March 2014

Welcome to this issue of *Your Call*. Because this e-newsletter is going to be long, I want to make this intro paragraph as short as possible. But there is one very important notice that I need to get out.

August 14 - 17, 2014 will be our 2014 Pre-field Orientation Conference for new medical missionaries - those who will be going to the field within the following few months. There will be a separate conference for those going with Samaritan's Purse Post Residency program. The 14th - 17th conference is open to anyone who wishes to participate. Since the program will start at 8 a.m. on the morning of the 14th, participants will need to arrive the evening of the 13th. The conference will end about lunchtime on Sunday, the 17th.

This is a very helpful conference to anyone ready to head to the field. The participants' evaluations always give it high marks. Be watching the CMDA website for a banner with more details and a link to register. You are welcome to contact me directly if you have questions. susan.carter@cmda.org

Here is what you'll find is this Your Call issue:
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Second Chances

by Rev. Stan Key

"I have fought the good fight, I have finished the race, I have kept the faith" (2 Timothy 4:7, NIV 2011).

I'm not sure I deserved the credit Bonner gave me.
"I want to thank you for saving my life, Doc."
But more important than the credit was the way he finished his statement.
"I'm going to put this second chance to good use. I'm not going to squander it."

Saving Private Ryan is a beautiful but bloody film of personal sacrifice, staged during the Normandy landing in World War II. Captain John Miller and a squad of reluctant soldiers are sent into the front lines to save the last surviving son of a mother who had lost her only other three sons in the war; the squad was successful, at great cost. I watched the tail end of this movie this past Memorial Day and was reminded again of our God of second chances, or should we say "70x7" second chances (Matthew 18:22).

As Christian healthcare professionals, we were each given our first and eternal second chance with God's saving grace through Jesus Christ on Calvary. It was free; it was grace, but on that day, Jesus whispered in our ear, just as the dying Captain Miller whispered in Private Ryan's ear, "Earn it,"...sort of.

In truth, Private Ryan did not have to earn his second chance at life; it was paid for by the blood of soldiers, without his effort even considered. Neither do we have to earn our eternal life; Christ died to ensure it for us, while we were still sinners (Romans 5:6).

Nevertheless, the words "Earn it" speak as profoundly to us as they did to Private Ryan. "Earn it," for us as Christians, does not mean we must work hard to gain eternal life. "Earn it" for the Christian means, "Live it out," constantly aware of the sacrifice made. "Earn it" for the Christian means, "Take up your cross" (Luke 9:23). "Earn it," for the Christian, means, "I have fought the good fight, I have finished the race, I have kept the faith" (2 Timothy 4:7). Our salvation certainly comes as a free gift; I did nothing to gain it and I can never lose it. But, handed this second chance at life, we should ever be looking into the loving eyes of our dying Savior and striving to be worthy of the gift He gave us.

This is true for my first second chance and it continues to be true each time I fail. Each time I fail, Jesus says to me, "There is nothing you can do to make me love you more." And with those words I run harder, persevere longer, surrender more

completely, so that I may be worthy of that love which was freely given, until I fail again. Then Jesus once again says "I love you, no matter what," and the vision of my dying Captain puts me on my feet to join the race once more.

Dear God,
Thank you that I need not earn your love or my eternal life. Fill me with the passion to run your race as a gift to you.
Amen

First Things First

by David Stevens, MD, MA (Ethics)

You could easily argue that my first six months on the mission field in Kenya were a waste of time and energy. Jody and I, along with our 3-year-old son Jason and 1-year-old daughter Jessica, weren't living at Tenwek Hospital, where God had called us to serve. Instead, we were stationed 35 miles south of the hospital at Kaboson, a two-hour mud-slogging drive in the rainy season if you didn't get stuck. The hospital had a small health center staffed by a missionary nurse who did deliveries and national staff who saw outpatients. The church also had a few school buildings to house short training courses for pastors and three houses on the same property.

Veteran missionaries Dean and Leta Strong were involved in pastor education, but to us, they were our language teachers and mentors. They were wonderful surrogate parents training us by word and example to be missionaries. Our primary focus for six months was to learn Kipsigis, the heart language of the vast majority of the patients we would serve.

Yeah, it isn't one of the major languages of the world. Learning it won't even let you order food in a restaurant in Nairobi. In fact, fewer than a million people speak different dialects of it among the Kalenjin tribes in the country. Our mission decided we should learn Kipisigis since at that time many of the older women and younger children in the hospital didn't speak Swahili, the trade language, nor did they speak English, Kenya's real national language.

There was no language school in the world that taught Kipsigis, so former missionaries had written a curriculum that we met each morning to study. In the afternoons, we met individually with David, our "language informant." He was a pastor and soon became our friend. He spoke fluent English as well, so we frequently used English even though we were supposed to be totally using Kipsigis.

Jody and I buckled down to learn, but we weren't immersed in the language. Even at remote Kaboson, anyone who had been to school spoke English and most of them would rather practice their English on us than have us practice our Kipsigis on them.

Kipsigis was not only difficult because it was tonal, but with prefixes and suffixes you could put seven to eight parts of speech in one word! We soon learned that it had sounds that our tongues and lips had never formed. We had to practice and practice trying to get the right intonation though it felt like we were doing facial contortions. All the same, we were determined to do well so we studied hard.

For me, learning the language was complicated by the small health center down the hill. The staff had been cautioned not to call me except in dire emergencies. They were reminded that, "Dr. Stevens is here to learn Kipsigis, not to practice medicine." But Kaboson was located at the border between the Kipsigis and the Masaai tribes on the edge of African veld. There were lots of wild animals, cattle raids, babies being born and disease. So often as I studied, I would catch movement out of the corner of my eye. It was a nurse running the quarter mile up from the clinic, out of breath and panting, "Daktari, come quickly. You are needed."

Unfortunately, the health center didn't have most of the equipment or supplies I needed for these emergencies to treat arrow wounds, machete cuts, anthrax, hippo bites or warthog gorings, much less to do a C-section. As often as not, I did what I could (Have you ever used a Bic pen to keep open an emergency tracheostomy done without anesthesia?) with what I had and then tried to keep a patient alive in the back of a Land Rover as the driver did a "fast and furious" two-hour trip to Tenwek. (If you want the details on some of those wild stories, get a copy of my book *Jesus, MD.*)

I still see in my mind three sisters all less than six years old who had turned over a beehive of "killer bees" while climbing a tree. The clinic didn't have epinephrine or pediatric cannulas. All three children were in hypotensive shock with massive swelling. I only had one vial of Benadryl in my personal emergency kit so I divided up its contents, injected them and then rushed them to the hospital. Two of the three died soon after we arrived at Tenwek, despite our full court press. Both of them had more than 300 stingers still in them.

Despite the frequent adrenal infused interruptions, we finished our course and "graduated" on time and I was off to practice full-time medicine. It was all consuming and the only opportunity to do language was giving basic greetings and taking medical histories. I became fluent at asking, "Bendi moeti lakwani?" (Does your child have diarrhea?"), "I ng'u ng'u? " (Are you vomiting?") and other medical questions. I wrote my notes in English, talked to our national staff in English and I had a national staff with me on rounds that jumped in to translate if the patient didn't understand or I didn't know the right word. My language skills quickly plateaued in getting medical histories and waned in conversational Kipsigis.

The same was true even for our children. Their playmates spoke to them in "African English." Our son to this day can instantly revert to speaking English like an African when he wants too.

Even Richard, our wonderful house helper, refused to speak Kipsigis when we asked him too. He wanted to learn English better so he only used it when he talked to us.

I regret I didn't master the heart language of the people we served because to really know people and share the gospel most effectively with them, you have to know their mother tongue. You can only connect to their deepest core when you do.

With my heavy workload of medicine, administration and development, I had more than enough to do, so language acquisition was always on the back burner. If you are not careful, the same will be true for you. I was a young missionary like I hope you will be soon. It is always easiest to do a lot of what you are trained to do-healthcare-and not build a strong foundation for ministry by mastering the language.

The reason I've been thinking about this the last few weeks is that Stacy, our third child who I delivered in Kenya, along with her husband Jon and our granddaughter Eva left for France on January 1 as new missionaries. Their first term is three years and is all devoted to language acquisition. First, they will study French for a year before heading to a North African country to learn Arabic. The first is the business language they will need and the second is the heart language of the people they will serve. Arabic will make Kipisigis look relatively easy!

I'm glad their mission is making sure they are laying a firm foundation for decades of missionary service. They will be glad they mastered not one but two languages that will let them communicate with the educated and the poor. It will give them opportunities to really know the local people and will open hardened hearts to hear the gospel.

That is important for you as well. Because after all, isn't that why you want to become a missionary?

Voice Recognition

Judy Palpant

To hear Thee: only the terrified heart may truly listen...-Rachel Korn, holocaust survivor in her poem, "Keep Hidden from Me"

"Don't go to Africa," they said to us. "You'll never see your husband. He'll be consumed by constant medical needs." "Your children will be at risk of getting malaria." "Why go to Africa when problems are all around us here in the U.S.A.?"

"One or two years in Africa will look good on your resume," others told my husband Sam, "but if you stay longer, you'll be committing professional suicide."

"Ah," some Africans said when we arrived in Kenya, "You were placed in this remote hospital because you couldn't make it at home. Now you are taking one of our African jobs. Why not just send us all the money it costs for you to come and live here? We could do so much with it. You didn't have to come."

As if to confirm their prophecies, on the first Father's Day our kids never laid eyes on their dad. He arrived home after their bedtime-weary-worn and heart-sick from trying to save the children of other fathers. Our own 2-year-old daughter developed malaria within the first month in Lugulu. The rumor mill churned as neighbors and hospital staff speculated about how long we would stay. As for professional suicide? The mission hospital lab boasted one primitive monocular microscope and a hand cranked centrifuge. It mocked Sam's infectious disease and tropical medicine training.

With these tribulations, our own misgivings grew louder, more persistent: "Why did we come half-way around the world? Are we doomed? We arrived in a time of famine. No other white family lives for 30 minutes in any direction. How will we survive?"

One night, taking advantage of the three hours of electricity afforded us by the hospital generator, I ironed while Sam read aloud from Scripture.

"Consider it pure joy, my brothers, whenever you face trials of many kinds, because you know that the testing of your faith develops perseverance. Perseverance must finish its work so that you may be mature and complete, not lacking anything. If any of you lacks wisdom, he should ask God, who gives generously to all without finding fault, and it will be given to him" (James 1:2-5, NIV 1984).

"Wait a minute!" I said, snapping to attention and setting the iron down. "Does it really say that?"

I'd memorized this familiar passage as a youth and heard numerous sermons on the topic. But on this night in rural East Africa, I recognized my Shepherd's calming, convicting voice. My heart bowed in gratitude. The following day I baked a cake. We sang "O Thank You Lord" before eating and celebrating God's faithfulness.

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Now decades later, in my changed circumstances caring for my mother, others' conflicting voices resound in my ears. They loop round and round in my mind: "I could never do what you are doing." "You're lucky to have your mom." "You've got to draw boundaries." "Treasure every minute you have with her."

My antennae pick up every word, every nuance. The positives challenge me. The negatives nag my heart and dog my feet.

"When transitioning to different circumstances or cultures, it's hard to find Jesus," says author and professor Jerry Sittser. "Who is he in *this* setting? Rediscover him by choosing one gospel. Read it over and over again for the first six months. Let your daily experiences inform your reading."

The gospel of Mark is my choice in this new era of my life. Through Jesus' parables and stories, His Spirit unstops my ears and calls me to live and grow in faith. The message I heard today in chapter 4: "In charting unfamiliar waters, whether stormy or serene, rest with me. My presence in your boat is enough."

If you would like to respond to this article, you can write Judy at judypalpant@gmail.com.

Open Letter #3

Phil Thornton, PhD

When I was in seminary we had a small bulletin board in the hallway dedicated to a missions theme. On that bulletin board was a map of the world. At the top of the map was the one word, "Listen." Across the middle of the map were the words, "I thirst." At the bottom of the map was the question, "Did you really hear?" I have often thought about the challenge to the church presented by that bulletin board. I wonder if a similar challenge confronts those of you in medicine. When you sit with a patient, how well do you really hear what they are saying?

A study of more than 8,000 people employed in businesses, hospitals, universities and government agencies found that most people believe that they listen effectively. However, research shows that the average person listens at only about 25 percent efficiency. Effective listening means actively absorbing the information provided to you by the person speaking, showing that you are listening and interested in what they have to say and providing feedback so that he or she knows that their message is truly being heard.

For the medical missionary, the challenge of effective listening is further complicated by culture. For example, in some cultures, people talk directly to each other, expressing themselves verbally. These cultures are known as low context cultures. In other words, the bulk of the message is in the words which are said. In other cultures, people communicate indirectly, conveying messages through a third party or through symbols, metaphors or stories, and the context in which the words are said is as important as the actual terms used. These cultures are referred to as high context cultures. Additionally, understanding body language is crucial to effective listening. By body language I mean what we do with our faces, our eyes or our tone of voice. Communication theory tells us that 80 percent of the message is tied up in body language.

In light of the need to really hear what your patient is saying, and granting the difficulty of doing so in a cross-cultural setting, let me suggest seven skills which might prove helpful.

- **Listen!** Listen carefully and let the patient know that you are listening by using culturally appropriate feedback. Each culture will have its ways of indicating to the patient that they have your undivided attention. For example, in some cultures eye contact indicates attentiveness; in other cultures it is a sign of disrespect. Likewise, the "social distance" between you and your patient affects the cross-cultural communication process. Understand where you "fit" on the social ladder with respect to your patient. Listen for key words and phrases as they describe their problem. Try to understand what the patient "means" by these words or phrases (as opposed to what you might mean by them). The tendency is to assign your understanding (e.g., meaning) to the words that you are hearing. But your *interpretational reflexes* may be leading you astray. For example, for many cultures the liver is the source of life rather than the heart! Or what does the patient mean whey they say they "hurt?" Even simple words such as "yes" and "no" can be misinterpreted due to their different meanings in different parts of the world. Try repeating back what you think you have heard to check out the meaning of what a patient has said. Don't assume you understand. Test what you think you have heard and watch carefully for the patient's reaction.
- **Build trust!** It is almost impossible for information to flow freely without some level of trust between you and your patient. Missionary anthropologist Marvin Mayers suggests that we apply "the prior question of trust" to cross-cultural communication settings. By PQT, he means that before we speak or act we ask ourselves, "Is what I am about to say or do going to build or break down trust?" In some cultures trust will be granted simply because of who you are. In other cultures you will have to earn it!
- **Don't judge too quickly!** It may be true that your patient is his or her own worst enemy when it comes to their health. Bad habits breed bad health. But don't jump to conclusions too quickly. Try to understand why detrimental behaviors are practiced and what the consequences might be if they are avoided. A better diet might well contribute to better health...if they can afford it. Or female circumcision has inevitable physical consequences. If stopped, however, what are the social consequences for the young woman?
- **Be patient.** In many cultures it can take a while before the *real issue* surfaces in a conversation. And it may be left up to you to sort out what the real issues are. Preliminaries can include talk about family or some topic that is "safe" or, from your perspective, insignificant. Problems, especially those of a sensitive nature, may be carefully nuanced or couched in a longer story. So be careful not to interrupt with "solutions" too quickly. Hear them out, then respond.
- **Ask questions** to ensure that you have understood them. Every culture will have appropriate ways to dig deeper. In oral societies, it may be through the use of metaphor or a parable rather than asking directly. Culturally appropriate questions asked in culturally appropriate ways will unlock a wealth of information!
- **Pay attention to the nonverbal** (i.e., body language). The expression in the eyes, the set of the mouth, the slope of the shoulder, the position of the arms and legs... Words convey only a fraction of the message. Up to 80 percent of communication can be in the nonverbal. Learn to read the non-verbal cues carefully in your target audience.
- **Realize** that the patient with whom you are talking may not be the "real patient" (e.g. a mother or father talks for a son or daughter, a husband talks for a wife). Your response should likely follow the same communication pathway.

By now, I can imagine that you are thinking that the process I have outlined could take an extraordinary amount of time, and I would not disagree. The question is, how important is it that you really hear your patient before you respond with a diagnosis and remedy? *Time is money* only if you have money and a watch! It is critical that your response be built upon a firm foundation of good relationship and a solid cultural understanding. Without a bond of trust, it is unlikely that the patient will follow through on the use of the medications that you prescribe for them. Finally, if you do not show that you are willing to really listen to them, they will in turn likely not listen to you when you have the opportunity to share the gospel with them. Yes, active listening is hard work and it takes time. But it has far reaching positive consequences for both the medical and the spiritual dimensions of your ministry.

In closing, let me add that learning to listen carefully to our patients has implications for our learning to listen to God. By listening to our patients, we convey our desire to understand and take seriously what they have to say. By listening to God, we do the same. Zechariah tells us that the people refused to listen and that led to a hardness of heart. And so when they called out to God, He refused to listen to them. *There is s connection between deep listening and deep caring*. This is true whether one listens to God or to another person. By learning to attend to the thoughts, feelings and values of others, we are positioning ourselves to attend to God.

> **Matthew 25:45 (KJV)** *Then shall he answer them, saying, Verily I say unto you, Inasmuch as ye did it not to one of the least of these, ye did it not to me.*

> **Psalm 116:1-2 (NKJV)** *I love the LORD, because He has heard My voice and my supplications. Because He has inclined His ear to me, Therefore I will call upon Him as long as I live.*

No Cornerstone...No Missions

Daniel Tolan, MD

Recently, I wrote about the Peace I saw in my father-in-law Dr. Ernie Steury, the founding doctor of Tenwek Hospital.

Dad recovered from his second bout with colon cancer and subsequent bowel obstruction. (If you did not read this article, you can access it here.) He returned to Kenya and had another 14 years of life. I am so thankful for those extra years-especially because I was able to work side by side at Tenwek Hospital with him for many of those years following my own residency training.

His third time of being diagnosed with cancer was his last. This time it was a brain tumor. He had "retired" from being a missionary doctor but was still active in missions as he and mom were "pastors to missionaries" around the world. Talk about having a lifetime of experience to draw from as a pastor.

The brain tumor came on slowly. We were in Kenya when we received a phone call from Mom and Dad with the news. Most of the tumor was removed through surgery and this was followed by radiation therapy. There was good news... the growth of the tumor was arrested.

Mom and Dad decided to return to Kenya that Christmas. Two of their children-my wife and her brother Jon-were missionaries in Kenya along with their families. We looked forward to spending time together and visiting old patients, friends and church leaders from the nearly 40 years they spent in Kenya.

When they arrived at the airport I could sense in how Dad looked that the tumor was growing again. A CT scan a few days later confirmed this. Dad rapidly grew worse and his mind and thoughts were no longer who we knew him to be. It was hard. It wasn't hard. It was joyful. It was sad. Life has ups and downs.

Six weeks after Christmas, in February, the annual CMDA continuing education conference was held in Kenya for missionary doctors. Dad had been instrumental in helping establish this conference almost 20 years previously. I always looked forward to this conference as the highlight of the year. By now, Dad could hardly get out of a wheelchair, but he wanted to go to the conference.

One evening he was asked if he would give a short testimony to the 350 doctors and spouses from all over Africa. I was not sure of what he would say or how he would be able to stand and do so.

The time came; he stood and walked to the front. Standing there with just a little help, he gave a short message to all the younger medical missionaries. "God is so faithful, He will never fail you, no matter how difficult the times are, God is a faithful God who always keeps His promises. Keep your eyes on Jesus!"

I was standing next to him holding his elbow to support him. I thought I would slip and fall in the puddle of tears at my feet. His third time with a serious cancer. This one was going to claim his life. A man who always had the sharpest of minds. A man who was always filled with compassion for others. Filled with love for his Heavenly Father. Now he needed help to stand for a few minutes. Words came hard and slow. All he wanted to do was to praise his Father in Heaven for His faithfulness.

Less than two months later he entered his final home. Between February and his death he told us again and again how God is faithful.

Who is this faithful God? What must you learn, ask yourself, believe in and trust in? Who is this God?

This God is seen in the parable of the tenants in Mark 12:1-12. A man planted a vineyard, rented it to some farmers and went away. He sent many different servants to collect some of the harvest but each was killed. Eventually he sent his own son but he was killed as well.

Jesus spoke this parable to the chief priests of the temple, the teachers of the law and the elders who realized this parable was directed to them and they plotted to kill him.

This is the story of the Bible: A relentless God patiently pursing rebellious, unbelieving, faithless people (...that describes me.)

Jesus says, "I am the cornerstone of the new temple - the new creation." Identifying Himself to the religious people in this way caused the religious ones to sentence Him to death. God is both unbelievably gracious and unbelievably just as seen in this parable.

My tendency is to act like the religious ones. I want to pit His graciousness against his justness. I want to question His justness in a brain tumor that takes away my father-in-law. Why not be gracious instead and take away the tumor? But Dad himself testified how faithful God was to him to the very end. It was not the healing of body but the peace in turmoil dad knew. That is the faithful, pursuing, relentless God. I have seen many, many others in the same circumstance with no peace, no hope, no joy.

Our culture teaches us to rebel against authority over our lives. It is not our idea of freedom. Our idea is we can do what we want as long as we do not "hurt" anyone else. We forget we are designed to flourish within the authority of a faithful God. Dad Steury realized this and flourished to the last day.

John 10:10 says, "The thief comes only to steal and kill and destroy; I have come that they may have life, and have it to the full." Jesus.

No promise of an easy life, no promise of health, no promise of... having it our way. Only a promise of having life and having it to the full. I saw it in Dad Steury - the old missionary doctor.

So you want to be a healthcare missionary too? What is the application to you as you prepare? The parable of the vineyard and John 10:10 speak of both freedom and fullness.

Do you know Jesus as your Cornerstone? You must or your preparation for missions will be futile. What do you look to for fullness (life to the full)? Do you look to the Cornerstone or do you look to other cornerstones?

Maybe you are tempted to look to a career. Even missionary healthcare professionals can place their careers as the cornerstone. Service, sacrifice and giving all become more important to trying to find life to the full. In fact, the temptation is for this to replace experiencing the Cornerstone Himself. Do this and you will quickly burn out.

Maybe you look for fullness by adding leisure, entertainment and hobbies to your work and life. Nothing is wrong with any of this. But look for life to the full through these and you will eventually find a weariness to life from the continual pursuit of seeking pleasure. The Bible describes this as eating the wind. Satisfying? Hardly.

Maybe you look for life to the full through being sure you do no neglect family life. That is a good thing. Neglect your family in missions and you lose a great form of encouragement, ministry and relationship. Perhaps you believe in thriving relationships, closeness and strong ties. All good. But . I have let my family down, I have failed, been critical, unfair, judgmental, hurtful, pride-filled, angry, deceitful...

Life to the full? I will let you down if you make me your cornerstone.

Jesus is the only thing solid enough to build your life around. We were created by God to crave freedom and fullness. Only life through Jesus satisfies this craving. God's design. It is the message of missions. The message of health. The message of healing. The message of wholeness.

You are preparing to be a healthcare missionary? What areas of your life do you keep holding back from God's authority and involvement? What is the real cornerstone of your life?

Dr. Steury, my father-in-law, my mentor in missions and in healthcare, testified right to the day he could no longer speak about the faithfulness of God. Faithfulness to give life to the full no matter what.

Is Jesus your Cornerstone? He is the only way, the truth and the life.

No Cornerstone...no missions.