

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*. We are just back from another wonderful Global Missions Health Conference where I was able to speak with many of you. If you were not able to attend, please visit www.medicalmissions.com in a few days to read the stories and listen to the presentations. You will not be disappointed. Other than meeting and speaking with the participants, my favorite thing is being a part of the plenary worship services. To hear 2,500 young people raise their voices and hands in worship is really quite special. I wasn't able to attend any of the teaching sessions, but I hear there was an incredible amount of wonderful teaching/sharing that took place. Why don't you go ahead and put next year's GMHC on your calendar? Those dates will be November 5-7, 2015.

One of the things I talked to many of you about at the conference is participating in an international rotation. The final article of this *Your Call* is one medical student's report of just such an experience. I share it in its entirety because I believe there are issues raised that will challenge you when it is your turn to participate in an international rotation.

Dr. David Stevens has written a great article for you this month entitled "The Secret." You will want to read all the way through it to find out what the secret is. I think you will be challenged.

I encourage you once again in Resources to check out "A Life Overseas" blog. Read through the one shared on November 9. I think it will challenge your thinking like it did mine.

Here is what is ahead:

[Words about the Word](#) by Rev. Stan Key

[The Secret](#) by David Stevens, MD, MA (Ethics)

[Resources](#)

[Cameroon International Rotation Reflection](#) by Brendon Esquibel

This is the final *Your Call* issue in 2014. I will be asking the Lord to bless and refresh each of you as you gather with family and friends over the holidays. May your hearts be full of thanksgiving and your minds be focused on the glorious gift, our Savior!

Remember, I am available to answer questions or help make connections any time.

Susan

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Words about the Word

By Rev. Stan Key

"...Scripture cannot be broken..." (John 10:35, ESV).

Some of the assumptions we have about life are so much a part of the warp and woof of our faith that we are unconscious we even hold them. Like the glasses (for some of us) that sit on our nose, we have become so habituated to wearing them and seeing the world through them, that we aren't even aware of their presence. However, there are moments when it is important to stop looking *through* the lens and look *at* them! Do we need a new prescription? Are we seeing things clearly? Are these glasses giving us an accurate picture of the world around us?

What is true about our glasses is equally true of the Bible. As Christians, we turn to the pages of Scripture instinctively

again and again for comfort, guidance and inspiration. Arguments are settled and questions are put to rest once we know what the Bible says about the matter. It is through this Book that we interpret life in this world as well as in the world to come. As children, we were taught that we could have assurance of God's love for us simply because this is what the Book says. *Jesus loves me, this I know for the Bible tells me so.*

Today, I want to encourage us to take off these "glasses" for a moment. Rather than looking *through* the Bible, I want us to look *at* it. What *is* this Book and how did we get it? Who wrote it? How do we know its claims are true? And most importantly, do these "lens" give an accurate description of the truth about God, man and salvation... or should we exchange these "glasses" for another pair?

In July 1974, some 4,000 members of the Church of Jesus Christ from more than 150 nations gathered in Lausanne, Switzerland for the International Congress on World Evangelization. In an effort to affirm their common faith as disciples of Jesus, the participants drew up and signed "The Lausanne Covenant." For almost four decades this document has served as a global expression of biblical Christianity for followers of Christ from a multitude of nations and differing theological traditions. The second article in the Covenant was on the Bible. It is a beautiful and succinct expression of what Christians everywhere and in every age have believed about the book that is so foundational to all that we hold dear. Read it slowly. Every word is important. Let it lead you from theology to doxology!

We affirm the divine inspiration, truthfulness and authority of both Old and New Testament Scriptures in their entirety as the only written Word of God, without error in all that it affirms, and the only infallible rule of faith and practice. We also affirm the power of God's Word to accomplish his purpose of salvation. The message of the Bible is addressed to all mankind. For God's revelation in Christ and in Scripture is unchangeable. Through it the Holy Spirit still speaks today. He illumines the minds of God's people in every culture to perceive its truth freshly through their own eyes and thus discloses to the whole church ever more of the many-colored wisdom of God. (2 Timothy 3:16; 2 Peter 1:21; John 10:35; Isaiah 55:11; 1 Corinthians 1:21; Romans 1:16; Matthew 5:17-18; Jude 3; Ephesians 1:17-18; 3:10, 18).

The Secret

By David Stevens, MD, MA (Ethics)

Do you know **the secret** of making it to the mission field after you know God is calling you? Do you know **the secret** of faithful service to the Lord once you get there? Do you know **the secret** of overcoming the many obstacles you will face on your journey from heartbreaking medical cases, to burn out and the difficulty of being away from your family?

I can tell you, and other healthcare missionaries have proven it as well.

I was reminded of that today as I watched [Kent and Amber Brantly's NBC interview](#) from September where they shared how God gave them peace when Kent had Ebola. They know **the secret**.

I was reminded of it yesterday when I was trying to find a healthcare missionary serving in Chad and came across a [YouTube video](#) about Dr. James Appel and his future wife Sarah that was filmed soon after he arrived as a young pioneer missionary in that impoverished and war-torn country. He was serving as the only doctor at Bere Hospital with few drugs, no lab and a terrible disease burden. Watch the video or read [one of his books](#) and you could learn **the secret**.

I just got in contact with him yesterday and he and Sarah are heading back with their three children to an even harder area in January, despite the fact that they lost one of their twins to malaria at six months of age early in their missionary career. Yes, they know **the secret**.

In the morning, I'm heading to the [Global Missions Health Conference](#) in Louisville, a "must attend" for anyone interested in healthcare missions. Dr. David Thompson, a missionary who has inspired me and countless others, will be giving the closing challenge.

An excerpt in a report from a [CBN interview](#) relates part of David's story, with his wife Becki:

Thompson spent his childhood in Cambodia and attended missionary boarding school in Vietnam. During the 1968 Tet offensive, while his parents were serving as missionaries in Vietnam and he was a pre-med student at Geneva College in Pennsylvania, his mother and father were killed by North Vietnamese soldiers as they tried to surrender to the communist forces that had overrun the city of Banmethuot. A year later, Thompson

graduated from Geneva College and entered the University of Pittsburgh School of Medicine. In 1971, Thompson married Becki Mitchell, a girl he'd met in school in Vietnam and who had lost her father when Viet Cong forces kidnapped him from a Leprosy hospital near Banmethuot, Vietnam, where he was serving. Becki trained as a nurse and was also planning a career in medical missions.

Despite their tragic loss, they tried to go back to the same part of the world where they both lost their parents, but the door closed at the last minute. Instead, their mission sent them as pioneer missionaries to a totally different culture in Gabon, where David established Bongolo Hospital and they served for many years. In 1996, after more than 10 years of service, God laid it on David's heart that someday when he was gone, who would carry on their work? He knew his tireless efforts were not meeting the needs of Africa where there is one trained surgeon for every 250,000 to 2.5 million people. The most common surgical reason a woman of childbearing age dies is she can't get a simple C-section for her obstructed labor.

So God gave him a "crazy" idea. What if he and other surgical missionaries could start excellent surgical residency programs for national physicians in Africa? If they trained there, they would stay there. Thus, CMDA's Pan-African Academy of Christian Surgeons was born. The program now has nine general surgical residencies, a pediatric surgery fellowship and an orthopedic residency, all located in nine mission hospitals, and more new residencies are on the drawing board. Last year, more than 175 U.S. surgeons traveled to these hospitals on short-term trips to help teach in these residencies, and more than 50 surgeons in total have finished the five-year program certified by Loma Linda University.

Impossible? Seems like it, but the Thompsons' know **the secret**. In fact, in their mid-60s they turned over their work at Bongolo to missionaries they had mentored and then moved to North Africa to start a PAACS program there. Their first task is learning Arabic.

Yeah, you need to know **the secret**. What do you think it is?

Well, of course, you need a personal relationship with Christ as your personal Savior. That is a prerequisite to using the secret. Add to that you need to be obedient to His call. He said, "Go" and you follow through and go to where He calls you.

Here is the secret though! You have to live a life fully surrendered to God every day. Without that, you won't make it. When you focus on "my needs" or "my rights" you will soon be heading back to the U.S. and rationalizing your call away. Don't get me wrong, you will have lots of good excuses-*I just couldn't get along with the other missionaries; The workload is just too heavy; It just wasn't safe there; It wasn't the best thing for our children*-and many more. I've heard these and numerous others when missionaries take their eyes off the Lord and turn them inward. Instead of letting God drive the car of your life, you get behind the driver's wheel and put Him in the passenger seat. You are in charge and not surrendered to His will or His direction.

When that happens, the wheels come off your vehicle and there is a wreck.

Jesus explained this to His disciples in a summary statement of what it means to be a true disciple in Matthew 16:24, *"Then Jesus said to his disciples, 'Whoever wants to be my disciple must deny themselves and take up their cross and follow me'"* (NIV 2011).

I'm not saying God may not change your direction and give you another place of ministry. That happens. It happened to me. In fact, it took a new surrender in my life to His will to return to the U.S. I didn't want to leave Kenya when God called us back. Surely, God wouldn't want me to return to the U.S. when the needs were so great in Africa and He had given me the skills and experience to address them. I loved being a missionary. I was good at it. I much rather raise my children in Africa away from the "jungle" of America. What would people think? Through prayer, God reminded me of my commitment to **the secret**. Surrender meant denying myself and surrendering completely to Him again, even when it didn't make sense.

Now looking back, I can clearly see what He was doing. I'm so glad I didn't follow my desires and what I thought should be God's plan for my life.

An old hymn not often sung today shares the truth of **the secret** better than I can. I hope you will not only read its words but make the words of its chorus your commitment as well. If you do, your obedience will guarantee, by God's definition, your success.

All to Jesus I surrender;
All to Him I freely give;
I will ever love and trust Him,

In His presence daily live.

All to Jesus I surrender;
Make me, Savior, wholly Thine;
Let me feel the Holy Spirit,
Truly know that Thou art mine.

All to Jesus I surrender;
Lord, I give myself to Thee;
Fill me with Thy love and power;
Let Thy blessing fall on me.

Chorus:
I surrender all,
I surrender all;
All to Thee, my blessed Savior,
I surrender all.

Resources

The more I read, the more I think those of you preparing to serve will really benefit from spending some time on this blog: <http://www.alifeoverseas.com/>. The entry from November 9, "The Idolatry of Missions." will provoke some thinking and hopefully some careful consideration.

Cameroon International Rotation Reflection - June/July 2014

By Brendon Esquibel, MS4

As I begin to write, rain is falling steadily on the tin roof above me, while thunder echoes in the distance-the first signs of a coming storm, an almost daily occurrence here in the rainy season. By way of reminder, I am currently writing this reflection piece from Cameroon, where I am working with the Pan-African Academy of Christian Surgeons (PAACS) at a mission hospital in the northwest region of the country. I spent a total of six weeks in Cameroon for an away rotation/sub-internship as part of my fourth year of medical school studies at Brown University. The hospital where I served is called Mbingo Hospital, and it is the largest of the six hospitals run by the Cameroon Baptist Convention Health Services (the CBC, for short). The hospital is more than 60 years old, having originally begun as a leprosy settlement in 1952. Currently, it is a 290-bed facility, with 90+ of those beds belonging to the surgical service. The hospital performs more than 6,000 major and 4,000 minor operations each year.



Picture of Mbongo Baptist Hospital taken from nearby hill

PAACS, on the other hand, is a commission of the Christian Medical & Dental Associations (CMDA) that uses African mission hospitals to train and disciple African physicians to meet the critical need for surgeons in Africa. Their website describes their purposes as the following:

What if you needed surgery - and there were only a handful of surgeons for an entire country? While in most of the developed countries that is unheard of, in many African countries that is the painful reality. The Pan-African Academy of Christian Surgeons (PAACS) is a strategic response to the need for surgeons in Africa. We are a non-denominational, multinational service organization training African physicians to become general surgeons who are willing to remain in Africa to meet that need.

Training is offered at several well-established evangelical mission hospitals in Africa, under the direction of experienced, board certified missionary surgeons.

We envision African surgeons living the gospel and ministering to the sick. PAACS exists to train and disciple African surgeons to glorify God and to provide excellent, compassionate care to those most in need.

I hope this background information helps set a solid foundation for this reflection, through which I hope to elaborate on some of the experiences I was given during my time in Cameroon and address some of the challenges and learning opportunities I encountered.

As a boy growing up in a small farming town in northern Maine, I would argue that I was raised just about as far as one can get from the realities of injustice and oppression we see in this world. I was the only child of a supportive, affluent and loving family, and I had little idea that anything other than that even existed. The realities of terror, oppression, abuse and injustice were kept far from my life, and I, perhaps unsurprisingly, came to understand God in ways that fit my experience. I knew little about the needs of the world or how God regarded such suffering. I knew even less about what those needs had to do with me or how I could make a difference. Little of this would change until I left home and, for the first time, was intimately exposed to raw realities of a hurting world-people losing their houses and jobs to hurricanes; homeless men and women wandering the streets of our nation's capital; children dying from malnourishment in Africa; and corruption and war devastating lives in the Middle East and Central Asia.

My eyes have been opened by these experiences, and more than that, my heart has been burdened. The inside of a classroom at the schools I've attended look much different than the bombed-out remnants of an Afghan school building. The well-maintained and safe streets of downtown Providence are in direct contrast to the trash-strewn and robbery-plagued dirt roads of a rural Kenyan village. The waiting rooms at local hospitals are like a different world compared to makeshift clinic rooms and operating theaters used by physicians in the developing world. This is not to say that one side of the comparison is wrong and the other is right, or that one is significant while the other is not. It is simply to emphasize

the importance of knowing that both exist. This awareness has changed the way I see the world around me, and this change in perception will, I pray, transform the ways I choose to respond to it.

While most of the surgical diseases I witnessed in Cameroon were similar to those I knew from back home (except for complications like typhoid perforation), the context, degree and quantity in which they presented were obviously quite different. Suffice to say, I saw and did more in six weeks as a surgical sub-intern in Cameroon than at any other time period during my (albeit short) medical training career in the U.S. From the thrill of operating (even when the power goes out) to the challenge of multi-subspecialty morning rounds (picture going from a 2-week-old baby with a jejunal atresia in one bed to a 75-year-old man with prostate cancer in the next) to the tragedies of practicing healthcare in a place afflicted by advanced disease, preventable deaths and limited resources (these often go hand-in-hand), the context of this experience was different from those I know back home. Given the lack of resources and manpower at the hospital, the breadth and acuity of these needs made for extremely busy days and nights for most of the surgical staff. If humanely possible, we could probably work 24 hours a day, seven days a week and still not meet the needs of the patients we encountered and admitted each week. While this point underlines the importance of advocating for and progressing global surgery, it also emphasizes the inadequacy of a needs-based perspective toward healthcare missions.

The beauty of the PAACS training program lies in its sustainability. PAACS uses the best characteristics of the U.S. medical education system (i.e. advanced, structured training) to equip African surgeons with new surgical skills and knowledge to then return to their home countries. This is an appealing model for meeting the great surgical needs of a continent. However, this alone will never have the full impact of what PAACS desires, which is to empower their graduates, through the power of the Holy Spirit and biblical worldview revealed by God in scripture, to be disciples of Christ in a broken and hurting world. I truly admire this vision of PAACS, and I aspire to incorporate these principles into my own training as a fourth year medical student and future general surgery resident. But the truth is, I will be attempting to do so in an atmosphere that is different from that of Africa in more ways than just surgical need and a lack of resources.

While I find God to be a welcomed and needed presence by the staff and patients at Mbingo Hospital, I know from my prior experiences that we leave little (if any) room for God in our own healthcare system, where the gifts of technological advancement, resource surplus and rapidly-expanding knowledge has come at the price of humbly seeking Godly wisdom, divine healing and biblical perspectives. Who needs God when you have instant CT scans, curative treatments and ever-advancing research at your hands?

In the same way, while I grieve for the tragedies of insufficient healthcare provision I witnessed in Cameroon, I am equally saddened by the spiritual poverty of our own healthcare system in the United States. It is as if being blessed with success and medical advancement has caused us to lose sight of the One who gives all things. And while the people of Cameroon suffer physically, and the surgical needs of Africa are undeniable, the spiritual suffering of our own hearts is just as important. I hope to continue to join PAACS in support of the cause of global surgery, one of the most overlooked healthcare burdens worldwide. However, I also desire to be a vessel for God to use here in the United States, where another type of darkness has set in. God gave a warning to Israel about the danger of leaving Him during times of prosperity in Deuteronomy 6. We would do well to heed it again:

So it shall be, when the LORD your God brings you into the land of which He swore to your fathers, to Abraham, Isaac, and Jacob, to give you large and beautiful cities which you did not build, houses full of all good things, which you did not fill, hewn-out wells which you did not dig, vineyards and olive trees which you did not plant-when you have eaten and are full-then beware, lest you forget the LORD who brought you out of the land of Egypt, from the house of bondage (Deuteronomy 6:10-12, NKJV).

In the midst of my experiences overseas, I have been struck by three simple but powerful facts. First, there are a vast number of men, women and children in the world who are suffering. Even though this should not come as a surprise to me, it has. Such injustice and suffering often feel far removed from my comfortable life here at home, as if they were not just taking place in a different country, but another world all together. Yet, despite whatever I tell myself, the realities of my experiences have shown me that this suffering is a very real occurrence, which is happening to very real people, at a very real moment-even as I write and you read this sentence. Suffering and injustice are more than headlines on a newspaper or a 30-second clip on the nightly news. They are more than statistics in research studies or campaigns for charitable organizations. There is something in our hearts that is profoundly affected when we move past acknowledging suffering and injustices as true and come to a genuine understanding that they are real.

Second, within these communities, where abuses and injustices are taking place, there are Christians (missionaries, healthcare professionals, relief and development workers) who are faithfully serving and trying to help. But they seem outmatched and overpowered by the enormity of need. For these same reasons, one of the missionaries I served with on this particular rotation made a deep and lasting impression on me. It was so encouraging for me to witness this surgeon

(Dr. Brown) display the fruit of the Spirit during his daily work and in his relationships with other physicians and patients. The one-on-one time I shared with him was invaluable to me, along with the wisdom he shared. His humility and genuineness are qualities of Christ that I hope to emulate as a future surgeon. The Christian faith has a long-standing history of calling followers to a loving and generous concern for the poor and the oppressed. Christians are stirred to reflect God's character, and part of God's character is that He is a very generous God (Exodus 34:6, NIV) who loves justice (Isaiah 61:8, NIV) and hears the cries of the afflicted (Job 34:28, NIV).

Yet, the magnitude of suffering and weight of oppression can often seem overwhelming. The more exposure I have to cultures and places other than my own, the more I've questioned, and longed for, the hope that God has promised to bestow on a world that needs His love. There are some problems that cannot be managed with medical therapy; some degrees of brokenness that cannot be mended with our best-intentioned counseling; and some scars that go far deeper than a surgeon's scalpel. There are some evils that have not been, nor will they ever be, solved with our man-inspired attempts to reform education, healthcare or government. But God has promised that a light has gone out into the world, and that the darkness has not, and will not, overcome it (John 1:5, NIV). And although that light may seem dim in some parts of the world right now, I must cling to the fact that it is there. I find the fulfillment of this truth and encouragement in the lives of these little-known Christians (like Dr. Brown and other PAACS missionary surgeons) who, through the years, have courageously confronted evil and offered a voice of hope into a hurting world. They have not sought publicity, power or payment. Nor have they been paralyzed by the magnitude of despair or overcome by the weight of injustice. They simply trust that God is more than prepared to use His people as His instruments of truth and justice and that, with His help, we truly can ".seek justice, rescue the oppressed, defend the orphan, plead for the widow" (Isaiah 1:17, NRSV).

Lastly, there is a longing for love and hope in this world that no man-inspired peace movement or government-sponsored poverty campaign is ever going to satisfy. I think we can all agree that the art and practice of healthcare is a very powerful tool. It offers an immediate connection with other people and enables its workers to enter situations and cultures where they might not otherwise be welcome (my trip to Afghanistan is a good example of this.) Yet, each time I've walked through the doors my position as a medical student has opened (and spent time in impoverished places), I've wondered whether the ends to which we strive have to be more than good medical outcomes and improved poverty statistics.

In a developed nation like the United States, I've grown accustomed to placing my hope in things like an education and a career, and finding love in the arms of my family and friends. Yet, traveling to places like Afghanistan and Cameroon has made me question these loyalties, for they are not universal, and they are certainly not guaranteed. When we admit and treat patients, we do so with the intent of curing, or at the least alleviating, pain and suffering. We served in Cameroon with similar intentions. We prescribed medications. And while all of these things are noble and good, I would venture to say that if they are the only things we accomplished during this time, then we left these places without fulfilling our God-given purpose. The truth is, the medications we prescribed in Afghanistan will run out, the surgical patients we treated in Cameroon will get sick again and the diseases we addressed in other places will recur. But what of the love and hope of God? That will never cease. And in this way, Christian or non-Christian, we cannot take the credit. Only God can. Christian healthcare professionals can then continue their work with confidence, for they do not look to culture or to self for a saving power, but to God.

I do not claim to have a firm handle on any of the points listed above; only that they have stood out to me. I will be the first to admit that I have much to learn, but I am confident in the One who is teaching me. I wish I had answers for poverty, and the solutions to the abuses and injustices I have now been a witness to. But I do not. What I do have is a hope that, whatever the strengths or weaknesses of this reflection piece, these words will be of little note and short remembrance in the scope of God's grace and works in our world. What will last are the words of God, and His works of love among us.

The world is a beautiful and a tragic place-at times too wonderful to fathom; at others, too fallen to bear. There is a mystery that seems to lie at the heart of humanity-a people capable of such astounding works of charity and love, but at the same time, adept to commit terrible acts of deceit and disaster. The condition of our hearts seems beyond cure, and the consequences are often beyond words. Who can understand it?

But in God, there is no falseness, disaster or despair. He is light, and in Him there is no darkness at all (1 John 1:5, NIV). He sends His people out as a reflection of this light into darkened places, as heralds of good news to a world in desperate need of it. There is a love that surpasses understanding and the best-laid plans of men; a hope that goes far beyond social reformation or political agendas; a heartfelt need that is outside the scope of medical knowledge and man-made prescriptions. It is only through this view of justice-one rooted in love, anchored by hope, expressed through small and great acts of mercy and administered by a people willing to lay aside their own desires and agendas to take up God's-that places like Africa and the United States will find true redemption and a wounded world will be healed.

Note from Susan: You too can have a similar experience if your program allows for an "away" rotation. You will find

CMDA's International Rotation Handbook at www.cmda.org/internationalrotations. You can search the file in table format then find the actual organization's information in the file that has site information. Remember the popular sites are booked more than a year in advance, so if you are thinking of going in your senior year, it is not too early to start during your second year. If I can help, email me at susan.carter@cmda.org.

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