How Do You Spell RELIEF?

by David Stevens, MD, MA (Ethics)

Transforming the lives of disaster victims through relief work

Back in the 1970s when school children were asked, “How do you spell relief?” they responded “R-O-L-A-I-D-S,” demonstrating just how effective Johnson & Johnson’s advertisement campaign with that slogan had been. Unfortunately, relief is a much more desperate issue than acid indigestion. I know. I’ve been there.

The first day I led my healthcare team into war-torn Mogadishu to help deal with insurmountable medical needs is still vivid in my mind. There had been no effective medical system for years in chaos-plagued Somalia. There wasn’t an open hospital or pharmacy in the entire city. The electrical system wasn’t working. People were drinking filthy water. Children hadn’t received immunizations in more than a decade. Famine had compounded health problems exponentially. If that wasn’t enough, you couldn’t go anywhere without armed guards. Gunfire and explosions were a constant background noise as firefights broke out throughout the city.

I had carefully chosen our first service site as a refugee camp that had a fence, armed guards and a staff that could help with crowd control. I briefed the team extensively, urging them to see each patient quickly for their most acute issue. Each diagnosis needed to be made with only a brief history and physical as we had no lab or x-ray. “Remember, common things are common,” I said, “but uncommon diseases are common here.” Then I taught them about those uncommon diseases.

We discussed how we were going to use tables, folding chairs and rope barriers to keep people in line. We pre-packaged “unit dose” medicines that used symbols of the sun throughout the day to tell our patients how to take them. And we prayed—continuously.

More than 1,000 people waited for us when we arrived with only three diagnosticians. We set up quickly in the already hot early morning sun. In the high humidity, it seemed that the only function of our sweat was to hydrate the myriad of flies that swarmed us. As we dived into our work, it felt like we had plunged into a dustbowl as the crowd stirred up the inch thick dust on the ground.

We worked hard and fast, taking only five minutes at lunch to drink a soda and wolf down a peanut butter sandwich. Then back to more and more patients. Malnutrition, pneumonia, measles, untreated gunshot, worm infestation, malaria, severe unexplained anemia, whooping cough, infected wound—it was an endless index of diseases from a pathology book.

The sun grew low on the horizon and we were exhausted. I had seen almost 200 patients and we were well over the 400 mark as a group, but more people waited to be seen and they were growing restless.

A mother pressed through the crowd, begging me to see her coughing child. A man elbowed his way forward and pleaded for someone to take care of his emaciated wife. Two young men shoved people out of the way to bring a
stretcher forward. Then order evaporated and chaos reigned as the crowd surged through the barriers and threatened to mob us. Fearful for our safety, the camp leaders waded in and began beating the desperate people back with long rattan canes. It wasn’t the picture you wanted to put in a financial appeal letter!

I grabbed my translator and we climbed up on my exam table. I had an armed guard shoot his AK-47 into the air to freeze the melee and then told everyone that we would be back the next day to see all those that we hadn’t seen. The ruckus calmed down and people slowly began to disperse.

That night as I lay in my bed, I realized I had glimpsed what it must be like for Jesus. Can you imagine the demand for your attention if the sick could simply touch you and be healed? I doubt the disciples were experts in crowd control! Yet Jesus showed profound compassion in the midst of chaos, ministered to the person in front of Him and then took the time to introduce that person to His Father.

Providing medical relief is challenging and stressful. You work beyond your expertise, available equipment and comfort zone in dire conditions serving desperate people. In the midst of chaos, you have to not only survive but help others survive as well. Yet it is one of the best opportunities to demonstrate Christ as you do what He did.

How do you spell relief? As a CMDA member, you can now begin spelling it G-H-R—the acronym for Global Health Relief—CMDA’s newest ministry.

I considered starting this arm of our ministry soon after I joined CMDA. Gene Rudd and I were both familiar with this type of work. We had previously started medical relief work for Samaritan’s Purse, leading teams into wars, famines and natural disasters in Bosnia, Somalia, Sudan and Rwanda. Gene was the first doctor to reach into Kigali and he opened the city’s main hospital even while the genocide was still occurring in the country.

But we didn’t start doing relief work at CMDA at that time because I knew how relief work can consume an organization. You have to be able to turn your staff around on a dime to respond to a crisis; in doing so, CMDA could easily neglect its primary mission. As challenging as it can be to provide crisis healthcare, I knew that wasn’t the hardest part. Instead, the biggest problem was logistics. How do you transport, house, feed, water and equip your team while keeping them safe all at the same time? How do you communicate in your service area and back to your home base? Those things are not only difficult in a disaster, they are expensive. You need a core team that is on the ground on a long-term basis to develop relationships with the United Nations and other relief groups. Your most experienced leaders have to understand the local culture, politics, security issues and real healthcare needs. To that core group, you add a constant stream of short-term professional volunteers to help you for a week or two at a time.

So I said to myself, “Not now.” I still thought it might happen one day because CMDA has such a rich reservoir of doctors as well as great relationships with nurses, physician assistants, pharmacists and other Christian professional organizations. We have a huge missionary cadre with many leaders who have a broad experience in short and long-term missions. What if we could solve the logistical issues?

And then God said, “Now!” It happened in the shower. I don’t know where you think the best, but for me, it’s in the steamy atmosphere of a shower with water hitting my head! The thought came, “What if we didn’t have to do all the logistics? What if we could partner with another group?”

As I pondered, it hit me. What group is at every relief situation and shares our Christian convictions? What group is an expert in logistics? Of course! It is the Salvation Army, an organization with corps in 150 different countries. I happen to personally know the former U.S. commander Commissioner Israel Gaither (who will be speaking at our national convention this year).

So God began to work through emails, personal visits and prayer. The two organizations are now ready to work alongside each other. CMDA can provide the medical teams needed to meet urgent needs, while the Salvation Army can help with the logistical support we desire. Together, we can be much more than the sum of the parts, and that is how the best partnerships work.
So the next time you hear about an international relief crisis, pray and ask if God wants you to be involved on a short-term basis. If so, give us a call. Be assured you will be working with seasoned leadership with a wealth of experience from around the world. Know that your efforts will make a difference not only medically but in bringing the gospel into difficult to access areas. Realize that you will have the opportunity to be Christ to desperate people in a difficult situation, and that God will give you more through the experience than you will give to others.

Will it be challenging? Yes! Will it be lifesaving? Of course! Will it stretch you professionally and spiritually? Absolutely! God teaches us our greatest lessons when we are exercising our faith the hardest.

And pray for this effort. Pray for safety, wisdom and effective ministry, not only medically but more importantly spiritually. We want to build God’s kingdom as we meet people at their greatest point of need.

How do you spell relief? G-H-R—Global Health Relief! ♠

If you would like to learn more or be contacted as relief situations arise that need your expertise, go to www.cmda.org/ghr to register to be on our “on call” list. Knowing of your interest will allow us to inform you quickly.

David Stevens, MD, MA (Ethics), serves as the Chief Executive Officer for the Christian Medical & Dental Associations. From 1981 to 1991, Dr. Stevens served as a missionary doctor in Kenya helping to transform Tenwek Hospital into one of the premier mission healthcare facilities in the world. Subsequently, he served as the Director of World Medical Mission, the medical arm of Samaritan’s Purse, assisting mission hospitals and leading medical relief teams into war and disaster zones. As a leading spokesman for Christian doctors in America, Dr. Stevens has conducted hundreds of television, radio and print media interviews. Dr. Stevens holds degrees from Asbury University, is an AOA graduate University of Louisville School of Medicine and is board certified in family practice. He earned a master’s degree in bioethics from Trinity International University in 2002.

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