

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
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A ministry of Christian Medical & Dental Associations

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The Diabolical Heritage of the English Language

By Rev. Stan Key

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"But I am afraid that as the serpent deceived Eve by his cunning, your thoughts will be led astray from a sincere and pure devotion to Christ" (2 Corinthians 11:3, ESV).

If I were Satan and my mission to capture souls for hell, I think my first theater of operations would be the dictionary. I could greatly enhance my diabolical plan for world dominion if I could subtly change the meaning of words so that verbal accuracy was lost and truth became foggy. My dictionary might include entries such as the following.

Bigot *n.* Anyone who has strong beliefs about anything you don't approve of.

Christian *adj.* Nice.

Evangelical *n.* Right-wing political zealot who desires a theocracy. (see "bigot")

Faith *n.* Believing something you know isn't true. Synonyms: gullibility, naiveté, wishful thinking, irrationality.

God *n.* 1. A swear word. 2. A benevolent cosmic influence that wants everyone to have a nice day. 3. A generic term useful for describing ultimate realities one knows nothing about, *e.g.* *God helps those who help themselves.*

Heaven *n.* The place where everyone goes when they die. Christians will sit on clouds and strum harps, and everyone else will go to a giant amusement park and party forever. Synonyms: Las Vegas, nirvana, happy hunting grounds, Shangri-La.

Holy *adj.* Sanctimonious, puritanical, Pharisaical, hypocritical.

Human Being *n.* A highly evolved mammal with non-specific gender.

Love *n.* 1. The feeling one feels when one feels good feelings. 2. Being made happy; experiencing pleasure, *e.g.* *I love chocolate cake. I love my wife.* 3. Something one can't control; it "happens," *e.g.* *My sister has fallen in (or out of) love.*

Prayer *n.* A psychological method of visualizing positive outcomes. Self-talk. A way to attain harmony and peace.

Sabbath *n. archaic.* The weekend.

Sin *n. archaic* A word that describes the behavior of Attila the Hun, Hitler and people you don't like. When applied to yourself, it is preferable to use words such as "issue," "problem," "growth area" or "inappropriate behavior." *e.g.* *My habit of sleeping with my neighbor's wife is an issue that I need to work on.*

Success *n.* The state of getting one's own way.

Truth *n.* Personal preference, opinion. Note: The word should never be capitalized.

*"Men suppose their reason has command over their words,
still it happens that words in return exercise authority on reason."
Francis Bacon*

Point to Ponder: Dictionaries are descriptive, not prescriptive; they describe the way we use language rather than telling us how we should use it. How do your own definitions of the above terms describe you and your view of today's culture?

Prayer Focus: For wisdom and insight to help you discern which of your thought processes come from the Word of God and which ones come from culture.

Announcement

New Medical Missionary Training:

If you will be heading to your medical missionary long-term assignment within 2015 or early 2016, I strongly encourage you to consider participating in the Center for Medical Missions' New Medical Missionary Training. You will not find most of the issues covered in this training any other place. This is medical missionary training by medical missionaries. In addition to the presentations, there are plenty of opportunities to ask questions of those who have been in the field and glean from their many experiences.

We've added a conference this year, March 19-22 (with arrival on the 18th) for those who will not be able to attend the one in July. There is still room to register for this March conference if it fits your schedule better. Registration is not yet open for the July 16-19 conference, but if you are interested, you need to get it on your calendar. Registration will open at the end of March. If you will be serving at a mission hospital and the dates July 23-26 work better for you, there will be limited space in this conference as well. Remember these dates: March 19-22, July 16-19 and July 23-26. I hope to see you at one of these trainings.

Nothing is Wasted (Blog post at www.steeres.com)

By Andrew Steere

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I remember exactly where I was when I first felt frustrated by how "meaningless" it felt to have to serve in the U.S. Navy.

It was October 1997 and I was spending a semester studying abroad in Australia. I was at a church service, where a group who had just returned from a trip to Namibia was speaking. I listened to their presentation and was struck by how "meaningful" it all seemed, and how, by contrast, what I was doing (studying civil engineering) was not. In hindsight, this was the first time I had a gut feeling that I might want to serve others in the developing world.

I felt really sad that night that I was bonded to the U.S. Navy after graduation. I had forgotten, for the moment, that the Navy was paying for my (very expensive) private undergraduate engineering education, and I could only think, "Lord, if you're placing this desire to serve others in me, how can it be possible that I have to serve in the military for five years?"

I made an appointment with the pastor and shared with him my inner struggle: I have a growing conviction to serve in the developing world, but I have this obstacle in my path. What do I do? He gently noted that it might be possible to serve the Lord faithfully in the Navy and then consider what might follow later. Aside: This man of great judgment and counsel married Mardi and I a year later and has, on many occasions, provided helpful guidance to this easily-distracted-by-shiny-things person.

I spent 1998 to 2004 as a submarine Naval Officer. Nuclear power, prototype and submarine schools. Three years deployed (15 months underwater) on the USS Maine. Two years teaching strategic nuclear command and control. Work so consuming that everything faded except receiving my warfare and engineering qualifications. Managing divisions of mechanics, missile techs and radiochemists. Memorizing engineering schematics-how every valve and piece of equipment worked, down to the smallest detail and every backup and alarm. When the throttles are opened on the main engines, exactly what happens and in what sequence in the reactor plant? When you lose all power while submerged, which valves fail open and which fail shut?



A place where all three of the medical gases are used every day: our small ICU. Ventilators use both air and oxygen to keep very sick patients alive, and vacuum is used to provide suction as needed to clear airways.

It's 2015 now. We live in Kijabe, Kenya. A few years ago, it became apparent that the number of beds and surgical theatres in the hospital had far outstripped the capacity of the aging oxygen plant. After completing the water project in July, the question: Would I help the hospital engineering team develop and deliver an upgrade of the entire "medical gases" (oxygen, vacuum, and compressed air) system?

It's the most complex project I've helped with here: conversations with doctors to get details on their current and future clinical needs, meetings with manufacturers to find equipment (all manufactured overseas) with local maintenance support, a complete audit of all our medical gas piping and outlets to find leaks and identify system flaws, developing technical specifications.

I was chatting the other day with one of our docs, explaining the redundancy we were building into the new system and walking him through the valves that fail open upon a loss of electricity (to maintain pressure, supplied by a backup oxygen bank), and he said, "Aren't you a civil engineer? This is a pretty far cry from a water tank or a bridge, isn't it?"

Without thinking, I replied "Well, it's basically identical to the oxygen generation and distribution system on a submarine."

And then I stopped.



A visiting manufacturer's rep explaining to our biomed techs why our current oxygen plant can't meet the hospital demand: it's just way too small.

I don't have to think much about the design and operation of our new medical gases system because I learned its engineering basics years ago. On a submarine.

You know, during that "meaningless" time I spent before I got to my "real work."

As I reflect on this, I am struck by a few things.

First, how tempting it is to think of what we're currently doing as unimportant, or at least as less important than "what we'd really like to be doing." There's a "the grass is always greener" distraction in much of life, I find, a constant draw to "something else" and tendency to see our present lives and work as ordinary and less important than something else or someone else's work.

Second, I am struck by how nothing is wasted in God's economy. How important the present moment is, and working with all your might at what you're doing now.

"...the robust Jewish and Christian doctrine of the resurrection, as part of God's new creation, gives more value, not less, to the present world and to our present bodies...with the result that what we do in the present matters enormously....a reason not for sitting back and waiting for it all to happen but for working hard in the present, knowing that nothing done in the Lord, in the power of the Spirit, in the present time will be wasted in God's future (1 Corinthians 15:58)." -Wright, N. T., [Surprised by Hope](#)

Nothing done in the Lord, in the power of the Spirit will be wasted in God's future. In my little story, it was a very near future. But the question hangs and resonates: what we do now *matters* and has a future impact that we won't fully grasp until later.

So be encouraged, and take heart in your work: do it in the Lord and the power of the Spirit. Whatever you're doing, work hard at it. Be excellent at it. Become the best and most capable you can be at your particular vocation, because what you do and how you do it matters.

Note: Mardi Steere, MD, (Andrew's wife) medical director of Kijabe Hospital, shares that Kijabe is desperately in need of neurosurgical, surgical, orthopedic, pathology and radiology help, as well as orthodontists to help upskill their dentists to help kids, especially after cleft palate surgery. You can contact her at meddir.kh@gmail.com.

Message from Rick Allen, President

MedSend

Last year, MedSend sponsored a survey to evaluate the training and support given to cross-cultural healthcare workers who have received MedSend educational loan repayment grants.

The survey has been released and you can download a copy of the survey report by clicking [HERE](#). You can also hear the survey's author, Dr. Mark Strand, discuss the results in a 15-minute interview on Mission Network News by clicking [HERE](#). If you want a quick review, the background and executive summary are below.

That Healthcare Missionaries Might Flourish: Global Healthcare Workers Needs Assessment Report Highlights

Background

Under MedSend's leadership, a working group of healthcare missions experts was brought together to design a research project to investigate how to better equip healthcare missionaries for long-term service. The result of these discussions was the design of the Global Healthcare Workers Needs Assessment (GHWNA) Survey. This survey was administered to career healthcare missionaries who have received financial support from MedSend and also to their organization leaders (MedSend Associates). In order to encompass a wide representation of healthcare missionaries and their sending agencies, survey questions were divided into three study group surveys: one for those currently serving as healthcare missionaries in the field, one for those no longer serving as healthcare missionaries and one for representatives from participating sending agencies.

The GHWNA Survey was designed to determine why missionaries committed to long-term service leave the field and also to investigate the nature and effectiveness of what currently is being done to train and support missionaries before and after they are on the field. The survey developers and sponsors hope that the survey's findings will be used to inspire changes that will better equip and support healthcare missionaries to increase their longevity of service and to increase the impact that healthcare missions will have in bringing healthcare and the hope of Jesus Christ to future generations around the world.

Executive Summary

Demographics Summary:

- Healthcare missionary respondents had a mean age of 41 years.
- Years of cross-cultural service were 7.18 and 4.77 for currently serving and post-field missionaries, respectively.
- The primary area of training was medicine for both currently serving and post-field missionaries.
- Those currently serving spend less of their work time on clinical work, and more on administration, church or mission agency responsibilities, and general organizational leadership, than post-field missionaries did while serving on the field.
- The 29 individuals who represented the MedSend Associate organizations were high-level leaders, with an average of 21 years of experience in missions.

Personal Success:

- 85 to 90 percent of the healthcare missionaries reported that they were able to see lives transformed, meet spiritual needs and share the gospel with those they served.
- Local governments were favorable to their presence as healthcare missionaries.

Reasons for Committing to Long-term Service:

- God's call, love of other cultures and love of healthcare work were the main reasons for committing to long-term service.
- Healthcare work was essential or important for 81 to 82 percent of current and post-field respondents. 16 percent of respondents considered healthcare work to be a platform for spiritual ministry. There was no significant difference between groups ($P=0.60$).
- Respondents considered their grants to be the main benefit they received from MedSend.

Satisfaction:

- Only 38 percent of all respondents had mentors, and only 18 percent of sending agencies assign mentors who are healthcare professionals. Yet the mission agencies ranked "mentoring ability" as the most important area of leadership training in their organization (4.18/5 points).
- The quality of mentorship was rated higher by those still on the field than those who were post-field.
- Post-field missionaries agreed less than those currently serving that their roles were consistent with what they expected (53 percent versus 62 percent), and both groups had a significant proportion (33 to 34 percent) who disagreed that their roles were consistent with what they expected. Role inconsistency is a problem for medical missionaries.
- There was a high rate of role satisfaction among both groups. Satisfaction with their roles in healthcare was 93 percent and 84 percent for those currently serving and those who have left the field, respectively. This may be related to the perception of being underprepared, where 9 percent and 23 percent of currently serving and post-field healthcare missionaries reported feeling underprepared for their roles, respectively.

Reasons for Leaving the Field:

- There was agreement among all three respondent groups about why people leave the field.
- Both missionary groups ranked family or personal needs as the first reason for people leaving the field, followed by interpersonal conflict and organizational changes.
- 31 percent of post-field respondents reported their reason for leaving the field to be "successfully fulfilling a commitment," and only 18 percent said "something could have been done" to prevent it. The Associates (organizational leaders) ranked successfully fulfilling a commitment as 6th.
- Half of post-field respondents left the field for potentially preventable reasons, most often burnout, interpersonal conflict or emotional exhaustion - although agencies may already know this, only 40 percent of those still serving said that their agencies had fair, poor or no plans for managing interpersonal conflict on the field.
- Respondents were more likely to still be serving on the field (versus having returned home) if they served with large sending agencies and ones that are increasing their involvement in medical missions. Those still serving also felt better prepared, especially emotionally, before beginning mission service than those who have left the field.
- Those who left the field spent less of their missionary work time on administration and more of their time on clinical work. They also had a higher sense that medical work was "essential" (66 percent versus 52 percent).

Mental Health:

- Among those who left the field, 49 percent reported adjusting back to the U.S. as difficult, and they scored their agencies a 2.58/5 on what they did to help with readjustment.
- 18 percent of those currently serving and 20 percent of those previously serving were individuals at risk for burnout based on callousness, and 8 percent of those currently serving and 21 percent of those previously serving were at

risk of burnout for exhaustion.

- Post-field respondents were not as well prepared emotionally for the work; only 61 percent said they were prepared, while 86 percent of currently serving said they were prepared.
- About a third found their anxiety and depression to worsen since arriving, a third to improve and a third about the same.

Training Needs:

- Post-field respondents saw a better fit (3.7/5) between previous training and their roles on the field than currently serving (3.3/5).
- Post-field respondents more highly value clinical skills training, while currently serving weigh public health equally to clinical skills in terms of training needs.
- Leadership training needs reported by respondents in order of importance were: mentoring, strategic planning and general leadership skills.
- Most respondents prefer attending conferences in person to other modes of training. They also report preferring on-field training to pre-field training, and this is irrespective of the respondents' ages. Less than half of agencies provide on-field continuing training, however.
- Sending agencies place the most emphasis on cross-cultural training, but cross-cultural healthcare workers rated professional and leadership training equally important.
- Only 38 percent of all respondents had mentors, and only 18 percent of sending agencies assign mentors who are healthcare professionals. The quality of mentorship was rated higher by those still on the field than it was by those who are post-field.
- 60 percent of organizational leader respondents reported no specific training for healthcare missionaries, and only 33 percent were very satisfied with the training their organizations give healthcare missionaries.

Agency Issues:

- Those who had left the field were in smaller organizations.
- A third of the organizations had less than 50 missionaries, and a third had more than 500, so the organizations are very different.
- Sending agencies have a high current demand for healthcare missionaries, especially doctors. They report 25 percent of new missionary candidates are healthcare missionaries.
- Associates report that their organizations are moving away from clinical and hospital work and toward community health work and training.
- 68 percent of sending agencies do not provide member care designed to meet the specific needs of healthcare professionals.

The GHWNA Survey has provided essential information regarding the current state of healthcare missions as reported by these MedSend grant recipients and their organizational leaders (Associates). The needs in global health around the world that can be uniquely met by cross-cultural healthcare workers are great. The availability of talented and highly committed people ready and willing to serve in these capacities is remarkable. The last 20 years has resulted in a significant amount of research into missionary success and ways to prevent missionary attrition. Mission organizations are well poised to implement these best practices, and to be stewards and shepherds of the healthcare professionals who choose to serve with them in cross-cultural healthcare work. This will allow them to flourish personally and be highly effective in their service. Under God's sovereign leading, a bright future for healthcare missions can be envisioned. May people committed to this great calling take up the challenge to strengthen and expand the ways in which healthcare missions is done around the world.

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