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Pearl

“When there is anguish in my heart and I cry out to God, regardless of what I cry, it feels less like despair...lament is not a tour de force, but the shift in my heart is real...Lament is a means of grace to us in some of our most desperate times. Lament offers the freedom to come as we are and bare our hearts. Lament offers the comfort that our crushed hearts do not repel God, but rather that the Lord is near to the brokenhearted and saves the crushed in spirit....”

—Eric McLaughlin in Promises in the Dark, page 43

Introduction to this Issue

Our Ugandan refugee friends boasted that mangoes flourished during times of famine. Even if there was nothing else to eat, they had mangoes. During our years in Kenya, some basic necessity was always missing at the market. Rice, sugar,
bread, oil, eggs, green vegetables—each in its turn disappeared. This meant planning ahead. I saved the half bag of rice to fix at Christmas. It also meant great rejoicing when the item appeared again on the shelves.

COVID-19 has brought infamous shortages far beyond the supermarket. Many of the greatest scarcities have impacted healthcare professionals in the U.S. and around the world. Mission hospitals routinely deal with tenuous supply lines to their remote service sites, but the pandemic has accentuated these deficits as richer countries increasingly consumed limited available resources. Lack of critical supplies such as personal protective equipment occurred concurrently with overwhelming patient loads. Treatment options have also been limited. Even in some parts of the U.S., supplemental oxygen has been in short supply, rationed and prioritized.

And what about the strain on the healthcare professional’s soul? Increased time demands, concerns about spreading disease to family and daily stressful decision-making take an immense toll on the inner person. What about the diminished resources of compassion? Hope? Faith? Peace? Patience?

This month’s e-Pistle is dedicated to “scarcity” with an eye toward that soul component. It is our hope that this issue will speak to that part of you that may feel depleted. Despite a scarcity of time, care for your soul by digesting these offerings over the next two months. Let the Lord fill up those places that currently feel empty. Something here may satisfy your hunger like those juicy, sweet mangoes during droughts.

Also, please check out two brief surveys in the announcements section. We’d appreciate your input.

— Judy Palpant, editor

“And he said to them, ‘When I sent you out with no moneybag or knapsack or sandals, did you lack anything?’ They said, ‘Nothing!’” (Luke 22:35, ESV).

“Not that I am speaking of being in need, for I have learned in whatever situation I am to be content” (Philippians 4:11, ESV).

Poblano Pepper Pork

“Come to me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy and my burden is light” (Matthew 11:28-30, NIV).
Yesterday was unusual for me in a good way. It was Saturday, a day I usually catch up with charts, or complete work for board meetings, or visit friends who need companionship. But yesterday, after my morning run, I spent the entire day at home with my wife. She wore me out digging up bush stumps in the backyard. And then we decided to cook together. I found a recipe for Poblano pepper pork chops, and she found a recipe for a mushroom antipasto. I asked her to show me how to do it right. We shopped together, prepared and cooked, and then we eventually invited her older sister to join us for the experimental meal. When I lay down to sleep last night, my body was tired. I had worked hard that day, but my spirit was rested and refreshed.

Few outside our profession can understand the weariness, burden, time pressure and lasting emotional drain of our healthcare calling. I’m usually quite beat when I come home from a week of work.

It didn’t make earthly sense that digging up stumps in 95-degree weather, or running back and forth to the sink so that my dishes didn’t pile up (with my spouse telling me to “do it the right way”), would have helped lift a week of healthcare burdens from my shoulders. But it did.

When I committed the time to my wife and gave her authority over the stumps and authority over the food I prepared, I committed to hard work, but that work was grounded in a relationship of love with my wife and was blessed by her presence. I took on her yoke of work, in place of my yoke of healthcare decision-making. My body, mind and spirit ended the day refreshed in spite of the hard labor.

Similarly, it’s hard to envision how an authentic Christian life dedicated to sacrificial service might lighten the burdens we carry. But it does. When I hear the words, “Come to me, all who are weary and burdened...,” when I hear these words and choose to follow, I do not follow into a spiritual and physical Nirvana where peace comes from the absence of striving. When I follow my Lord, I help carry His cross, a work that has sometimes been painful and heavy. And yet, the very act of carrying that cross brings me side by side the One I love; and I do “find rest for my soul” with Him. It is the strange paradox of pouring out my own energy and expectations while filling up with His energy and expectations, receiving more peace and joy from His infilling than I had before I started pouring—sort of like the energy and rest I received from digging up stumps and cooking pork chops this Saturday with my wife.

Dear God,
Let me wear Your yoke well.
Amen

Schooled on Scarcity

by Jim Ritchie, MD

I don’t normally enjoy being schooled by my patients, but my Kenyan patient taught this missionary about a truth of medicine.

Our ward medicine team was rounding on the weekend, and I was the “guest” attending on-call. About halfway through rounds, we approached the bed of an elderly Kenyan man who was sitting erect, intently reading the Bible in the Kikuyu language. Before we reached his bedside, the interns advised me that, the day before, this man had received the news that he had widespread cancer which was beyond our ability to treat at our rural hospital.
I felt that old familiar guilt of a doctor rendered powerless by scarcity. If we had been in the U.S., the cancer would have been aggressively addressed with surgery, chemotherapy and radiotherapy. But this man was a farmer, and he could not possibly afford those treatments, and we could not cover the cost of these treatments with our needy patient fund.

As we approached his bed, I was surprised to hear him address us in clear English, “Good morning, Doctors.”

We asked how he had passed the night, how he was feeling and whether he had any questions about the news he received the day before. After his polite responses, he looked at me and calmly asked, “What are your recommendations?”

I falteringly explained our limitations, assured him that we would do what we could to help him with his symptoms of discomfort and apologized that we could not do more. It was not an inspiring performance.

Kenyan patients are often very stoic when receiving such news, but this gentleman was amazingly confident as I stumbled through my apology. His expression was that of a man who had been shown a clear and easy road to his destination.

Looking straight into my eyes, he said, “Doctor, there is nothing to be sorry for. The Lord Jesus Christ has met me right here, and I know that soon I will see Him face to face. I know this. Even if you were able to do something to fight the cancer, I do not think I would agree to the treatments. I thank you for what you can do to help me, but please do nothing to delay my joy.” He returned to his Bible.

I had been schooled. I was the missionary doctor who had gone to the needy to provide compassionate Christian care. But I had allowed my eyes to become fixed on the frustrations of this fallen world. I had been disappointed not to be able to offer the earthly hope of advanced medical treatment. I was beaten down by scarcity.

But Jesus Himself had given this man hope. Not the hope of medical treatment but the eternal hope of heaven. He had given an abundance of spirit even in the midst of earthly limitations. And through this man, the Lord had raised my eyes to the true hope we can offer everyone.

Jim Ritchie is a medical doctor who has been working at PCEA Chogoria Hospital in Chogoria, Kenya.

Something You Never Lack

by T.B.

Like Bilbo Baggins, I like the comforts of my hobbit-hole. But living an adventure, I thrive just as much in times of limitation and scarcity, whether by choice or circumstance. We have lived with a squatty potty outside, 30 yards away from our house, with young children. We shower with our skirts wrapped around us in broad daylight with cold buckets. We have frequent power outages and do laundry by hand in buckets. It took time to adjust, but it’s what our neighbors do. When we do it as well, they can relate to us. Time and again, relationships have been made just because we have aligned our cultural norms with the locals.

When you face limited resources, you still have relationships. Everything else aside, if only one thing remains, choose the relationship. That’s why we’re here, right? That’s why we were created and why we were called to life in mission. That’s why He pursues us still, even when we rebel against Him. That’s why we reach out to others who don’t know Him. All because of relationships.

Treat your neighbor as you want to be treated. There’s a reason for that. What goes around, comes around. Everyone shares everything they have. “[They] were one in heart and mind. No one claimed that any of his possessions was their
own, but they shared everything they had” (Acts 4:32, NIV). It's all there in His Word. We get to see this in action among our neighbors. They have got something figured out: contentment. And they still have each other. That is what we are missing most days when we start feeling sorry for ourselves. If you have only one thing going for you—relationships—you have it ALL.

In this honor-shame culture where we live and minister, relationships are the only things that matter. Literally. Relationships make or break you. You give what you have to offer in the moment. If you are lacking in food, your neighbor whom you gave rice to last week will provide for you. If you are lacking in emotional support from a parent, a friend will show up (just like a dozen others do throughout the day), unannounced, and give you the ear you need or the shoulder to cry on. Even those who have been cast aside by normal society, those who no longer fit in or have been given second, third, a hundred chances, are still taken care of somehow. It’s give-and-take here.

One of our neighbors runs a snack shop and makes sure the kids neglected by their parents don't go hungry. If the old Grandma down the street sees a mess, she comes and cleans it up and takes an orange as payment. As a nurse, I am able to offer advice/teaching/medicine (in our third world country, sometimes I am forced into a doctor's position) whenever appropriate.

You cannot thrive or do kingdom work without making friends. Without building rapport with the people, you can easily receive a label you do not wish to have. We just celebrated Christmas. Because I started a handicrafts business with/for disabled and impoverished friends, I had small gifts for the neighbor children. Word traveled fast. Within the hour 50 people dropped by our home. I had more than enough handicrafts to go around. This unexpected influx of people meant more potential relationships.

To be honest, we have to make tough decisions. Do I have room in my life for 50 more relationships? Do I forfeit my time, my money, my energy, my privacy? Is it really worth it? What about burnout? Of course, there is a place for Sabbath rests. Take them. And set up appropriate boundaries. Set them up. But don’t waste the opportunities. I just had the privilege of “washing” (sacrament of immersion) our first friend here after four years of knowing her, pouring hours into her life. It is worth it. Take the time. Everything else pales in comparison. Stay focused on what really matters.

We don't have it all figured out. We are still learning. However, I have noticed that when I drop the worry, the doubt, the fear, the stress and just focus on the relationships I have right in front of me, He wins every time. Maybe I don't get to see results in a day. Maybe not in five years. But every loving interaction with a person sows a seed.

T.B. is a registered nurse living and working in Southeast Asia with her husband, a Prosthetist. They have three children—ages 1, 3 and 6.

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**Jesus Had Sweet Eyes**

**Emanuele Negri**

**Career field:** Physician

**Works in:** Reggio Emilia, a city in northern Italy, as director of a semi-intensive care unit at a local hospital.

**Focused on:** Negri cares for COVID-19 patients on noninvasive ventilation. His semi-intensive care unit will be adaptable to care needs as the pandemic plays out, he said. His colleagues assume coronavirus infections will go on for several months, though they plan to reorganize the hospital for the next phase as case numbers slope downward following the peak. As a team, they are exploring the hypothesis that patients experiencing lung inflammation may
suffer from an amplified immune response called a “cytokine storm,” which they with are targeting in trials with several clinical drugs.

**How he’s sharing his faith:** Because of all the protective gear worn by medical professionals, Negri’s COVID-19 patients cannot necessarily hear him speak, but they don’t have to in order to experience the gospel. “It’s not a time of witness by word,” he said. “People around me will observe my behavior.”

He shared a letter from one of his hospital’s first patients: “I personally felt a miracle in the sense that the Lord put me in the hands of these professionals who can do their job well and which, in the end, allowed me to embrace my loved ones. I will never forget those sweet eyes hidden behind those plastic barriers. When I can get out of the house again I will meet many people, maybe even some of those who saved my life, but unfortunately I will never be able to recognize these people. I will not know who they are, but my thoughts will go to them forever. To them I will owe the most precious good: life. And to all of them I say THANK YOU.”

“Jesus had ‘sweet eyes’” (Matt. 9:37), said Negri. “It’s almost impossible to speak to my patients now, but they need our sweet eyes. We need to pray to show empathy.”

Excerpt from *Christianity Today*: **How Doctors and Scientists Apply Faith on the Front Lines** by Rebecca Reynolds, April 29, 2020

Postscript: In her charge to the very first Sisters of Charity, Mother Theresa said, “Smiles are the first acts of love. They are signs of our love for God.”

Then she added, “Never forget the joy in your heart and in your eyes.”

**Patient’s Prayer for His Physician During a Pandemic**

*by John Donne, 1623, then Dean of St. Paul’s Cathedral in London*

The seventeenth century in London was marked by the Great Plague. John Donne fell ill in 1623. His physician treated him with bloodlettings and pigeons applied to his head to draw away the vapors and humors. In the end, he’d been misdiagnosed. The ailment proved to be a spotted fever like typhus, not bubonic plague. He recovered and put in eight more years as Dean of St. Paul’s. Here is his prayer for the physician caring for him:

“Bless the learning and work of this doctor whom you sent to assist me. Since you have taken me by the hand and put me into his hands, I entrust him with my hopes, and you with my prayers, without conditions. Thy kingdom come, thy will be done: prosper him and relieve me, in your way, in your time, and in your measure. Amen.” – from *Devotions* by John Donne

**Bibliography of Helpful Resources**

Promises in the Dark, Eric McLaughlin. Eric is a medical missionary in Burundi who writes wonderful meditations on spiritual growth based on his experiences in the mission hospital. He explores many of the themes that are commonly troublesome to medical missionaries with grace and art. This book was published recently. Available on Amazon.


Health for All, Dan Fountain. Pub 2014. Dr. Fountain, the well-known mentor of medical missions, describes his experience in the development of Vanga Hospital in the Democratic Republic of Congo. His depth of experience and godly wisdom are so helpful in chapters like "Running a Health Service in a Bankrupt Economy" and "Healthcare and the Christian Faith." https://missionbooks.org/products/health-for-all

Announcements

We need your help, and we want to hear from you! The collective wisdom of the group that reads the e-Pistle is an AMAZING asset. We would like to tap into this more regularly with short surveys and feedback appeals to learn lessons and identify trends from you. We deeply value your input!

1) Send us a list of the five books that have had the biggest influence on you as a healthcare missionary (besides the Bible). Please send to cahm@cmda.org with subject line “Five books.”

2) Take this short, two-minute survey. We’re seeking to ascertain what interest there is for some groups to form out of this network (journal club, missionary support group, etc.). www.surveymonkey.com/r/PFWDFKQ . Please note this is “security risk” appropriate, so “m” is substituted for missions or missionary.

CMDA’s short-term, overseas teaching arm, Medical Education International (MEI), sends short-term teams to provide desired advanced education for healthcare professionals in low- and middle-income countries. Teams are tailored to the request. Teams can meet nearly any need, including clinical teaching, didactics, faculty development, disability and autism identification and care, palliative care, trauma life support, etc. MEI is now also cooperating with requesting facilities and long-term workers to provide online education via Zoom. We are here to help you teach and develop your workforce! If interested, please fill out the Project Application at www.cmda.org/medical-education-international. MEI hopes to resume overseas teams once team members are vaccinated against COVID. However, six to 12 months of advanced notice is typically needed to assemble a team. Questions about MEI can be sent to mei@cmda.org.

MEI is also the administrator of the exciting new Margaret J. Dietz Scholarship, which will facilitate development of servant leaders in medical and dental education from low- and middle-income countries. The scholarship funds tuition, fees and expenses for faculty, leadership and/or theological training needed for physicians and dentists to assume academic leadership positions in their nation. Additionally, when fully endowed, the scholarship will help fund applicants to obtain a master’s or doctorate degree. Please make your national colleagues aware of this opportunity and encourage them to apply. Additional details are available at www.cmda.org/medical-education-international/dietz-scholarship. The application deadline for the first cycle of funding is April 30, 2021. Applications received after that date will be considered in the fall cycle of funding.

Please also be aware of an excellent new faculty development course, Teaching Healthcare in a Global Setting. This is a collaborative effort among CHSC, AMH, CAAP, IHI, MedSend, MEI and PAACS and has transitioned from live in-person to enduring material on the CMDA Learning Center this year. The material is now available at www.pathlms.com/cmda/courses/21306 and can be accessed free of charge by CMDA members. 20.5 CME credit hours are available!
Christian Health Service Corps (CHSC) has two upcoming online training opportunities. The Global Health and Tropical Medicine Overview will be held from March 2 to May 22. Details available at www.healthservicecorps.org/event/global-health-2020-online. The second course is The Global Refugee Response: Practical Principles and Practice, which will be March 5-13. Details at www.healthservicecorps.org/event/disaster-refugee-response-global-principles-practice-online-2.

The Fellowship in Theology, Medicine, and Culture of Duke Divinity School in Durham, North Carolina equips healthcare professionals to faithfully engage their calling through a program of theological study, spiritual formation and retreats, mentoring, and community-based practicums. A Medical Missionary Scholarship is available (covering at least 50 percent of the cost of tuition) to the TMC fellowship to encourage sustained missionary vocational calling and to provide opportunities for the TMC community to learn from those actively engaged in global medical work. Interested missionaries should apply for admission to Duke Divinity School through the online ChooseDuke portal. Priority applications are due January 15 with rolling admission through April 2021. For further information, see tmc.divinity.duke.edu/immersive-fellowship-in-theology-medicine-and-culture or contact dukeTMC@div.duke.edu or Dr. Martha Carlough at martha.carlough@duke.edu

We’d be remiss to not mention CMDA’s Center for Well-Being in this issue on scarcity, which can cause our well-being can be taxed in so many ways! Coaching, field worker support and a host of other resources are available to help promote holistic wellness. cmda.org/wellbeing

**Mission Scholarships**

When you interact with students and residents who are considering missions, please point them to our scholarship opportunities at cmda.org/mission-scholarships. Here is a brief summary of the available scholarships listed on our webpage:

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<tr>
<th>Scholarship name</th>
<th>Amount</th>
<th>Eligibility</th>
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<tbody>
<tr>
<td>Westra</td>
<td>up to $500</td>
<td>Third or fourth year medical student, at least two-week mission rotation</td>
</tr>
<tr>
<td>James P. Owen</td>
<td>up to $1,000</td>
<td>Southwestern Medical Student (Dallas)</td>
</tr>
<tr>
<td>Johnson</td>
<td>up to $1,000</td>
<td>MD/ DO resident or fellow, at least two-week mission rotation</td>
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<tr>
<td>Tami Fisk</td>
<td>up to $1,000</td>
<td>Healthcare personnel called to East Asia; preference to MSI Professional Services or OMF International</td>
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<tr>
<td>Naomi Kim</td>
<td>up to $500</td>
<td>Healthcare student (professional or pre-professional) on first GHO trip</td>
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<tr>
<td>Derm/ Nursing Medical Missions</td>
<td>up to $500</td>
<td>Derm resident, nurse (will also consider other residents, med students, nursing students) on first GHO trip</td>
</tr>
<tr>
<td>Fellowship of Christian PAs</td>
<td>(matching)</td>
<td>Member of FCPA for at least one year; provides matching grant for funds raised towards short term trip</td>
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<tr>
<td>Women Physicians in Christ</td>
<td>up to $500</td>
<td>Female medical or dental student on first GHO trip</td>
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<td>Southwestern</td>
<td>(need based)</td>
<td>Third or fourth year medical student or resident, at least two-week mission rotation</td>
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