband, the American medical officer, talked face to face. Together they mapped out a strategy and hope for the future.

In his essay "Staying for Tea," Aaron Ausland describes the process: "...something else was happening over tea. I was becoming real to them. Mysterious behavior began to make sense, hidden problems were brought to light, bigger dreams and deeper fears were disclosed."

A cooperative spirit gradually emerged between staff and administration. Tensions eased. New curtains replaced rags on hospital windows--external evidence of internal changes.

What a boon, this cup of comfort served up in a culture that paused mid-morning and late afternoon. Once again, this beverage that has traveled the globe, invoked traditions of sharing.

Even in the hospital kitchen, the cooks made a large kettle of chai and carried it to the wards where patients and family members held out their cups to be filled. On the pediatric ward, the hum of voices rose as 20 to 30 worried and weary mothers drank chai and conversed with one another. A dozen mothers of newborns on the maternity ward shared their joy. In the isolation hut, the cup of balm built a communal spirit.

Getting in step with this custom, we invited staff and friends for tea. We, in turn, savored cups of sweet, smoky chai steeped over charcoal fires outdoors and served up in homes built of mud and thatch. Or in wealthier concrete homes, milky chai mellowed over gas stoves under corrugated iron sheets.

No instant tea here. Over time, the upheaval calmed. From transition, we moved to living in community with locals and refugees, including Christine, who became a best friend. Like the mixture of tea leaves, boiling water, milk, sugar and spices, we were all thrown together. God took time to nurture and prepare the brew. Mutual indebtedness grew amongst us. And just as the cup of rich liquid carries its welcome aroma to the nose, the fragrance of Christ rose to touch hearts and build his kingdom.

For other topics please visit www.missionarycare.com. Also please let your non-medical colleagues know about these free resources.

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