

Your Call

Keeping you focused on God's call for your life

An e-newsletter encouraging and equipping you for a career in medical missions



Center for
Medical Missions
A ministry of Christian Medical & Dental Associations

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Welcome to this issue of *Your Call*. It seems like a long time since we've connected, as the last time was October. I trust you had a wonderful Christmas with family and friends and that your 2018 has gotten off to a great start. For those of you returning to training, I pray this will be a great semester.

I'm gearing up for a busy spring, as I'm already working at preparing for our next [New Medical Missionary Training](#) (March 15-18) and our new [Remedy Conference](#) (March 23-24). You will learn more about both as you read further.

Did you stop by the Center for Medical Missions booth at the Global Missions Health Conference in Louisville? I hope you did if you were there. I said "hi" to a lot of people but not as many as usual. Remember this conference is always the second weekend of November. You can find many sessions from previous conferences at www.medicalmissions.com.

Are you planning an international rotation at a mission hospital in the future? It is wise to start making those arrangements at least a year in advance. Remember our [International Rotation Handbook](#) could be a great asset. There is also a handbook for nurses and nursing students at the same link.

We also have scholarships for international rotations. Learn more at www.cmda.org/scholarships.

Remember I am available to answer questions or at least try to if you think I may be helpful. Contact me at susan.carter@cmda.org.

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All for The Call

by Rev. Stan Key

"...God called to him out of the bush, 'Moses, Moses!' And he said, 'Here I am'" (Exodus 3:4, ESV).

Few people have had greater influence on the course of human history than Moses. The legal profession, government, ethics, the arts, architecture, literature, liturgy and the rise of monotheism are all profoundly impacted by this solitary Jew who lived more than three millennia ago. How does one explain such an extraordinary life? The answer lies in Moses' call. He was not *driven* by personal ambition; rather, he was *called* by God. His example reminds us that our lives will ultimately find their significance, not in the forces that drive us, but in the Voice that calls us. Oswald Chambers explains it like this:

The call of God is like the call of the sea, or of the mountains; no one heard these calls but the one who has the nature of the sea or of the mountains, and no one hears the call of God who has not the nature of God in him. . . .

Scripture is full of examples of men and women who changed the world because they heard this call and stepped out in faith to follow wherever God would lead them. Abraham, Moses, Samuel, David, Peter, Paul, etc. gave all for the call. At first the call was vague and indistinct. But as they followed in obedience, the purposes of God became more and more clear, gloriously clear!

The call of God only becomes clear as we obey, never as we weigh the pros and cons and try to reason it out. . . . As long as we insist on having the call expounded to us, we will never obey; but when we obey it is expounded, and in looking back there comes a chuckle of confidence – “He doeth all things well.” (The Complete Works of Oswald Chambers)

At the risk of oversimplification, two basic realities undergird every call that is from God:

- **It is a call to a journey more than it is to a destination.** “Follow me,” Jesus said to His disciples. It astounds me that no one in that original band of brothers paused to ask, “Excuse me, Jesus, but *where* are we going?” Many have misunderstood their calling in life because they have somehow concluded that the destination was more important than the journey! Our calling is first of all to simply walk with Jesus, to walk where He walks. As we journey with Him, we automatically begin to discover where He wants us to go and what He wants us to do.
- **It is a call to a relationship more than it is to a task.** When God's call is understood in terms of what we do rather than in terms of who we are, we begin to go astray. Though God's call on our lives will inevitably lead us to involvement in various functions, roles and actions, the essence of our calling is not there. Rather, the call is an invitation to intimacy with God. “Follow me,” is not just about a journey. It is about a relationship with the One who calls. Those who are called, like Paul, will always summarize the meaning of life in these words: “*that I may know him*” (Philippians 3:10, ESV).

Friend, are you driven or called? If you find that you aren't sure how to answer, then perhaps it is time to slow down and reflect deeply on the real meaning of life. Maybe the real question is not, “Are you called?” but rather, “Are you listening?”

“You did not choose me, but I chose you and appointed you that you should go and bear fruit and that your fruit should abide...” (John 15:16, ESV).

“Calling should not only precede career but outlast it too. Vocations never end, even when occupations do. We may retire from our jobs but never from our calling. We may at times be unemployed, but no one ever because uncalled.”

—Os Guinness

Point to Ponder: Are you called or driven?

Prayer Focus: Those wandering in meaningless circles.

Announcing Remedy

A new CMDA medical missions conference will be held in Orlando, Florida at First Baptist Orlando on March 23-24, 2018. This inaugural event’s plenary speakers are Michael D. Johnson, MD, FACS; Rebekah Naylor, MD, FACS; Val Tramonte, MD, and David Stevens, MD, MA (Ethics). In addition to our lineup of plenary speakers, we’ve gathered together a variety of breakout sessions with some of today’s foremost leaders in healthcare missions—both domestically and internationally.

This is the first of the multiple medical mission conferences at different sites meant to extend the impact of what has been taking place in Louisville.

Visit www.cmda.org/remedy to learn more and to register.

Final Call – New Medical Missionary Training

CMDA’s Center for Medical Missions is hosting its next New Medical Missionary Training on March 15-18, 2018 in Abingdon, Virginia, which is just a few miles from CMDA’s Bristol, Tennessee headquarters. This training includes information that new medical missionaries will not get anywhere else. Sending agencies do a great job with general orientation, but this training is specific to medical missions. If interested, you can learn more and register at www.cmda.org/missionarytraining. Do note, that while the training will start Thursday morning, participants will need to travel on Wednesday. For questions, contact Susan at susan.carter@cmda.org.

Non-Traditional Medical Missions

by David Stevens, MD, MA (Ethics)

Traditionally missionary physicians and dentists have served in mission hospitals in developing countries. Though that need still exists, that is often not a practical methodology in many unreached areas of the world that are resistant to the gospel. Most of these are in the “10-40 Window,” the rectangular area of North Africa, the Middle East and Asia between 10 degrees north and 40 degrees north latitude. The countries are predominantly Muslim, Hindu or other religions that are not only resistant but also often antagonistic to Christianity.

Mission organizations often send “marketplace” missionaries into these areas who do teaching, business or other trades as a reason to be in the country. They then build relationships with local people, with the ultimate goal of sharing the gospel discipling converts and teaching them relationship evangelism. The problem is these missionaries are often found out and then thrown out of the country by government authorities.

Healthcare missionaries are “marketplace” missionaries as well. They come with healthcare as their ministry as well as their ticket to get a visa to live in a difficult-to-access area. The difference is that in many needy countries, even if they are found out they are not as readily thrown out. The country officials allow them to stay because their skills are so needed.

There are a handful of mission hospitals in some of these countries, but they are few and far between. Officials may think they can contain the Christianity these missionaries bring by concentrating them into an institution, so they are not getting out as readily into the community. Of course, hospitals are much more expensive to develop and run. In reality, they are substantial businesses with staff, payrolls, maintenance, purchasing, accounts payable, infrastructure requirements and much more. It takes a lot of staff, management and administrative effort to make them successful.

Increasingly, healthcare missionaries are taking other non-traditional approaches in these countries. I know a doctor who uses a house call approach. He goes door to door in villages offering his services to families. He is readily invited into homes to provide care, while follow-up visits enable him to build friendships that lead to opportunities to win people to Christ. After a few key converts form a self sustaining “house church,” he moves on to the next community.

One of my children and her family are missionaries in a difficult-to-access country. They are part of a medical team that spends a minority of their time providing healthcare, while the majority of their time is spent visiting their neighbors and making friends in the market or with business owners in their town. They invite neighbors into their home and visit their homes regularly. At any one time they have different families in all stages of the process from relationship building to Bible storytelling and from conversion to discipleship. Like growing a vegetable garden in an infertile area with poor rainfall, it takes extraordinary effort and time to get a harvest. That is true in these difficult-to-access areas, but it is worth it if self-replicating disciples are the result.

Adults and children respond best to psychosocial teaching methods (storytelling, dramas, pictures and proverbs) that are bathed in the warmth of relationships. You may need training in how to do that well. One group I recommend is [TOAG](#) – “Training Ordinary Apprentices to Go.” They have a nine-month apprenticeship where you continue to work at your “trade” for support but spend 15 hours a week growing in your faith, building relationship with Muslims and learning effective storytelling techniques for relating Bible stories. Hundreds of missionaries, including those in healthcare, have gone through this training. Check it out. You could practice healthcare while living with a community of missionary believers learning and growing together.

Speaking of storytelling, that is called the “Orality Movement” in missions, which teaches missionaries how to use the power of Bible stories to share the gospel. Muslims are very open to Old Testament

stories, which can be used as bridges to share the Good News of the New Testament. [Global Impact Missions](#) specializes in teaching orality methodology, and there are other good training organizations as well.

These methods are a slow process, but they are more successful. The key to their success is the multiplication principle they employ so they can expand exponentially as each convert evangelizes and trains other to do the same. The key in all missions is to indigenize evangelism and church planting efforts to assure longevity and enculturation.

Another way to get the gospel through healthcare missions into difficult-to-access countries is through medical or dental education. I know a couple that is going overseas to start a residency program in a new medical school in Northern Iraq. They will have opportunities to share their faith with their faculty colleagues, neighbors, students and even government officials in the Ministry of Health with the bridge of the high level of respect they will enjoy because of their academic appointment.

Mission groups are looking at other innovative ways to use healthcare to spread the gospel. Community health programs, where volunteers are trained to go through their community teaching better healthcare practices while sometimes treating common diseases and sharing the gospel, have been extremely successful. I helped start an innovative program in Kenya that used non-financial incentives to motivate our volunteer “helpers” and the community. It did more to improve the health of the community and change the hospital disease burden of preventable diseases than anything else we did. It was a fantastic evangelism vehicle since neighbors would ask their “helper” if they had gotten a job at the hospital. When they said they hadn’t but were a volunteer, the next obvious question was, “Why are you doing this then?” They often responded that they were believers and the Bible tells them to love their neighbors. As they helped their neighbors build a latrine, construct a raised fireplace or collect water, they develop relationships and trust that led to as many as 10,000 people coming to Christ each year.

Today, there are around 1,500 volunteer Community Health Helpers in that program reaching almost 1.5 million people to transform their health and their hearts. Some of these same techniques are being adapted to work in difficult-to-access countries.

I tell my staff at CMDA that there is a better way to do everything and we need to find it. There are better ways to do healthcare missions as well, and some are being developed every day. As you reach your goal of serving overseas, you will be helping to create ways to “do it better.” That will be exciting for you and, more importantly, fruitful for building God’s kingdom.

Good? Or a Letdown?

by Dr. Shannon Potter

In my American mindset, I just couldn’t accept that it was too late. A friend of mine from Congo had traveled to Kenya for an interview for a surgical residency program, but in doing so, he was giving up his spot in Kinshasa to take an English exam required for those desiring to study in the U.S. Rather

than losing his registration fee, I had made the suggestion, before he planned the trip, to change his exam site to Kenya. It would be a fee, but not nearly as much as the registration. We both looked on the website and I made calls to Nairobi. We made plans for him to have transportation to Nairobi on the day of the test. As soon as he arrived in Kenya, he got a SIM card and called to make the arrangements, and he had money sent so he could pay the change fee. This all took several walks to the local shops, and he didn't have sufficient time to actually make the payment. On his second day in Kenya, as soon as he had a chance after his duties at the hospital, he called to arrange payment. And they said the last day to pay was the prior day. He would no longer be able to take this exam for which he had studied for months. He would forfeit his registration fee. All because he didn't understand a phrase in English that detailed the deadlines. And I was angry. I felt responsible for not rechecking. I felt responsible for recommending the interview in Kenya in the first place. I was angry.

It was also spiritual emphasis week at Rift Valley Academy. That night, as we worshiped the Lord, the words of the song stung and did not ring true.

Let the King of my heart be the mountain where I run
the fountain I drink from
Oh, He is my song

You are good, good, ohhhhh
You are good, good, ohhhhh

You're never gonna let, never gonna let me down
You're never gonna let, never gonna let me down

In fact, as the worship leader said to sing it out if we believed it, I stayed silent. I even felt tears welling in my eyes. Because even though I believe that is true for me—I've had too many Ebenezer moments that I can reflect on and see why the Lord allowed circumstances and how He redeemed them—but I did not, in the moment, trust that He would never let others down. I reflected back to our experiences in Congo. Sure, God took great care of our family as we chartered a plane away from the difficult situation and started over in Togo. But our teammates who were left, our Congolese colleagues who carried on, and the patients I wouldn't be available for.... What did God do for them? Didn't our leaving signify an event where God let *them* down? What about all the Congolese who are suffering and starving because of the political climate created by a few that has caused their money to devalue by more than 50 percent, leaving the common people without means to survive? What about them, God? What about my friend who, despite spending a significant amount to come interview in Kenya, and despite making a genuine effort to properly register, and despite his amount of studying, despite all that, he wasn't able to take the test. Wasn't He letting my friend down? No, I did not trust Him for my friends.

I was challenged the next day, as I talked to my life coach, to think of how this situation may work out in my friend's favor. I was still angry with God. I could think of very few reasons why THIS plan was better than the ones we had made. The phrases, "God is in control," and "He works everything out for good to those that love the Lord," seem trite and, frankly, unfortunate and often not true. As I prayed to the Lord, I told Him so. I told Him I was angry. My friend said, "I prefer to trust God." But I was still angry for him. It was almost a dare: "SHOW ME, GOD, HOW YOU ARE GOOD."

As I waited for it, thinking God had His work cut out for Himself this time, I was struck by a couple of sentences written in a devotional by Beth Moore on the book of 2nd Timothy.

“Not one whit of [a life] experience need be good for a merciful God to use it for good. He can rob the darkness of the gain of your pain and redeem it powerfully in the light.”

Meaning, it’s perfectly acceptable to say that life sucks sometimes. People get the raw end of a deal. We don’t have to call it good. Jesus didn’t come to heal everyone here on earth. Jesus didn’t come to make everything good now. What did He come for? He came to redeem everyone and everything. Redeem! Not that we have to say it’s good. And the second phrase that is comforting to me, in lieu of, “God is in control,” is “This didn’t surprise God.”

Although it means quite the same, it doesn’t feel the same to me. A God who is controlling painful circumstances feels different than a God who is never surprised, is prepared to redeem it, is comforting us through it until He redeems it and who has a plan to make all things new.

In this case, God was up to the task to show me how He was good. In less than two weeks, I found out that the mere fact that my friend was studying to take that exam helped him significantly in his interview as the residency program is in English. He was accepted (though not in Kenya, he will be in the equivalent surgical program in Niger!), and this means that having a test result is not necessary for him in his current career path. Rather than losing money as I assumed, he actually saved money from not paying the change fee!

I’m not suggesting we will always see the reason for difficult experiences this side of heaven, but I am comforted that even if not one bit of an experience feels good, I can long for the time when all things will be redeemed. I was reminded again of this fact while serving on Mercy Ships in Cameroon last month. I was counseling a woman with terminal cancer who had unfortunately been taken from her village from very far away to come and be screened as a fistula patient because she was leaking stool. As I shared with her that we could not help her recover and she would have this sickness the rest of her life (who knows how many days or weeks she has left), I mentioned that Jesus did not come to the earth to heal everything now, but He came so everything can be healed and redeemed for an eternity. Even if we could heal her with surgery, it would only be temporary, but trusting in Jesus brings peace and healing and restoration that lasts forever.

When I struggle with the goodness of God, the thing I cannot refute (at least haven’t been able to thus far), is that God, as a good Father, allowed His own son, who only showed love to others, to suffer. This good Father allowed His son to experience hate, betrayal and hunger, to be humiliated and beaten and to die. I haven’t been able to come up with an experience that would be worse for my own child than what a good Father allowed His son. And He did that for me, the one who is angry over an exam registration fee. Even the thought of the redemption of all the evil in the world was enough for Jesus to trust His Father. The picturing of our reunion and redemption in heaven was “the joy set before him” when He “endured the cross, despising the shame” (Hebrews 12:2, ESV). And if a good Father can watch His son suffer and use it for good, that same good Father can certainly watch the unnecessary suffering we see around the world and still be called good.



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