

# The Center for Medical Mission's *e-Pistle* November 2012

---

You are receiving this after the American Thanksgiving Day. I hope everyone who celebrates this holiday was able to enjoy family and friends while being thankful for many blessings. If we each took time to actually develop a list of our blessings, I believe it would fill pages. Surely the Lord is generous and good!

We saw that at this year's Global Missions Health Conference. Once again, it was a time of great blessing and encouragement. We had many opportunities to offer ideas and direction to young people preparing to serve. If I had a nickel for every "overwhelmed" comment I heard, I could enjoy a big DQ Blizzard. ☺ There were several new things introduced at the conference. One of my personal favorites was the magnetized 8' x 12' world map where everyone could drop a magnet where they are either already working or hope to work in the future. The Lord has His servants in many places! With 105 breakout sessions, there were plenty of choices for those seeking information. The plenaries were good too. You can read more about this year's conference in Dave's article below.

I hope you find the articles in this month's e-Pistle both encouraging and challenging. Be sure to read the bit that says, "Your Response is Needed." Thanks so much!

[susan.carter@cnda.org](mailto:susan.carter@cnda.org)

## **This month you'll find the following articles:**

[Cura Animarum](#) The Purpose of Pits by Rev. Stan Key

[News You Can Use](#) by David Stevens, MD

[Your Response is Needed](#) by Dr. Peter Wilks

[Medical Equipment Market Research for Fetal Ultrasound Monitor](#)

[Not Called But Willing](#) by Dr. Ron Koteskey

---

## **Cura Animarum – Manger Danger**

by Rev. Stan Key

Beware! There's danger in the manger. A feeding trough is not the kind of place a mother would choose to place her baby. Normally made of wood or possibly stone, a manger was a box in which feed for farm animals was placed. It would be discolored by cow saliva and littered with clumps of inedible fodder and animal hair. Germs! Bacteria! The barn would be drafty and cold and smell of cow dung, urine and sweat. The air

would be filled with dust and dirt. What must Mary have thought as she laid her newborn baby in such a crib? *Is he safe? Will he be OK?*

We are uncomfortable with this picture, and so we work to tidy things up. We domesticate the animals and disinfect the feeding trough. We clean up the manure and spray air freshener throughout the barn. We eliminate the spider webs in the corners. If the Messiah is going to be born in a barn, we'll make sure that it's at least clean!

All the nativity scenes I see during the Christmas season have one thing in common: they've been sanitized. The cute little stable is neat and tidy. The straw is fresh and clean. The animals look like household pets. The shepherds are washed and their robes look like they were recently bought at Macy's Department Store. A plastic baby who never cries or needs his diaper changed completes the picture. We prefer it this way.

But beware! There's another danger in the manger. I'm talking about the spiritual harm that comes to anyone who tries to disinfect His coming. If you eliminate the filth and pollution into which Jesus was born, you change the very gospel He came to proclaim. To pretend the barn was anything other than a smelly, germ-infested shed is to misunderstand His coming. Jesus came into our filth so that He could save us from it!

So put away your Lysol, air freshener and bug spray. The dirt and germs in the manger are an essential part of the story. Jesus is a real Savior who saves real people from real sin in a real world. Stop pretending. If you don't let Him into the muck and mire of your world, then He won't be able to pull you out!

*"...you are to give him the name Jesus, because he will save his people from their sins"*  
(Matthew 1:21, NIV 1984).

---

## **News You Can Use**

by David Stevens, MD

Your heart would have been *strangely warmed*, as John Wesley said, if you had been at the final session of the Global Missions Health Conference (GMHC). I was giving the final challenge, but that had nothing to do with it. The Holy Spirit showed up in a special way and close to a thousand people came forward to make their commitments to medical missions. Several made the steps of the platform their altar and knelt to pray. God's work in these lives will continue long past that 20 minutes at the end of the conference. It will go on for a lifetime, and my prayer is that it will be multiplied into millions of lives that these future missionaries will touch with their skills and the gospel.

If you haven't been to GMHC lately, make a note on your calendar to be in Louisville, Kentucky during the second weekend of November the next time you are in the U.S. This year, there were 155 exhibitors (register early if you want to exhibit since all spaces are taken early each year), 105 workshops and almost 2,500 in attendance. Almost half

of those were students. It is a wonderful time for recruiting, networking, fellowshiping and educating the next generation of healthcare missionaries.

Discussions are underway to have similar conferences in other parts of the U.S. and even around the world. It is clear to me that a renaissance is underway in both interest in and commitment to medical missions. I believe it is a movement of healthcare professionals that will take the gospel into the 10-40 Window and complete the Great Commission.

One of the emphases this year was the launch of the new and expanded [medicalmissions.com](http://medicalmissions.com) website that is likely to have more impact on medical missions than any other single thing in the years to come. It serves as a hub for motivating, mobilizing, training, equipping and networking present and future healthcare missions.

Information can flow freely between [medicalmissions.com](http://medicalmissions.com) and your personal or mission organization's website as people post stories, reports, videos, pictures and comments about everything medical missions. They can get information about mission organizations and what they are doing as they look for where God would want them to serve short- or long-term. It is by far the most extensive and best done website focused on medical missions in the world. Check it out. Feed it with information about your ministry, personnel needs and what God is doing at your place of service. It will get the word out about your outreach to a large and very interested audience.

\*\*\*

What has been conceived has now been delivered! [\*Beyond Medicine: What Else You Need to Know to Be a Healthcare Missionary\*](#) (CMDA - \$12.95, 300+ pages) is hot off the presses. It puts all into one place the articles I've written for The e-Pistle over the last seven to eight years on topics as diverse as management, governance and leadership to fundraising, interpersonal conflicts and how to write an effective prayer letter. To those topics, it also adds a number of bonus features I think you will find helpful as you serve the Lord. Not only will you find it useful, but it also makes a great gift for new missionaries or those still in preparation and plan to serve overseas. Though the illustrations come from medical missions, the principles the book shares are helpful to anyone doing ministry overseas. As the only resource of its kind, I trust it will help missionaries to be more effective in serving the Lord and in learning the many things you have to do that weren't part of your medical training! It is also a great resource to pass on to your mission executives who are responsible for overseeing your outreach. They will better understand the challenges and opportunities you face. It is available through CMDA's bookstore at [www.shopcmda.org](http://www.shopcmda.org) or by calling our resource line at 888-230-2637.

\*\*\*

Here is some other information that you should pass on to your mission executives or others looking for innovative outreaches to the 10-40 Window. The Cleveland Clinic is

recruiting all sorts of healthcare personnel to serve in its new state of the art facility in Abu Dhabi that is scheduled to open in 2014. They are especially needing surgeons and internal medicine specialists and subspecialists. It is a great way to live, minister and work in a Muslim country. For that reason, a number of mission organizations are sending healthcare personnel to this location. The salary and benefits are very attractive. I'm not trying to start a mass exodus from traditional medical missions! On the other hand, this opportunity may uniquely fit those called to serve in the Middle East.

One CMDA member who had to leave his place of service in Africa due to his wife's health problems let me know about this opportunity. She had to be within 24 hours of advanced treatment modalities for her recurring problem so they couldn't go back to where they were serving. A position in Abu Dhabi provides an opening to minister to the Muslims they have been called to serve.

It also provides a great tent making outreach for subspecialists. The hospital is a tertiary center for everything except the following: pediatrics, OB/Gyn, orthopedics, trauma, med/rad oncology. The Cleveland Clinic is hoping, someday, to be allowed to expand to all the specialties (the buildings have plenty of additional capacity to expand); apparently, the government decides what specialties are done at which hospitals.

So, with the exception of those listed, they're recruiting for all adult medical/surgical specialties, hospitalists, etc. [Click here](#) to see the list of physician jobs. Their [main website](#) also details opportunities for physician extenders and other healthcare professionals:

Let both your colleagues in the U.S. and your mission agency know of this unique tent making opportunity. I hope this is news you can use!

---

## **Your Response Is Needed!**

Note from Susan: Several weeks ago, I was contacted by a missionary in Thailand who wanted to introduce me to an electronic engineer who wants to develop a fetal monitor. Though I do not know this missionary, he shared enough information to give me confidence in sharing the following. I will start by passing along the story the engineer shared with me when I asked him if his motivation is humanitarian or service for the King.

### **Dr. Peter Wilks**

The idea behind Pathway Developments comes from a desire to serve God using the gifts and abilities that He has given me, a desire that I have had since giving my life to God while I was at university. I thank God that I was born into a loving Christian family and had the ability and opportunity to study electronic engineering at one of the top engineering universities in England. I was then able to study for an academic doctorate

degree in biomedical engineering. I have worked at a number of different companies and been exposed to many different technologies. I am thankful to God that He blessed me so abundantly and it has long been my desire to use my engineering skills more directly in the service of God.

Some years ago, I investigated the possibility of serving in overseas missions, but I discovered that there isn't really any demand for electronic engineers in Christian mission. If I had studied medicine instead of engineering, then I am sure that I would have become a medical missionary. However, God gave me an ability in technology, but I could not find any way to use this in a missionary context. Some people advised me to simply join a missionary organization and teach English, but this would have gone against the desire I have had ever since I was at university, to serve God using my engineering skills directly. I believed then, as I believe now, that God would not have me lay aside the gifts He has given to me. Not only that, but I had a very real sense of God saying to me that the time was not right, and that I should stay where I was.

So I did stay for a long time, until God recently started working in my life in quite amazing ways, and I feel that I hear Him saying that now is the time. Pathway Developments can be seen as pushing at the door that seems to be before me. Or to use another metaphor, it is stepping out, starting to walk along the path. This imagery of a path and a journey has been with me for some time, and was a factor in choosing the name Pathway Developments.

The focus of Pathway Developments is on bringing appropriate medical technology to medical caregivers working in the developing world, in order to have a positive impact on the lives of people living in the communities they serve. The focus is not the technology or even the caregivers who will use it, but rather the focus is on the lives of the people who are in need of medical care. The motivation behind this is the desire to serve God using the engineering skills I have, but it has become much more than that. Jesus showed so much compassion and He reached out to people around Him, transforming their lives with a touch. I have been abundantly blessed by God, and it is my desire to be a blessing to others.

## **Medical Equipment Market Research for Fetal Ultrasound Monitor**

### ***Pathway Developments***

Pathway Developments is a social enterprise with a mission to bring appropriate medical technology to doctors, midwives and other caregivers in the developing world. We aim to improve the health of people in developing communities by providing suitable equipment to the caregivers who work with them. We focus on the production and supply of small, portable and affordable electronic devices to assist in medical diagnosis and treatment. As a social enterprise, we aim to maximize social benefits, returning any profit back to the company. Pathway Developments is on the internet at <http://pathway-developments.com>

## Proposal for a Medical Monitoring Device

Please consider the following description of a medical monitoring device, and then answer the questions that follow.

Pathway Developing is considering manufacturing a fetal ultrasound monitor to aid caregivers assisting at a birth. It would also be valuable during pregnancy to identify potential problems. It will be able to measure fetal and maternal heart rate. As an option, it could also measure maternal blood oxygenation. The monitor will be tough, able to withstand rough handling. It will work fully in the main language of the area where it is used. It will be manufactured to the highest standard, at a target cost of 65 US Dollars.

### **Questions**

1. Do you think that a fetal ultrasound monitor as described would be useful in your region?
2. Are similar devices already in use in your area? If yes, how could they be improved? How could the described monitor device be improved?
3. Would it be useful to include a maternal blood oxygen monitor as part of the device, or is a fetal heart rate monitor sufficient?
4. Where do you work? Which country and region? What is your role as a caregiver?
5. How reliable is the electricity supply in your region?
6. Do people have easy access to telephones? Are mobile phones common?
7. What level of education do doctors / nurses / midwives have?
8. Where do women typically give birth in your country and district? In a hospital, a clinic, at home, somewhere else?
9. Are there any other small medical devices that you think would be useful to you or to other caregivers? Please consider all caregivers, not just those assisting with childbirth.
10. Do you have any other comments?

### **Response**

Thank you for taking the time to read and respond to this questionnaire. The questionnaire can be completed online at <http://pathway-developments.com/questionnaire>. If you would rather answer by email, you can send your responses to [peter.wilks@pathway-developments.com](mailto:peter.wilks@pathway-developments.com). Other options are phone or Skype. Please email me your telephone number / Skype user name, together with your time zone and I will be very glad to call you. I can be reached by phone on +49 176 10 11 38 59.

---

### **Not Called, But Willing**

by Dr. Ron Koteskey

Mary said, "I feel like God is calling me to teach in an international Christian school overseas."

"That's wonderful, Mary," you exclaimed as you turned to her husband and said, "What about you, Bob?"

Bob replied, "I don't have a missionary call, but I'm willing to go along so that Mary can obey God's call."

Mary and Bob are facing an issue that is relatively common today. How might you help them?

### **What does the Bible say about a call?**

The Bible does not mention a specific "missionary call" as such, but it is helpful to consider how the first people to serve cross-culturally in the book of Acts came to do so.

- An angel told Philip to go to a particular road (Acts 8:26).
- While Philip was on his way, the Spirit directed him to the chariot (Acts 8:29).
- As Saul (Paul) was traveling along a road, a light flashed around him and Jesus told him to go into the city (Acts 9:3-6).
- In a vision, the Lord told Ananias that He had chosen Saul (Paul) to go to the Gentiles (Acts 9:15).
- While they were worshiping and fasting, the Holy Spirit told the church in Antioch to set Saul (Paul) and Barnabas apart for the work to which God had called them (Acts 13:2).
- During the night, Paul had a vision of a man who begged him to come and help (Acts 16:9).

Note the variety of times of day, settings, people involved, spiritual beings involved, senses involved and so forth. God does not "call" people in any one way. He does so through many different means.

### **How are people called today?**

Since there is disagreement about who is called and God calls in such a variety of ways, there is no generally accepted definition of how people are called. However, the following are often found in descriptions of one's call.

- Following some crisis experience, some people have an inner persuasion that God has chosen them for some particular purpose they feel compelled to fulfill.
- Church leaders, mentors, mission leaders and peers who know persons well verify that these individuals are people God is likely to call into service, often considering the attributes listed in 1 Timothy 3 and Titus 1.

- Often individuals can point to particular passages of Scripture that support their calls into cross-cultural ministry. God uses Scripture to affirm the call and guide them in decisions made after the call.
- Called people have ongoing ministries in the local church in evangelism, discipleship, education, counseling or other such areas. People who do not do these things within their own culture are not likely to do them in another culture. The best predictor of future behavior is past behavior.
- Preachers preach, teachers teach and the called person has some idea of how he or she as a missionary will “mish.” They will know what they are to do.
- Called people are eager to prepare in terms of education and experience to fulfill their call. Paul went to Arabia for three years of preparation after his call and before his active ministry.
- Called people have a great concern over others being lost in sin. Though humanitarian service is good, the essence of missions is the salvation of the lost.
- Called people usually are called to some particular task, people group, place and so forth rather than just seeing great needs in other places.

Of course, no one is perfect in all of these respects, but research has shown that people who have definite calls are much more likely to serve for a longer time than those who go for other reasons.

### **Are there false “calls?”**

People have a variety of reasons for thinking they should become missionaries, and some mistake these for a “call.” Here are some of those reasons.

- Earning God’s love. People who believe that they are not loved may think that sacrificing to become a missionary will win God’s approval.
- Penance. People feel guilty and try to pay for their sin by serving in difficult or dangerous places.
- Family pressure. Parents who feel guilty for not obeying their call may encourage their children to become missionaries.
- Travel. People who want to see the world or have adventures may seek these through missionary work.
- Going home. People who grew up overseas may be looking for a way to get “home” and find it through missions.
- Quotas. Some churches or mission agencies set goals to send a certain number of missionaries in the next year, and people may go to meet that “quota.”
- Meeting needs. Some people are concerned about meeting needs of poor people overseas and go on the basis of a purely humanitarian motive.

The list can go on and on, but people who go for these reasons often do not last long on the field. Many return home, but others remain and become “high maintenance,” taking up the time of those really called.

What can a couple do?



Making sure that both husband and wife have genuine calls before beginning missionary service is a good way to avoid this conflict and stress in their marriage. It may also prevent their causing problems in the missionary community in which they work.

Two misunderstandings are possible. First, the one who feels called may have a “false” call, and after a brief period of time may become a casualty. Second, the one who does not feel called may have a genuine call and become an effective missionary. Thus, couples need to consider both of these.

The couple should examine carefully the “call” of the person who claims to have it. People who have the false calls mentioned above are not evil people trying to sabotage the missionary enterprise. Many of them are sincere in their desire to serve. They really do want to please God, to atone for their sins, to please their parents and so forth down the list. However, when difficult times occur, their lack of a genuine call makes it impossible for them to weather the storm. Then they have problems themselves and/or become problems to others.

Likewise, people who do not believe they have a call may really have one and not recognize it. These people may have heard missionaries tell of their dramatic call to service or have read in Scripture about the calls of Philip or Paul. Though they may have prayed for missionaries and given to missions, they have never seen a vision, heard from an angel or been blinded by a light and heard from Jesus as they traveled down the road. Their burden for the lost and compassion for those who have never heard may be part of God’s call.

Since people may not be conscious of some of their motives, talking with a counselor who knows about God’s call on people’s lives may be helpful. Talking with an understanding missionary who can help sort things out may be even more helpful. In no case should they go until both have the same call or one has a specific call to service and the other is called to serve wherever his or her spouse is called.

For other topics, please visit [www.missionarycare.com](http://www.missionarycare.com). Also please let your non-medical colleagues know about these free resources.

---

**Center for Medical Missions**

PO Box 7500

Bristol, TN 37621

423-844-1000

[www.cmda.org/cmm](http://www.cmda.org/cmm)