

The Center for Medical Missions'

e-Pistle

October 2018

A.A. Milne wrote the lines in a children's poem: "They're changing the guard at Buckingham Palace / Christopher Robin went down with Alice." And so it is in Bristol, Tennessee. As I take over as editor of *e-Pistle*, I hope there is a round of applause from across the globe for Susan Carter who has faithfully and capably served in this role for 14 years. She continues working as director of both CMDA's Center for Medical Missions and department of administration/human resources.

In this month's issue, read a poignant story by Dr. David Stevens and his patient's surprising two-word response to the Good News shared in a bad news situation. Stan Key challenges readers with his slant on the blank page. Bruce Dahlman shares an excellent medical resource. There is also information about an architect willing to serve you and/or your mission. Finally, Susan Carter extends an invitation to those available in March or August of 2019 to participate as resource missionaries for CMDA's New Medical Missionary Training.

Over the months to come, there will be changes in format and content of this newsletter. Each issue will begin with a pearl. This one comes from a collection of Puritan Prayers called *The Valley of Vision*:

*Blessed Lord Jesus,
No human mind could conceive or invent the gospel.
Acting in eternal grace, thou art both its messenger and its message,
lived out on earth through infinite compassion,
applying thy life to insult, injury, death,*

*that I might be redeemed, ransomed, freed.
Blessed be thou, O Father, for contriving this way,
Eternal thanks to thee, O Lamb of God, for opening this way,
Praise everlasting to thee, O Holy Spirit, for applying this way to my heart.*

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A Higher Call

by David Stevens, MD, MA (Ethics)
(Adapted from *Jesus, MD*)

There came a time early during my first term as a missionary doctor at Tenwek Hospital in Kenya, when the physical needs seemed so great and there were so few of us to meet those never-ending demands, that I was stressed. I was working flat-out from early morning until 7 or 8 each evening and then had to take night call every third day on top of that.

To cope with the pressure of the workload, I'd become more and more efficient—meaning I'd gotten faster and more focused on the most essential steps of an exam or a treatment. I'd become much more mechanistic and a lot less people-oriented in the way I practiced medicine.

At no time was this more true than when I had to see outpatients at the end of the day. I'd actually come to almost resent our outpatient clinic.

We saw between 60,000 and 70,000 people as outpatients every year. Many of them walked for miles and waited all day long to receive medical care, because Tenwek was the only place in the world they could get it. Fortunately, our outpatient staff with only modest in-house training could handle most of their cases. But there were always a couple of dozen patients, sometimes more, who would be instructed to stay and see a doctor at the end of the day. Some of them had waited since early morning, but a doctor seldom could see them until maybe 5 or 6 p.m.—after we'd completed our rounds, cared for the needs of all our hospitalized patients, dealt with many emergencies and urgencies, and finished the day's scheduled surgery.

Dr. Steury was our primary surgeon, so he was usually tied up in the OR. Dr. Morse had a never-ending assignment with the pediatric ward, so the backlog of outpatients usually defaulted to me. Thus, my primary goal each day was to see outpatients as quickly as possible so I could finally get down the hill to my family before the kids went to bed.

The prospect of seeing more patients after 5 p.m. than most doctors see in their office in an entire day was not something I looked forward to every afternoon. I handled the stress by becoming extremely efficient. And I even felt a little proud of it, telling myself the patients needed efficient care so they could go home.

I was a machine. I could whip through the line of outpatients like nobody's business. Two, maybe five minutes per patient (unless a procedure was required), and I was out of there! No long conversations doing a review of systems, no social history. I only wanted to know their main issue so I could solve it in record time.

That's what I was doing on this particular afternoon. I'd already gotten through the first half of the line when an elderly Kipsigis gentleman named Arap Towet walked into the examination room.

One look at this patient was enough for me to make a diagnosis. Arap Towet had a retropharyngeal carcinoma. This is an extremely aggressive cancerous tumor that starts in the upper throat, behind the soft palate, near the base of the brain and quickly spreads. In this case the malignancy had already invaded the lymph nodes along his neck and the side of his cheek. Pus oozed from the ugly growth bulging out at the side of what otherwise struck me as a very serene and dignified face.

As much as I hate to admit it, and as terrible as it sounds, my very first thought when Arap Towet walked in the room was, “This one will be easy.” There would be no procedure to do. No need for a biopsy. No chemotherapy would help this obviously dying man. There was no radiation therapy available, nor a specialist to refer him to. I’d write a quick prescription for pain meds and give him some vitamins. And then I could go on to the next patient.

In that moment God convicted me. It wasn’t really an audible voice. But it was a very strong feeling that clearly said, “Why did I bring you halfway around the world? You have got to do more than that. I knew when I brought this man here that you couldn’t help him medically, but what about his spiritual cancer?”

As I examined him, I began to carefully weigh my words. In the Kipsigis culture it isn’t considered proper to speak directly about the subject of death, but knowing I needed to be honest with him, I looked my patient right in the eye. Using the best euphemism in the local language I could think of, I essentially said to him, “Arap Towet, this tumor is likely to finish you.”

“I know that, Daktari,” he replied. He told me he wouldn’t have even made the two-day-long walk from his village, which was near the Maasai (a neighboring tribe whose territory borders the Kipsigis many kilometers away), except his son insisted he come.

Impressed by what seemed a calm acceptance of his imminent death, I asked a more pointed question. “Arap Towet, if this illness does finish you, do you know what will become of you?”

He nodded and simply said, “My oldest son will dig my grave on our shamba, carry my body from our hut and bury me.”

“No, what I meant is,” I told him, “what will happen to your spirit—your soul?”

“I don’t know,” he answered softly.

“Have you heard the story of Jesus Christ?” I said. He shook his grotesquely marred head from side to side. Surprised, I gave a quick glance at the chart to see he was from a very remote area.

Then I very simply and briefly explained God's plan of salvation—how by believing in Jesus he could know in his heart that he would spend eternity in heaven after he died. I took no more than four or five minutes, but the entire time I talked, Arap Towet's eyes were riveted on mine. He was clearly hanging on every word.

When I finished I asked if he would like to invite Jesus into his heart so that his spirit could live with God forever in heaven. And I'll never forget his words. Because when I asked if he wanted to accept Jesus, Arap Towet looked at me and simply said, "Of course."

And it hit me that this old Kipsigis gentleman had lived his entire life without ever having heard the good news of the gospel. When someone finally shared it with him, it seemed so simple, so appealing, so obvious to him that when asked if he wanted to respond and accept it, he couldn't imagine any answer but, "Of course."

So Arap Towet and I got down on our knees right there by the examining bed, separated only by a curtain from the hustle and bustle of the room. I put my hand on his shoulder and prayed with him as he accepted Jesus Christ as his Savior. When we stood up his face had been absolutely transformed. Oh, the carcinoma was still there, but even more obvious now was the joy and peace radiating from his countenance.

I knew I had to see my next patient. But before I sent Arap Towet to the pharmacy, I called for our hospital's national chaplain, who I knew could counsel him, give him a Kipsigis Bible and arrange for a local pastor to come and visit his home.

I never saw Arap Towet again. It was too far for him to come back to the hospital, and I'm sure he didn't live but a few more weeks. But some day I will. He and I will meet in heaven. And in the meantime, I can say in all honesty—though I'd seen thousands of patients before him and I've seen thousands more since—I don't think I'll ever forget the face of Arap Towet. The outpatient who reminded me of the higher purpose every missionary doctor, and every believer for that matter, needs to have.

For no matter how good a doctor I am, no matter how well I perform surgery or how many lives I save in dire emergencies, every single patient I treat is sooner or later going to die.

As a physician, I only delay the inevitable. My skills can't make people live forever. Only the Great Physician can do that. So it is only as I refer people to Him that they can find eternal life.

To His credit, and unlike some of us who endeavor to follow Him, Dr. Jesus never forgot His higher purpose. He didn't content Himself with only temporary physical treatments; He was just as, and often more, concerned about offering spiritual healing and eternal life. He always kept in mind, and often reminded His followers of His higher purpose. "I have come that they may have life, and have it to the full" (John 10:10b, NIV 1984).

Jesus wasn't just a missionary doctor. He was *the perfect* missionary doctor. He never faced a need—physical or spiritual—that He couldn't meet. And He never forgot which was most important.

After my encounter, I resolved to never forget either. Oh, I didn't have time to witness to every patient, but now more spiritually focused, I did it with many. I was alert to each patient's physical problem as well as their spiritual condition. I referred non-Christians and Christians who needed spiritual support to our chaplains at an increasing frequency. I dispensed grace prescriptions.

How about you? Does the care you are providing or will provide include spiritual care? You know where the cure for the cancer of sin is found. You have experienced it yourself. Don't get too busy to do the most important thing: sharing Jesus.

Editor's Note: Jesus, MD by Dr. David Stevens is available on Amazon or in the [CMDA Bookstore](#). If you haven't learned how to effectively share your faith.

Carpe Diem!

by Stan Key

Scripture reading: Isaiah 43:16-21

"Therefore, if anyone is in Christ, he is a new creation; the old has gone, the new has come! (2 Corinthians 5:17, NIV 1984).

Many years have passed since I was a student in Mrs. Gilbert's third grade class. However, I can still remember my feelings of terror when she would stand before us and say, "OK class, please clear your desks and take out a blank sheet of paper and a #2 pencil." We were about to be tested. It seemed that my entire future was wrapped up in that blank sheet of paper before me!

Now that I am in my sixth decade of life, I am seldom presented with a blank sheet of paper. Most of the pages of my life have already been filled...in ink. As I look over what is written, I find many reasons for joy and gratitude. God has led my life and blessed me in so many ways. However, there are some pages I deeply regret. How I wish I could rewrite them. Oh, to be eight years old again and have a blank sheet of paper before me!

Have you ever wished you could live your life again? What would you do differently if you had a blank sheet of paper before you? I have amazing news. This morning God Himself is offering you a fresh start. You *can* begin again.

"..unless you change and become like little children, you will never enter the kingdom of heaven" (Matthew 18:3, NIV 1984).

One of the characteristics of childhood is that all things are new. Virtually all pages are blank. Life is all about doing things for the first time. When I was eight, that thought terrified me. Now that I'm much, much older, it fills my heart with longing.

The first lines of Dante's *The Divine Comedy* express a deep desire to find a way to start fresh:

"Midway along the journey of our life I woke to find myself in a dark wood, for I had wandered off from the straight path."

Friends, if today you find yourself, like Dante, midway through life and in a dark wood, I have wonderful news for you. In Christ you have been offered a new beginning. You can start fresh. Today. Now. I'm not just talking about the day of your conversion. I'm talking about every day! In Christ, each morning is an invitation to live a new life!

Today is a day you have never lived before! It is God's gift of grace to you. As you step into this day, picture Jesus Christ Himself standing before you, "Class, I want everyone to clear your desks and take out a blank sheet of paper... *Carpe diem!* Seize the day!"

Point to ponder • Yesterday is gone forever and tomorrow is never here. Today is all that you truly have and it is a gift from God.

Prayer focus • Those so troubled by what happened yesterday or worried about what is going to happen tomorrow, that they fail to live today.

Resources

Ken Gray, Architect is a recently retired and highly experienced architect who has helped a variety of mission organizations around the world with their design needs for clinics, hospitals, churches, schools and other buildings.

- His time is volunteered.
- He covers his flight and travel expenses.
- He requests the host organization be responsible for in-country expenses.
- Typically, he develops a project to 30%+/- complete, which allows the organization to leverage his design and graphics for fundraising and/or contracting with local architect/builder to complete per that country's codes and regulations.

For more information, contact Ken at 859-619-2577 or kgray@scbarchitects.com.

HINARI brings free text online Pub-Med journal literature to you while working in the Majority World

by Dr. Bruce Dahlman

If you have ever done a short-term clinical experience or medical mission trip in a majority world country, you may have wanted to look up a journal article or done some research using

the National Library of Medicine portal. Thankfully, almost all of the world's medical publishers have recognized the huge disparity in access to journal-based evidence and realize that almost no one is able to pay the subscription rates charged.

Enter HINARI (<http://www.who.int/HINARI/en>). HINARI is a WHO-sponsored *portal* available only in low and low/middle income countries (<http://www.who.int/hinari/eligibility/en/>) that requires an application process for universities and teaching hospitals to access. Through HINARI you can access 69,000 information resources from journals, e-textbooks, etc. Here's the link to the listing of the contents: <http://extranet.who.int/hinari/en/journals.php>. Using PubMed, you find your article and the HINARI portal routes you to the publisher's website where you can download the *full text* article for free.

If you are planning long-term service, especially in a teaching or mentorship/discipleship context, this is an invaluable service. Many church hospitals have signed up since HINARI started in 2002, but some may still not have heard of it. So, when you arrive for service on your next mission trip, inquire if this service is available. If not, a teaching hospital or university can apply at: hinari@who.int.

If you have questions, contact Dr. Bruce Dahlman, Christian Academy of African Physicians at bruce.dahlman@aimint.org.

Can You Help?

A request from Susan Carter

Looking for Resource Missionaries for 2019 New Medical Missionary Training

The dates are set and the participants will soon begin registering for our 2019 pre-field classes, so I'm once again looking for volunteers to serve as resources for this new class. The main responsibility is to be available to answer questions during breaks and over meals. Having access to those just back from the field is a real encouragement and even a comfort to participants who are taking the next step. The dates for the 2019 trainings are March 13-17 and August 1-4. I'm looking for volunteers who represent various regions of the world, and I'd like both family and single representatives. Oh yes, there is one more responsibility – a

presentation on the most important lessons learned over the years. I believe the missionaries who have done this in previous years would tell you they were blessed as much as those they came to serve. We've now even had a repeat resource missionary. The volunteers will be responsible for the travel to and from Bristol, Tennessee, but food and lodging will be provided and there will be a small stipend.

Please contact Susan Carter at susan.carter@cmda.org if you might be available during this period of time.

Will You Be a Survey Participant?

Marcia Murphy is a Christian writer working on a book project that pertains to mental health and illness on an international level. She has a one-page questionnaire and is looking for volunteer participation from anyone who works in international missions. Answering the questions will only take a few minutes of your time.

Here is her thesis statement: *The author's intent is that this work will be a source of insight and healing for many and that it will equip the church to do a better job of enabling people living with mental illness to access the resources that they need for wholeness.*

Please let her know if she can send you her questionnaire. For more information on Marcia and her writing, visit www.hopeforrecovery.com. You can contact her at murphyma87533@gmail.com.



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