The Center for Medical Missions' *e-Pistle* January 2009

Welcome to this month's e-Pistle. I trust you had a wonderful time celebrating our Savior's birth and spending time with family and friends.

Dave Steven's article this month is not on a management issue so I have not included a section title. We decided instead to remind you of some of the reasons it is good to be a CMDA member. Throughout the time we have been sharing the e-Pistle, we have not asked about CMDA membership. That is not going to change. However, there are some good reasons to be a member and it is something you may want to consider if you have not.

Here is a list of articles that follow:

CMDA's Ministry

By David Stevens, MD

The crowd was enormous, especially for such a remote location, and Jesus was physically and emotionally worn out from work and grief.

He had been taking care of the sick and preaching continually. He had just received the message that John the Baptist, His cousin, had been crudely and cruelly killed by Herod. His added burden had been training a bunch of interns, His disciples, still wet behind the ears. They had just gotten back from their first medical mission trip where *they brought wellness to the sick, anointing their bodies, healing their spirits* (Mark 6). They would soon hit the low after their emotional high.

So Jesus said, *"Come off by yourselves; let's take a break and get a little rest." For there was constant coming and going. They didn't even have time to eat. So they got in the boat and went off to a remote place by themselves.*

Jesus took the disciples on a retreat to restore His own as well as their flagging strength and spirits.

But someone saw them leave, surmised where they were going and before they got to the remote northeast side of the Sea of Galilee, the crowd had already arrived, desperate to be healed.

Sounds like some of your days, doesn't it?

What amazes me is Mark records that instead of being irritable, upset and resentful (my tendencies!) it states, *At the sight of them, his heart broke—like sheep with no shepherd, they were. He went right to work…*

One of the promises that sustains me during such "second-mile" times is in Isaiah 40:29-31 - *He energizes those who get tired, gives fresh strength to dropouts. But those who wait upon GOD get fresh strength. They spread their wings and soar like eagles. They run and don't get tired; they walk and don't lag behind.*

Let's get the picture. The crowd is lost, in danger in this remote location with little food or shelter. It is getting dark but they are so absorbed by their own needs that they are mindless of their true situation.

Sounds like the state of medicine today.

A few days ago I was reviewing the weekly *AMA* News as I regularly do. One headline blared, *Saddled with Debt, Medical Students Opt for Lucrative Specialties*. It went on to say that only 2% of medical students are going into Internal Medicine and less than 80% of family practice resident slots are being filled nation wide. Almost half of those positions had to be filled by foreign graduates. The article predicted a dire shortage of primary care doctors.

Turn the page.

The next article was on a study from the University of Miami where researchers reviewed the Facebook pages of 800 medical students. They found pictures posted of them drunk at parties, others with them cross-dressing or wearing lab coats with "Kevorkian Medical Clinic" embroidered on the pockets. There were pictures on students' home pages of them dressed as pimps, posing with dead raccoons or grabbing their genitalia. There were sexist and racist remarks and loads of vulgar language. One group of guys displayed a sign advertising a "PIMP" Party – a "Party for Important Male Physicians."

Turn the page.

The next article chronicled how the American Medical Student Association had written Health and Human Services asking them to void regulations that provide right of conscience regulations for doctors.

After reading about our next generation of doctors, I couldn't help but think that if we ever needed CMDA, we need it now. That is why we put the majority of our resources into raising up the next generation of Christian doctors on over 230 medical and dental school campuses in the US.

Turn the page.

This weekend I was in Tulsa, OK where I spoke to 40-50 osteopathic students at Okalahoma State University. Their student leader came up before the meeting and specifically asked me to talk about how to find God's will in picking your specialty. The father of a fourth year student at a graduate meeting related how he attended his son's induction into the AOA Society where each student shared their future plans. Everyone was going into dermatology, radiology or other lucrative specialties. There was an almost audible gasp when his son shared he was going into family practice and then to the mission field.

God is changing hearts and priorities as we minister on campuses and in residencies across the country.

Another of CMDA's major focuses is to motivate, train and equip Christian doctors to serve as missionaries wherever God has placed them. Last year, our Global Health Outreach took 50 teams overseas with the primary purpose of radically changing the priorities of each participant as they took them out of their power zone. God worked in individual lives and did even more than that. Through those teams, over 22,000 individuals came to Christ and were incorporated into the churches of local partners. Many finished a year-long new believer discipleship course. Over a quarter of these teams went into difficult to access countries.

This week I interviewed a Kenyan doctor, active in their Christian Medical Fellowship (CMF), who had hosted a number of our Medical Education International (MEI) teams. MEI and CMF-Kenya had identified a need in Kenya for ACLS and ATLS training where none existed. Over the last few years, over 1,000 Kenyan physicians have been trained. Kenya's doctors have been trained to train and now every emergency room in Nairobi, a city of 4 million, requires their doctors to have completed this training. It has increased the status of CMF so much that they are now regularly consulted by the government on health policy. Similar impact has happened in Albania, Mongolia, Kazakhstan and other countries.

The Global Health Conference, instigated by CMDA, has been a powerful tool to call out future missionaries and train old and new ones. The last time I preached the challenge service there, the 150-foot long stairs were six layers deep with people kneeling, committing their lives to God service.

To better equip those in training, about two years ago we started "Your Call," a mentoring program to nurture and resource those called to career missions. I thought maybe a 100 would sign up. To date, over 850 students, residents and young doctors have done so. God is up to something! I believe He is calling out a generation of Christian doctors to finish the Great Commission, especially in the 10/40 window.

The Center for Medical Missions not only facilitates "Your Call," but also trains new medical missionaries each spring, provides the e-Pistle and hosts an Executive Summit for missionary executives to facilitate networking and planning annually.

Add to all of this, CMDA's voice on public policy and health issues to the government, media and the church. This past year we participated in nearly 400 media interviews and are widely credited in Washington, D.C. as the moving force behind the new conscience regulations.

Let me finish this story to make my point.

We read, *When his disciples thought this had gone on long enough—it was now quite late in the day—they interrupted: "We are a long way out in the country, and it's very late. Pronounce a benediction and send these folks off so they can get some supper."*

The disciples had been spectators all day and now, based on their one mission trip they are ready to advise God. Christ asked for a lot more.

Jesus said, *"You do it. Fix supper for them." They replied, "Are you serious? You want us to go spend a fortune on food for their supper?" But he was quite serious. "How many loaves of bread do you have? Take an inventory." That didn't take long. "Five," they said, "plus two fish." Jesus got them all to sit down in groups of fifty or a hundred—they looked like a patchwork quilt of wildflowers spread out on the green grass! He took the five loaves and two fish, lifted his face to heaven in prayer, blessed, broke, and gave the bread to the disciples, and the disciples in turn gave it to the people. He did the same with the fish. They all ate their fill. The disciples gathered twelve baskets of leftovers. More than five thousand were at the supper.*

Jesus asked them to exercise their faith and get involved. He told them to give what they had, to give what they could use themselves and to give it all.

He asked them to quit being just spectators and to become investors. He wanted them to get specifically involved in ministry.

Here is my point. As a missionary, much of CMDA's ministry is there to benefit you – continuing medical/dental education conferences, scholarships to get students and residents over to help, the global health conference, the *e-Pistle, Your Call* and much more. CMDA's over 40 ministries are focused on areas that you are deeply concerned about – transformation, service, equipping and voice.

As a missionary, it is easy to just be a recipient of all that CMDA does. I want to ask you to consider being an investor. Here's how:

1. If you are not a member, please join. Our voice is stronger when we all join together.
2. Encourage others to join. Invite doctors you know in the US and those that you work with overseas.

3. Though CMDA made missionary membership free a few years ago, consider supporting this organization personally or through your ministry account. Though you do not have to pay for your membership, you can. The suggested amount is $99.

Due to financial concerns, I recently lowered salaries for CMDA staff 7% across the board. Last March, we laid-off 10% of headquarter staff. If you would like and are able to give annually, it would make a tremendous difference each year. Even more than this, we need your prayers and participation.

As I wrote my year-end checks this year, I thought about the economy. Should I cut back? God reminded me that if anything, my giving should increase in this difficult time, so Jody and I did just that. God's work should be our top priority.

We want to be investors, not spectators.

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Cura Animarum

By Rev. Stan Key

Resolutions

While he was still in college at Yale in the early 1700's, Jonathan Edwards began to make "Resolutions." These were not just New Year's hopes for a better life; they were deep resolves to be wholly devoted to God all the days of his life. Let me share with you some of his "Resolutions" (there were 70 in all) with the prayer that they will inspire you to deeper commitment and resolve as you seek to more faithfully follow Christ into the future.

- *Resolved*, That I will do whatsoever I think to be most to the glory of God.
- *Resolved*, Never to lose one moment of time, but to improve it in the most profitable way I possibly can.
- *Resolved*, Never to do anything, which I should be afraid to do if it were the last hour of my life.
- *Resolved*, To think much, on all occasions, of my dying, and of the common circumstances which attend death.
- *Resolved*, When I feel pain, to think of the pains of martyrdom and of hell.
- *Resolved*, Never to do anything out of revenge.
- *Resolved*, Never to speak evil of anyone.
- *Resolved*, To maintain the strictest temperance in eating and drinking.
- *Resolved*, To endeavor to obtain for myself as much happiness in the other world as I possibly can.
- *Resolved*, To study the Scriptures so steadily, constantly, and frequently, as that I may find, and plainly perceive myself to grow in the knowledge of the same.
- *Resolved*, To inquire every night, as I am going to bed, wherein I have been negligent - what sin I have committed – and wherein I have denied myself.

- *Resolved*, Frequently to renew the dedication of myself to God, which was made at my baptism. I frequently hear persons in old age say how they would live, if they were to live their lives over again:
- *Resolved*, That I will live just so as I can think I shall wish I had done, supposing I live to old age.

Resolved, this year we are going to go deeper, farther, higher with God than we have ever gone before! Let's roll. Just do it.

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As An Atheist, I Truly Believe Africa Needs God

If you have access to the Internet, here is an article that I think you will want to read. Click on: *The Times* (London), December 27, 2008 By: Matthew Parris

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Conference for New Medical Missionaries

Would you like those who come to help you be better prepared? Please take note of this announcement and contact any new medical missionary to suggest they attend.

CMDA's Orientation for new Healthcare Missionary, "Preparing for the Future" will be held April 17-19, 2009. This conference has been highly recommended by all who have attended the first three years. Our desire through providing this conference is to help the new missionary, who will be working in healthcare, adjust and thrive in their work. General orientations given by most sending organizations are great but cannot cover what is specific to medicine and the medical family. Yes, this is for both spouses since we do have sessions on family and children! April's conference staff, including Drs. David Stevens and Dan Fountain, has over 200 years of on-field experience so there is no shortage of understanding and know-how to learn from. I wish that in 1989 when I first went to Kenya this conference had been available.

More information is available on the CMDA website www.cmda.org. Follow the link under conferences to the Master Calendar.

If you have any questions about the conference please contact Daniel.Tolan@cmda.org.

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CMDA's CMDE Conference Needs Prayer – February 9-19, 2009

The CMDE Conference in Thailand will begin in just a few days. I hope everyone got registered who hopes to participate. Remember, at this conference spouses and children are welcome. I know the children's program helpers as well as the actual conference presenters will appreciate prayer for these days together. The conference begins on February 9th and concludes on February 19th. Also ask the Lord to refresh both the hearts and minds of those attending. This is a wonderful time to step aside and absorb instead of giving. Thanks so much for praying

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Malaria Rapid Diagnostic Tests

By Peggy Crismond MT (ASCP)

Worldwide Lab Improvement is often asked about Malaria RDT (rapid diagnostic tests). The appropriateness of RDT as compared to microscopy must be determined by the prevalence of the parasite, the availability of skilled personnel and the limitation of resources. Microscopy remains the gold standard in diagnosis. Malaria RDTs are designed to detect the presence of malarial parasites in the blood stream by detecting three main types of antigens:

- Histidine-rich protein 2 (HRP2) specific to *P. falciparum*.
- Plasmodium lactate dehydrogenase (pLDH) specific to falciparum, to vivax or pan-specific
- Plasmodium aldolase pan-specific

Most commercial products include antibodies to HRP2 alone or to combinations of antibodies aimed at detecting mixed infection as well as falciparum. Tests are formatted as either strips, cards or strips in plastic cassettes

When selecting a Malaria RDT among what is available to you, we advise considering the published sensitivity (and specificity), stability, ease of use and cost. There are several published studies as the one cited below as well as WHO Guidelines to assist with selection:

A study made in Kampala, Uganda has compared the sensitivity and specificity of using HRP2 vs. pLDH in detecting *P. falciparum*. Sensitivity (defined as the percent of positive tests among the total number of positive blood slides) was 92% for HRP2 and 85% for pLDH with differences primarily due to better detection with HRP2 at low parasite densities. Specificity (defined as the percent of negative tests among the total number of negative blood slides) was 93% for HRP2 and 100% for pLDH with differences primarily due to rapid clearance of pLDH antigenemia after treatment of a previous malaria episode.
http://www.ajtmh.org/cgi/content/full/76/6/1092

Here are selected WHO Guidelines and comments:

- **HRP2-detecting tests are likely to have greater sensitivity** than pLDH and aldolase-detecting tests **for the detection of current P. falciparum infection** in most

environments. This is the most commonly used RDT with the limitation that it can remain positive for several weeks after antimalarial treatment. (Positivity remains until enough RBCs containing treated, non-viable parasites are cleared out of circulation.)

- RDTs detecting non-falciparum species offer little advantage in terms of case management in areas where *P. falciparum* predominates and non-falciparum species nearly always occur as co-infections. In such situations, particularly where tests will be stored without temperature control, RDTs detecting HRP2 offer advantages in terms of sensitivity, stability and format.
- **pLDH detection has advantages over HRP2 detection for monitoring of effectiveness of treatment**. (pLDH is not detected after antimalaria treatment.) Aldolase may have similar properties. Microscopy is generally the preferred tool for this purpose.
- **pLDH and aldolase-detecting RDTs are likely to be less temperature stable** than HRP2 and will therefore lose sensitivity more rapidly in uncontrolled storage. Ideal storage should be between 2-30º C. When stored and used in temperature-controlled environments, pLDH-detecting RDTs are likely to have greater sensitivity that aldolase in detection of non-falciparum infections.
- **Cassettes are preferable to strips in remote areas due to simplicity of preparation**. Always specify format (i.e. cassette) when ordering. Many manufacturers produce dipsticks by the same name.
- Cassette tests detecting both P. falciparum and non-falciparum parasites can be obtained for prices ranging from **US$ 0.90-1.30 per test**, and there is **no clear advantage in higher cost RDTs**. Tests detecting *P. falciparum* and *P. vivax, specifically*, are marketed and typically cost more than the tests using a pan-specific pLDH.

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I received this prayer letter just prior to Christmas and was blessed and challenged by it. I knew immediately I wanted to share it with all of you. So even though Christmas has passed, I hope you will likewise be blessed. - Susan Carter

Reflections of a Missionary Doctor Prior to Christmas

By Jeff McKenney, MD

"By faith Moses….considered the reproach of Christ of greater wealth than the treasures of Egypt, for he was looking to the reward." Hebrews 11:25, 26

I can't say if it seems the same to you, but for my part, life seems most like a long walk home. And, too many days, home looks so far away. When too many days' weary walks are strung together by nothing but the reproach of Christ, I must say that the 'treasures of Egypt' begin to look pretty appealing. At least with the treasures of Egypt we could ride. But that is when we lose our way. Just about then, usually when least anticipated and least deserved, I'll bump right into something beautiful, something like the verse above that reminds me where I'm going. Just for an instant, just up ahead, just out of the corner of the eye we might see the flash of a beauty so fierce and so pure that you forget to breathe. The awe and the ache of that beauty fades all too quickly; but we remember the promise, we look to the reward and regain our bearings for awhile.

In the end, Karen gained that kind of beauty. In the end that is all that was left. Karen came to us when she was 12, almost a year ago now. She was bright and pretty and full of life and full of herself. She was the youngest of her mother's children, and so naturally she was a little "consentida"…not really "spoiled," but just a little overly consented to. Despite being a little consentida, Karen came from a hard place, a poor and tough bario in La Ceiba. And, she came with a tough problem. Karen had a rhabdomyosarcoma of her left leg. This aggressive form of cancer had already invaded and destroyed the bone and other regional tissues. And Karen was wasting away. She was a little taller than most of her classmates. But when they brought her to the hospital about five months after the diagnosis was made in the capital city, she weighed 49 pounds. Her family had heard of Hospital Loma de Luz and they were hoping for a miracle.

The first line of treatment in this case was radical removal of all of the grossly appreciable cancer. That meant a high amputation of Karen's leg. Karen resisted this for a while, but ultimately she consented. That was a hard thing. But Karen was resilient and tougher than she looked. She recovered, got over the loss, and got on with life. She began to gain weight. She began to get around on crutches. She began to smile again.

The next step though (as necessary treatment goes) is chemotherapy. This is something that is often next to impossible for the poor to get in Honduras. We arranged for her treatment in one of the few places in Honduras that was a possible option. We sent her there two months after surgery. She weighed in at 66 pounds by then. They returned to see us at four months after surgery. The family had spent all that they had just to get to the other hospital and to stay there, but the treatment had been postponed so they came back.

We gave them a little money and set it up again. They returned at six months post-op, having had the same experience and said they could not go back again. Karen just wanted us to take care of her. She looked the picture of health, could do just about anything on her crutches, and was at the top of her class in school.

Karen and her Mom believed that she was healed. "We give all the credit first to God, then to you and this hospital," they said. By then it was too late for chemotherapy. We knew the odds but began to hope that there had been a miracle. In August, Karen turned 13. She wanted a prosthesis, so she could dance.

But, when Karen came in September, something was clearly wrong. She had begun to have trouble breathing. Her chest x-ray was unequivocal. There was cancer spread in both lungs. I had to tell Karen and her Mom in general terms what was going on, and that there was nothing that we could do to turn it around except pray for a miracle. I knew that that kind of miracle would be a pretty big one. But without it, she had no more than a month or two to live. I think Karen knew it too. I guess I've seen a lot of sad things in 30 years of taking care of sick and injured people. But one of the saddest things I've ever seen was Karen sitting in that wheelchair outside my office dressed in her school uniform, staring at her schoolbooks through tears, knowing that she wouldn't ever finish those books. She thanked us for being so kind to her, for caring about her and listening to her, and she said that she "trusted in heaven." In the end, that beautiful light shone through her. In the end, that was all that was left. At the end of October, she made it home.

So why am I telling this sad story? I mean, it doesn't seem very happy and Christmas is coming up. It is sad, no doubt, but I contend that it is the bittersweet sadness of a momentary suffering before everything turns out better than we could have hoped. I guess I've come to see this as a Christmas story because I've come to remember more and more that the point of the Christmas story is the gospel and that the point upon which the gospel turns is the resurrection. And the point of the resurrection is that it really doesn't end there.

The apostle Paul wrote that "if Christ is not risen then our preaching is in vain and your faith is empty….But now Christ is Risen…. And Death is swallowed up in victory." The reward in the promise is Eternal Live. That is our Polestar on the long walk home.

So if instead of ending here, Karen is now whole and dancing in a place of tremendous beauty and life….a place with no cancer, well this was not such a sad story after all. That is why we are here, to present a fair hearing for the hope of the promise. Karen's life on this earth was brief, and at the end, it was hard. But that just revealed the beauty of the promise.

Christmas is coming up. We remember again the coming of the Christ child, "the true light which lighteth every man that cometh unto the world" who came from heaven to be born as a baby, born to suffer and die so that we might live with the hope of the promise. As you think of the babe in the manager bathed in the light of that star in Bethlehem, I hope you'll think of Karen for a moment, to remember with gratitude how He guided her home.

I pray this might bless you and help you to remember the promise, look to the reward, and so keep your bearings on your long walk home.

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The fastest and most secure way to give to CMDA is through our secure online giving site. Your gifts will be used to continue and expand the critical work of CMDA as we minister to doctors, students and patients.

Center for Medical Missions
PO Box 7500
Bristol, TN 37621
423-844-1000
www.cmda.org/cmm