

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



April 2015

Welcome to this issue of *Your Call*. I'm sure many of you are anxiously waiting for the end of another school year—whether you are in undergrad, grad, professional or residency. I trust it has been a good year for you.

We are pleased to have completed our first Pre-field Medical Missionary Training for 2015. We had 21 participants at our March 19-22 training, and we are excited about how the Lord is going to use each one. This particular class will be serving in the Caribbean, Africa and Southeast Asia. I know they will appreciate your prayers as they begin this journey. I hope it won't be long before you too will spend some time with us in this training! Read on for an announcement about the two trainings taking place this summer.

I hope you will find all the articles in this newsletter helpful, but you will especially want to check out all the announcements. Interested in Pre-field Training? Interested in the Global Missions Health Conference? Interested in an international rotation and scholarship funds to get there? You will learn about all these under the "Announcements" section.

Other things you will find include:

[Big God: A Devotional Thought](#) by Rev. Stan Key

[Announcements](#)

[Blooming](#) by Dr. David Stevens

[Set Theory](#) by Dr. Phil Thornton

I hope you find this newsletter helpful. I'm always happy when I receive comments.

susan.carter@cnda.org.

Big God: A Devotional Thought

by Rev. Stan Key

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How big is your God? Isaiah's God was enormous! When he writes about his vision of the Holy One, the thing that seems to impress him the most is that the hem of his robe took up all the space in the temple. Just the hem! Think about it. The dimensions of Solomon's Temple are known to us: it was 90 feet long, 30 feet wide, and 45 feet high (1Kings6:2). Do the math. That works out to 121500 cubic feet that were filled with the lower edges of God's robe. If the hem of his garment is this big, then the one wearing the robe must tower into the clouds. Big God!

Perhaps this explains why Isaiah is considered by most scholars to be the greatest of all the Hebrew prophets. He had the grandest vision of God! No one grasped the magnitude of God's grace, the infinity of his holiness, and the vast extent of redemptive plan for the world quite like Isaiah, because no one had ever seen a God so big!

The problem with so many in the church today is not that they are worshipping the wrong God, rather, they are worshipping a down-sized, miniature version of the true God.

- His glory fills the room perhaps....but not "the whole earth." (Isaiah 6:3)
- He is holy....but not "holy, holy, holy." (Isaiah 6:3)
- His love may reach to the ceiling... but not "to the heavens." (Psalm 36:5)
- His faithfulness may last until the benediction... but not "through all generations." (Psalm 100:5)

Is your God big enough? Is he adequate for the trials and disappointments in life? Have you faced the giants of this evil world, you feel like a "grasshopper" (Numbers 13:33).

Here's the rub. If your God is small, then you will be small too. If your God is petty and vindictive, well, you will be pretty and vindictive too. But if the God you worship is holy, holy, holy, if he is love, if he is light... well, by definition, you will become more like him. This is why true worship of the true God is so important. We become like the One we worship. Even a man like Ralph Waldo Emerson understood how it works.

The Gods we worship write their names on our faces; be sure of that. And a man will worship something
That which dominates will determine his life and character. Therefore it behooves us to be careful what we worship for what we are worshipping we are becoming.

If you are feeling small and insignificant, if your life is characterized by doubt, discouragement, and recurring defeat, I think I know the problem. Your God is too small! Open your eyes. God wants to reveal himself to you through the Word and worship. Stop worshipping your tiny concept of God and worship him *as he is!* Give God the courtesy of allowing him to define himself. If you could just get a glimpse of the hem of his garment, you would never be the same again.

Announcement

Pre-field Medical Missionary Training

The Center for Medical Missions will be hosting two Pre-field Medical Missionary Training sessions this summer. The first will be July 16-19 (arrival on the 15th) and the second will be July 23-26 (arrival on the 22nd). The first session will be in Abingdon, Virginia and the second at CMDA headquarters in Bristol, Tennessee. If you will be heading to the field for full-time ministry between now and July 2016, you are invited to participate in either one of these sessions. The sessions will be the same, we have just had enough participants in the past to warrant two conferences.

If you are interested in either conference you can learn more at www.cmda.org/orientation. For questions, please contact me at susan.carter@cmda.org.

Global Mission Health Conference

Registration is open for the Global Missions Health Conference that will be held at Southeast Christian Church in Louisville, Kentucky on November 5-7, 2015. You'll want to register as early as possible for the cost savings. Remember, housing is available for students. www.medicalmissions.com

International Rotation Resources

If you are planning an international rotation, CMDA has some valuable resources that could be a big help to you. The international rotation handbook will help you prepare for such an experience and will even give you contact information on sites that are available. You will find it at www.cmda.org/internationalrotations. Also, if you need some financial help to make such an experience more likely, CMDA offers some scholarships to assist you in achieving your goal to serve in a mission hospital. You can learn about all the scholarships CMDA offers at www.cmda.org/scholarships. Note that they are specific to how far along you are in your training. If you have any questions, contact me at susan.carter@cmda.org.

Blooming

By David Stevens, MD

It is spring, but I confess I'm not as happy about it as usual. Yeah, the days are getting warmer and the redbud trees are putting out bursts of scarlet against the green of new leaves. The sun is shining a lot more, so that means I'm not putting on sweaters in the mornings anymore. In fact, it is about time to store them in the attic. I've already mowed the lawn for the first time, and I enjoyed the smell of new shorn grass before I sprayed for some pesky weeds and wild onions.

But I'm not as joyful this year as I usually am. Instead, I'm a little remorseful because I didn't do something in February that I normally do every year. That is when I plant hundreds of perennial and annual flower seeds in peat pellets and then put them under lights on low tables down in my basement to grow. With occasional watering, little shoots of green pop up a few weeks later and, over the next two to three weeks, grow into strong seedlings that my wife Jody and I transplant outside into our English flower garden in front of our house. In early summer it becomes a panorama of colors and shapes!

But I didn't do that this year because I was traveling to speak in Thailand in February at the continuing education/spiritual

renewal conference was held each year for healthcare missionaries serving around the world. It was a wonderful time as 550 missionaries mainly from the Far East gathered for 10 days with their families to learn and be renewed. And then in March I was on the road traveling in California, Texas and North Carolina, interspersed between very busy times in the office.

Flower gardening is something Jody and I enjoy doing together, and we usually enjoy the visual fruits of our labors until the first frost of fall. We are behind this year since I didn't plant in February, so it will be a little longer before we see our first flowers and it will cost more. I'll have to go buy seedlings at a nursery, which means a perennial plant I could grow for pennies in the basement will cost four or five dollars. Focused on one thing, I lost balance and will pay the price in the thing I neglected.

The same is true in your days of training. The urgent can take precedence over the strategic as you focus on the next test, the next rotation, getting into the right residency or countless other important things you need to do in your daily life. If you don't continue to fertilize, water and nurture the seeds of your call to missions, your call will wilt and could die. You will lose balance and, even if you make it to the mission field, you will be playing catch up because you didn't invest early and often enough in what God has called you to do.

Here is some advice. Some of it I learned from my mistakes and some from others. I hope it will be helpful to you.

- Spend Regular Time with God - Yes, that is hard, especially in your clinical training years when your schedule changes with night call or different shifts. It won't be any easier on the mission field where the life and death pressures will be even greater. Without prayer and Bible study, you will be like a laptop computer that isn't plugged in. Your power source will ultimately die. As demands get greater, you need more power, not less, in your life. Develop this discipline now or you won't last long in missionary service.

Christ, the Great Physician, had this priority. After healing Peter's mother, "all the sick and the demon possessed" came to his "clinic." "The whole town gathered at the door" though it was "after sunset." Yet "very early in the morning" after his night on call, He "got up, left the house and went off to a solitary place where he prayed" (Mark 1:29-35, NIV 2011).

- Find Fellowship - Find a local church and be as faithful as you can in your attendance and participation, even when you "aren't all there." I admit I sometimes dozed off in church after a busy night on call during my residency, but if I wasn't in the hospital, I was determined to be there.

Go further than that though. You need fellowship with people of like-mind and situation. We trained 21 new healthcare missionaries in our new missionary conference a few weeks ago. The group expressed numerous times how wonderful it was to be with other healthcare professionals and their families who understood what it meant to be heading to the mission field and were going through the same phase of life as they were. All of us need a group of people who not only understand us but are there to encourage us along our way. How do you go about it? Try to find other healthcare professionals in your training area who are called to missions and share your life with them. Make sure your church is mission-minded so they can encourage you. Find a missionary on the field and periodically get in touch with them by asking them for advice and how you can pray for them. Give them some financial support. You don't want to be asking other people to support you one day when you haven't done the same for others.

- Prepare Your Mind - You're reading and studying all the time. You know how to do that well or you wouldn't have gotten to where you are today. Because you do so much of it, often you do it because you have too, not because you want too. It is hard to do more of it, but I encourage you to get some missionary biographies, especially those of healthcare missionaries. Get a copy of *Miracle at Tenwek* by Gregg Lewis, *On Call* by Dr. David Thompson, *To Africa with Love* by Dr. Jim Foulkes and many others which are available at www.cmda.org.

You can also attend the Global Missions Health Conference in Louisville, Kentucky, held in early November each year. In a span of 48 hours, it offers more than 100 workshops on missions topics like ethical issues in missionary healthcare, raising your children overseas, how to pick a mission agency and many more. You will have opportunities to talk to hundreds of healthcare missionaries in attendance and visit the booths of a variety of sending agencies. The conference even provides free housing for students, so jump in your car, invite some friends to go with you and focus some time on what God has asked you to do.

- Pursue Your Passion - Missions isn't something you'll do in the "sweet by and by" when you finish your training. It is something you should be doing now. Volunteer at a clinic for the poor in your neighborhood. You will be renewed as you throw fuel on the fire of your call. Go on a short-term healthcare missions trip. *Global Health Outreach*, CMDA's short-term mission arm, had students on 11 short-term trips in March. Many of CMDA's local campus ministries do short-term trips as well. Plug in and go cross-culturally in an experience that will strengthen your spirit. Don't stop there. Attend a *Grace Prescriptions* conference or get the video series to complete with your classmates. It will teach you how to point people to the Lord as you practice medicine with your limited time and in an ethical manner. Close to 20,000 healthcare professionals have taken CMDA's evangelism training courses.

Raising flowers, building your retirement account and preparing to be a missionary all share some fundamental principles in common. You need to invest early and invest often. Even small amounts can make a huge difference over time. Don't waste opportunities on the long road of preparation by not giving some time to a very important thing-your call! As you do, your life will bloom with the fragrance of God as you follow Him to the ends of the earth.

An Open Letter to Medical Missionaries

Set Theory

W. Philip Thornton, PhD
Global Impact Missions

Scenario 1. Your church has commissioned a short-term medical team to X country. The need is great.both physically and spiritually. You have just completed your treatment of one of the many you will see that day. As a final act before you send your patient on their way, you take a moment to share your faith. You explain about God's Son and His work on the cross to save us from our sins. As you come to the end of your witness, you ask if your patient would like to know this Jesus about whom you have spoken. To your delight they answer "yes." They would like to become a Christian. You take their hand and have them repeat after you the "sinner's prayer." Your patient leaves with a smile on their face. You rejoice. That night you share with the group the good news.

Scenario 2. You arrive for the first day of clinic. The line awaiting attention from your team of doctors, nurses and dentists extends out the gate and around the corner. Some have been waiting hours. The work begins even as more patients arrive. At first you think that what you saw was simply an anomaly, but as the day wears on it happens over and over again. Someone simply walks forward and cuts in line ahead of those who have been waiting patiently. To you, this seems grossly unfair. What gives anyone the right to cut in line.especially when others with more desperate needs have been waiting for hours?

The question posed in scenario #1 is this: Was the "conversion" genuine? How do we know what, if anything, has taken place spiritually in the life of this patient? Are we ok adding this person to the list of those who "became a Christian" as a result of our ministry? Scenario #2 poses a disturbing question for the North American. What gives anyone the right to cut in line ahead of another? What makes them think that they are better than those who have waited patiently for hours?

For a perspective on these two scenarios, we turn to missionary anthropologist Paul Hiebert and what he termed "set theory." North Americans are by culture a people of "bounded sets." By bounded set, things either belong to a set or they don't. From this viewpoint, we have to decide whether the patient who prayed the sinner's prayer or nodded their head to our question in scenario #1 is "in" or "out" of the kingdom. In other words, there is no in between. He either is a Christian or he is not. If he is a Christian, then he is just like all others who are in the category Christian since all members of a bounded set are essentially the same. All are simply Christians. But what if the patient in scenario #1 comes from a culture which sees life in terms of "fuzzy sets?" With fuzzy sets, a person or a thing can belong to two widely different sets at the same time. From this position, the patient who prayed the sinner's pray could genuinely consider himself a Christian AND a (whatever religion he was practicing before his encounter with the missionary doctor). In other words, with fuzzy sets one can be part or fully Christian. This explains why he may very well leave the Western doctor and immediately seek out the shaman in his village just to make sure he has "covered all the bases" both spiritually and physically.

So, is our patient now a Christian or not? It depends on one's definition for being a Christian. Mine is not an argument for "expanding" the definition of Christian, but rather a warning, especially when it comes to reporting "conversions" without a thorough understanding of their worldview. I do not deny that there is a point in time when one "becomes" a Christian. I believe this is biblical. However, for many cultures, becoming a Christian may be perceived as much more of a process rather than a point in time. Adding a notch to our spiritual gun may be not only inaccurate but also may harm the reputation of being Christian in that cultural context.

For a perspective on scenario #2, people moving to the head of the line, Hiebert calls our attention to another set theory that he calls "centered sets." In centered sets, relationship is the key. In other words, members of that culture are defined, and given certain privileges without challenge, based upon their relationship to the most important person in the culture. So, if those who "broke" line were more closely associated by blood or some other kind of relationship, then what they did would be fully expected, and accepted, by those who were more distantly related to the most import person in the society. As to the question of being Christian (the question raised in scenario #1) one's "Christian-ness" would be defined in terms of one's relationship (nearness) to Christ.

Because we (Westerners) tend to be bounded set people, we stress evangelism and conversion. In other words, we want to get people into the category of Christian. From the centered set perspective, the important question is whether one is moving toward Christ or away from Him (Christ being the center). Centered set theory avoids the dilemma we faced in scenario #1 since it emphasizes periods of training and testing as one "becomes a Christian." Conversion is not the end; it

is just the beginning. With fuzzy sets, "conversion" itself is a process. The process may very well be trying to find Christ in their own religions and cultures.

In using the set theory analysis, Hiebert has simply reminded us that the actions and reactions in any society, including how one "becomes" a Christian and whether or not one "is" a Christian, is strongly affected by culture. As such, he has warned us about jumping to conclusions about what has or has not happened in any particular event, as well as allowing our own interpretational reflexes to mislead us as to the rightness or wrongness of a particular behavior or point of view. His observations also challenge us to dig deep into the culture of our target audience and try to see things from their perspective. Cultural understanding will go a long way in helping us understand both the spiritual and physical actions and attitudes of patients.

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Christian Medical & Dental Associations
P.O. Box 7500
Bristol, TN 37621
Toll Free: 888-230-2637