

ePistle

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Pearl

“‘Would you tell me, please, which way I ought to go from here?’ asked Alice. ‘That depends a good deal on where you want to get to,’ said the Cat.”

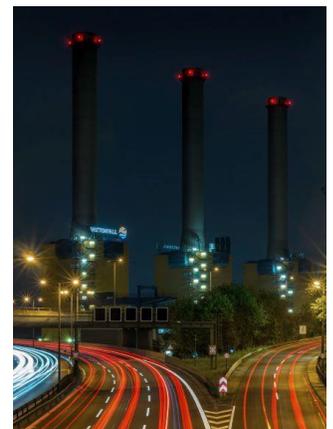
—From *Alice in Wonderland* by Lewis Carroll

“And your ears shall hear a word behind you, saying, ‘This is the way, walk in it,’ when you turn to the right or when you turn to the left.”

—Isaiah 30:21, ESV

“Maturity is when you stop complaining and making excuses, and start making changes.”

—From *The Light in the Heart* by Roy T. Bennett



“But, as it is written, ‘...no eye has seen, nor ear heard, nor the heart of man imagined, what God has prepared for those who love him.’”

—1 Corinthians 2:9, ESV

Introduction to this Issue

Today, my husband and I talked with our grandson who is applying to colleges with the possible goal of going into medicine down the road. Ever the upbeat kid, he’s excited about the future. We pray for him, knowing his many choices will bring substantial changes, challenges and consequences into his life. Often, like the Garden of Eden, we are given many good options to freely enjoy, yet inevitably those “do-not-touch” trees stand in the mix. Step by step, daily choices of obedience in the walk with God ultimately lead to the amazing unimagined garden for each one of us.

This month’s theme is *Choices, Changes*. Joni Eareckson Tada wrote a book by that title. I’ve carried the title with me throughout life and admire how Joni’s life has illustrated a positive dynamic of choices even in the face of her paralysis. Each of you can point to junctures in your lives where major decisions have to be made. We still remember pondering the various medical school options and, four years later, ranking residency choices. Yet, most important of all was the daily call to follow the light of Christ and His whispered voice: *Follow me*. Years later we faced the question: should we pursue the mission hospital opportunity in Kenya listed in the CMDA journal? We ultimately did choose that less travelled road, and *that has made all the difference*.

In this issue meet Dr. Doug Lindberg, the new director for [CMDA’s Center for Advancing Healthcare Missions](#) (formerly the Center for Medical Missions). Enjoy a chapter out of history from the life of Dr. Paul Brand who observed *that the pattern of his life bore the marks of a preconceived design, the careful intent of a Master Hand*.

In your choosing, remember you are chosen (John 15:16).

– Judy Palpant, Editor (judypalpant@gmail.com)

Seven to Two



by Al Weir, MD

“But I trust in you, O Lord; I say, ‘You are my God.’ My times are in your hand” (Psalm 31:14-15, ESV).

It is always nice to see God’s successes when you’re an oncologist. On his recent evaluation, Rob Fortner demonstrated no trace of myeloma. We had treated him with standard chemotherapy followed by an autologous stem cell transplant. After completing his exam, I asked him, “How long has it been since your transplant, two years?” He smiled, “No, it was 2013 (seven years).” I sat there stunned that time and life had passed so quickly. Nine years with all of the intense moments, all the life stories, all the joy, all the tears. Gone in a blink.

Last night I was speaking with three Christian physicians on a Zoom conference and confessed that one of my true shortcomings is I spend too little time building relationships, as I am constantly pushing to get things done. Though I have many good acquaintances, I have very few friends to whom I can open my heart because I am always focused on moving fast to accomplish good things. Good things get done, but I have missed much relationally; and seven years seems like two.

How is Christ most glorified in the way I spend my time?

I don’t know if the answer to this question is the same for everyone or for every time in our lives. I suspect there are days we should be focused on big hairy audacious goals for God, goals that provide the framework for His great redemptive plan. And I suspect there are days in which we should drop every project to spend relational time with the unexpected divine interruption walking through our door.

God is unlimited by time but has confined His children within its limits to work out His will. It is hard to know how best to spend it. Perhaps God demonstrated the best model for our use of time when Jesus was placed within the same constraints. Though there were incredibly important large gatherings in Jesus’s ministry (Matthew 5-7), and His work of the cross was the most important project in history, almost all of Jesus’ time as human was spent sharing life and love with a very few people. I suspect we should do likewise. I suspect I would be more settled in God’s will if I focused on relationships, reducing my time on projects which honor the world, and pushing hard to complete the projects which glorify His name.

Not to worry about the past and opportunities lost—the past is God’s business. Anything good I might have done in the seven years above could have been accomplished only by the God for whom all time is the present moment.

“How many of ours and our fathers’ years have flowed away through Thy ‘to-day’ ...But Thou art still the same, and all things of tomorrow, and all beyond, and all of yesterday, and all behind it, Thou hast done to-day.”

—St. Augustine, *The Confessions*

Dear Father,

Until I reach You in glory, I am trapped in time. It is You who has so trapped me. Help me to use more of it for good relationships and less for good projects, unless You tell me otherwise.

Amen

The Snowball Effect

by Doug Lindberg, MD

Imagine standing at the top of a hill. It is blanketed with a foot of fresh snow. (This is a stretch for those of you living and working in warmer climates.) Scooping some into your hands, you shape a small snowball. You put it on the ground and gently nudge it forward. Its mass and diameter start to expand. After several revolutions, subtly at first, the snowball starts to roll more and more easily, until it eventually starts to move on its own down the hill. It picks up both size and speed as the downhill journey continues. It reaches a point where, unless you were to take drastic measures to stop it, it's going to keep careening downwards. What began as a few individual flakes packed together with intention is now carrying momentum that far outweighs the strength of the snowball maker. And it won't stop until it reaches the bottom.

The Snowball Effect is reflected in our choices as well, for better or for worse. I can certainly think of times in my life when bad choices snowballed into bad situations. I think of the "white lie" I told my Dad when he asked the 10-year old version of me if I'd taken the dog out. I told him yes, not knowing it had snowed the night before and that a virgin snowfield lay undisturbed in our backyard. He returned a minute later and asked why there weren't tracks in the snow. The Snowball Effect kicked in. I was in deep, but dug deeper. I told him it must be a pretty windy day to blow all those tracks away. He was not impressed, and a grounding ensued. My small lie snowballed to a bigger one which then led to significant consequences.

James 1:14-15 says: "But each person is tempted when he is lured and enticed by his own desire. Then desire when it has conceived gives birth to sin, and sin when it is fully grown brings forth death" (ESV).

This passage points out the cascade effect of sin. It isn't pretty. It ends in death. The rolling snowball can have dramatically negative repercussions. Like when a slightly adjusted expense report snowballs into a prison term for embezzlement. Or when indulging in lustful glances and thoughts leads to a pornography addiction, adultery and a broken marriage. Or when the occasional beer after a long day at work leads to killing three people in a drunk driving accident. Or when the extra bowl of ice cream night after night contributes to diabetes, a heart attack, and painful neuropathy. At the outset, when taking the first step down these roads to death or destruction, we too often ignore the possibilities of what could happen if the snowball develops momentum that overcomes our resistance. And often we don't recognize when momentum has been generated that overpowers our ability to overcome it. But these things happen. And when they do, look out below.

That said, all snowballs rolling down the hill aren't bad! We can also see positive choices compound. A thriving devotional life, healthy lifestyle choices and living generously can all become more natural and even almost irresistible over time, when we intentionally foster these disciplines.

2 Peter 1:5-8 reads, "For this very reason, make every effort to supplement your faith with virtue, and virtue with knowledge, and knowledge with self-control, and self-control with steadfastness, and steadfastness with godliness, and godliness with brotherly affection, and brotherly affection with love. For if these qualities are yours and are increasing, they keep you from being ineffective or unfruitful in the knowledge of our Lord Jesus Christ." (ESV).

These traits and attributes build upon one another. As we put our minds and hearts towards growing in one area, progress in the others often follows.



And the Snowball Effect most definitely applies when the Lord calls us into serving Him in healthcare missions. But which way will you push the snowball? Will you start making small, subtle choices that lead you away? Examples might include not meeting with your accountability partner, checking out Zillow to see homes that you could probably afford if you had a full doctor's salary, spending more time on social media than you know is healthy, hearing out a bit of gossip about a coworker or saying yes to another short meeting or small project even though you know your family needs you at home and you're already overextended. All might seem like harmless little steps. They might be done to escape, because you're busy, or even because they seem to fit with why you're there. But these choices can help generate little pushes, which can, over time, generate significant momentum away from your calling.

On the other hand, seemingly small decisions can keep the flame for living missionally burning brightly and roll your snowball in an entirely different direction. Decline a training program on your Sabbath even though it sounds interesting. Pray for and with your staff and patients. Have tea with a colleague instead of spending the break on your phone. Listen to an inspiring story of God's faithfulness. Take a nap. And most importantly, regularly spend time with Jesus and allow Him to permeate your heart and mind. Tending to your soul, caring for yourself, showing love to others and nurturing your relationship with Jesus can keep you barreling down the hill in the direction of the life and service to which He is calling you. It almost certainly will still take unpredictable twists and turns, but stacking good choices on top of good choices can help us to be positioned to withstand the unexpected.

As I start this new role as the Director for CMDA's Center for Advancing Healthcare Missions, it's my prayer that we can work together to build God's kingdom and serve His children through the amazing missional opportunities that our medical skills allow to open for us. Let's each faithfully make the small choices this very day that will keep us on that path. And let's see what sort of Snowball Effect the Lord has in store for us as we obediently follow His lead!



Doug is the new Director for the Center for Advancing Healthcare Missions at CMDA. He is a family physician, and he and his wife Ruth served as missionaries in Nepal, where he served as medical director at a small mission hospital. They have been back in the U.S. since 2013, when they returned from Nepal for what was intended to be a one-year home assignment. During that time, Ruth was diagnosed with stage IV carcinoma of unknown primary, which later was found to be endometrial cancer. She is now miraculously cancer free for over five years. They had been praying for ways to re-engage vocationally with healthcare missions and are absolutely delighted to step into this opportunity with CMDA. They now live in Milwaukee, Wisconsin with their two children Maddie (11) and James (8).

Surprise in a Primitive Medical Setting

by Theo E. Beels, MD

This story took place overseas in a country with anti-conversion laws. Because of this, some non-essential details have been changed or omitted.

S., a 14-year-old girl, was admitted to a medical school associated hospital, a five-hour drive from our mission hospital. Her admission diagnosis was bacterial meningitis, with the additional complication of ARDS (acute respiratory distress syndrome), a condition that is often fatal even in a sophisticated environment. She was promptly transferred to their ICU, intubated and placed on a ventilator.

After a day, the family asked to take her home. It is not clear if that was because they had given up hope or because they realized that the expense of staying there would be prohibitive. Her breathing tube was removed, and she was discharged.

One day later, they changed their mind and brought her to our mission hospital where we do not have the facility for long-term ventilatory support. She was critically ill and febrile, and she had a very low blood pressure. She was admitted to our “critical care unit” (a general ward bed next to the nursing station) and treated with IV antibiotics, maximum oxygen by mask and blood pressure support with dopamine.

The evening of day three at our hospital, I was on call. Even though it was not yet 9 p.m., many patients were asleep, relatives scattered on the floor sleeping on blankets. The nurse told me that S. had not produced urine since 3 p.m. I went to check on her and found her restless, fighting for every breath. Her urinary catheter bag was empty, her systolic BP barely 60 on a maximum dose of dopamine and her oxygen saturation very low. Her father and mother were sitting next to her with anguish on their faces, holding her hand and stroking her sweat covered face.

Usually I do a pretty good job separating myself emotionally from my patient's suffering, but this night it didn't work. I checked what I needed to monitor as I fought back tears. Then I sat down with them and asked permission to pray in the local language for healing in the name of Jesus, which was granted. I have to confess that I prayed with much doubt in my heart.

I had the next day off, but I did go over to look at the chart. The intern had written: "doing better than previously, sitting by herself, eating food." We referred her to pastoral care for ongoing prayer and family support.

Eight days after admission. S. was discharged with a smile on her face! I said goodbye with the words, “The Lord Jesus has healed you!”

One can never prove that all of this was not coincidence, but it's distinctly unusual for a patient with respiratory, circulatory and renal failure to survive, especially in our primitive medical setting.

The blind man said after his healing, "One thing I do know. I was blind but now I see." (John 9:25b, NIV).

One thing I know: S. was on the brink of death. Now she is walking home. Praise the Lord!



Dr. Theodor Beels is a retired internist who lives in Grand Rapids, Michigan with his wife Elisabeth. He attended medical school at University of Utrecht in the Netherlands. He completed both family medicine and internal medicine residencies in the Netherlands, and also an internal medicine residency in the U.S. at Blodgett/St. Mary's Hospital in Grand Rapids. In addition to several short-term missions trips, he served for six years with United Mission to Nepal at their facilities in Kathmandu, Okhaldhunga and Tansen. He remains active in prayer ministry and serves as an elder at his church.

The Pivotal Place

by Eugene Peterson

The ship to Tarshish was headed for the western horizon—limitless expanses of the sea with the lure of the beckoning unknown through the Strait of Gibraltar and beyond. The gates of Hercules, Atlantis, Hesperides.

Jonah, heady with this potent elixir, had been sailing with the sea breeze in his hair and the salt tang in his face. A sudden storm changed all that, and he found himself instead in the belly of a gigantic fish.



This is the center of the story, the pivotal place where Jonah turned to God. This is where he became what God had called him to be. And it's where you and I become what God has called us to be.

We become what we're called to be by praying.

And we start out by praying in the belly of a fish...a place of confinement, a tight, restricted place. The belly of a fish was the unattractive opposite to everything Jonah had set out for. The belly of a fish was a dark, dank, disgusting cell. But it was where Jonah's life was turned around. And it's often where our lives are turned around, too.

What we want is a five-star hotel by the sea and a room with a view overlooking it. An ideal place to commune with God. Quiet, restful, serene. What we're given is a sinking ship in an unrelenting storm, where we're tossed overboard into an unmerciful sea, where we're swallowed whole by a claustrophobic set of confining circumstances.

In the hotel we can call anyone we want for assistance—the maid, the maitre d', the manager. In the belly of the fish, there's only one call we can make—and that's to God.

—Eugene Peterson in *Conversations* (NavPress 2007)

A Missionary Surgeon's Difficult Decision

Editor's Introduction: A missionary surgeon makes tough choices every day both inside and outside the operating room. Here is a page from medical missions history (circa 1951) about [Dr. Paul Brand \(1914-2003\)](#), missionary surgeon in Vellore, India. He was a pioneer in developing tendon transfer techniques for use in the hands of those with leprosy. The following story reveals just one of the countless decisions he had to make.

One of Paul's hardest tasks was to refuse surgery to the crowds of people who soon began coming. With only a few beds he was obliged to select those for whom he thought he could do the most good. This meant rejecting others, like John Partharsathy.

John, who had been one of the free patients at Chingleput, was middle-aged and almost blind. When he came begging to have his claw hands opened, Paul had to say, "John, I'd love to be able to help you, but we just can't. We have so many able-bodied young men coming for surgery! Your hands would take a lot of time, because they're very stiff. And suppose we did open them out, how could you use them? If you can't see or feel--"

"But, doctor," the old man persisted gently. "I have a great desire to bring some happiness in return for all that's been done for me. He hesitated, then continued modestly, "I believe I could bring music to people."

"What kind of music, John?"

"Well, I used to be able to play the organ, and I'm sure that if you could open my fingers, I could play again."

"Without being able to feel or see?" Paul had to be brutally honest. "I'm sorry, John, but how could you possibly play?"

The clawed hands crooked in a beseeching gesture. "I know how you feel, doctor, but—please just give me a chance."

Unable to resist the plea, Paul relented. With great misgivings he operated on John's hands. The surgery and therapy were moderately successful.

"Now—let me go to an organ," John pleaded.

An old pedal-operated harmonium was located, and John was led to it. Putting out his hand, he could not even feel the instrument, but Paul backed him to a stool and helped him sit down. His nerveless hands caressed the keys. A few squeaky little sounds emerged.

“It’s like a broken dream,” thought Paul, glad the sightless eyes could not see his instinctive pity. Again, the fumbling hands moved—and discord filled the silence.

Then suddenly the organ swelled, not merely into melody but into the full harmony of the glorious hymn, “Jesus Shall Reign Where-er the Sun.” And as the music came flooding out of the crude little box there spread over the uplifted face, an ineffable smile of peace and satisfaction. Paul almost wept.

John’s dream was to be richly fulfilled. As organist at a mission leprosy sanatorium in Dichpalli, he was to create harmony not only at Sunday services but during the weekdays, bringing cheer to any patient who might care to listen.

But dozens with equally potent dreams [like John’s] had to be turned away.

Excerpt from *Ten Fingers for God* (pages 133, 134) by Dorothy Clarke Wilson, published in 1965 by McGraw-Hill Book Company

Announcements

1. Please note there will be no *e-Pistle* or *Your Call* sent in December. We will resume in January. Merry Christmas!
2. The Global Missions Health Conference (GMHC) is rapidly approaching (November 13-14), and it is fully virtual this year. Don’t miss this opportunity to learn from an amazing panel of speakers and seminar leaders and to network with ministries and colleagues. <https://www.medicalmissions.com/events/gmhc-2020-25thanniversary> And it’s not too early to be thinking of GMHC 2021! If you’re interested in leading a breakout session at next year’s gathering, click this link for further information: <https://www.medicalmissions.com/events/gmhc-2020-25th-anniversary/downloads>.
3. Remedy is coming! Remedy West is a CMDA conference focused on the mission of bringing God’s remedy to the world via healthcare professionals. We’ll be fully virtual this year, so make plans to attend on January 9-10. Registration details will be available soon at remedy.cmda.org.
4. We are working to develop a Virtual Speakers Bureau for groups that would like to hear from someone involved in healthcare missions. We are targeting student groups, but this could potentially also include other demographics as well such as residents, local CMDA chapters, church groups, etc. In-person availability would be appreciated as well if you’re in the U.S. and are so willing. Please contact doug.lindberg@cmda.org if you’d like more information or are willing to serve in this capacity.
5. The Samaritan’s Purse / World Medical Mission Post-Residency Program (a funded program through Samaritan’s Purse for two years) is designed to be a bridge for Christian physicians and dentists completing residency. The program’s goal is to fund and excel their journey to a career in full-time medical missions immediately after residency. Applicants apply to the program in the year prior to the final year of residency or completion of dentistry training. If you know of any resident physicians or dentists who believe God is calling them to long-term missions and who might be interested, they can email postresidencyprogram@samaritan.org.
6. A group of cross-culturally experienced Christian physicians trained in psychiatry, counseling and coaching are ready to come alongside healthcare professionals at the global frontlines of the COVID-19 pandemic to provide Personal Pandemic Support (PPS). Self-care is always critical, and all the more so in the midst of these turbulent times. Services available:
 - GRC-Godspeed Resources Connection: <https://www.godspeedresources.org/pps> Connect with an MD for brief consultation and counseling. Starting here is particularly helpful if distress makes it harder for you to function or to concentrate.

- CMDA's Center for Wellbeing: www.cmda.org/coaching Connect with a CMDA life coach to improve balance in hard times, build strength in a certain area and address spiritual concerns. You can also find general resources for coping with the impact of the pandemic at www.cmda.org/wellbeing.
- A collection of resources specifically for global healthcare workers compiled by Global Worker Psychiatry Council members can be found at [COVID 19 RESOURCES FOCUSED ON EMOTIONAL HEALTH](http://www.cmda.org/wellbeing)
- Other resources are at <http://www.traumaresilience.com/pandemic-resilience-resources.html>, including a blog with Laments, Psalms, and Contemplations relevant to the pandemic at <http://www.traumaresilience.com/blog>

6. Have you taken advantage of our medical consultant service? If you have a patient care question that you'd like input on and you are an overseas missionary physician, please send your case summary and questions to md2ndopinion@gmail.com.

7. Equip International offers several different training modules, including a week-long course on Community Health Evangelism (CHE). If you're interested in future training opportunities, keep an eye on their website at <https://www.equipinternational.org/che>.

8. Sawbo is a fantastic patient education resource, with animated short videos on more than 40 health promotion and disease treatment topics, translated into over 30 languages. There are also other groups of videos including agriculture and economics. These would be great on a loop in a patient waiting area, or they could be used in education or community health settings. <https://sawbo-animations.org/health>

9. Medshare collects medical equipment and supplies, sorts and refurbishes it, and makes it available for shipment almost anywhere in the world. If accepted as a partner, all you pay is the shipping cost. <https://www.medshare.org/>