

It is always both a challenge and an encouragement to meet folk at the Developing Health Course (see the report in *CMF News*) who are working overseas and to hear something of their story. The problems they face may be common to all - working in difficult and trying circumstances - but with added stress of very minimal resources, language and cultural differences, isolation and, on occasions, the real threat of physical danger. However, the joy and fulfilment that flows from being where God has called you to be, make it all so very worthwhile - and they go back for more!

## It's all a matter of perspective

One member, working in Africa, described a recent journey to a church they were visiting with their four children one Sunday morning. It involved a long dusty drive along rutted tracks only to find that, for the final phase of the journey, they needed to abandon the vehicle, climb into a dugout canoe and paddle down a crocodile infested river to get there. A terrifying experience from a mother's perspective but seen from the children's point of view - 'A real cool day!'

Another member writes about a patient brought into hospital in obstructed labour from a village some 50 miles away. It had taken over 48 hours to reach the hospital by ox cart. Talking to the patient, it quickly became apparent that she had never left her village before, had never seen a hospital, had never been in a room with an electric light and had never seen a white man! From the point of view of the western students who visit the hospital, it seems like another world too - no telephones or internet, no bank or supermarket, erratic electricity and irregular water supplies and atrocious roads! It's all a matter of perspective.

## Where are the men?

Such situations are not for the faint hearted - a challenge for any macho man - and yet when I look at the break down of participants at the Developing Health Course, 38 of the 51 attendees were female. The majority of missionaries you meet at healthcare fora are female. Eleven of the twelve CMF members that I currently know are preparing to work overseas, short or longer term, are female.

I ask myself, 'Where are the men?' I remember, at one point during our time in Tanzania 30 years ago, there were some 35 single ladies working in the immediate vicinity and only two single men. The ratio hadn't changed when I was involved in a work in North Africa 25 years later. It seems as though men answer God's call with the response, 'Here am I Lord, send my sister!' Obviously, in an Islamic culture, it is entirely appropriate that the gynaecologist is a woman but that doesn't apply to every branch of medicine nor to other needy situations. The women are doing an amazing work, often in very trying circumstances, but where are the men?

## Where are the surgeons?

I was interested to read an article in *Tropical Doctor*, co-authored by a CMF member recently returned for Malawi, Chris Lavy.<sup>1</sup> The paper reports the results of a 2003 national survey of surgical activity in Malawi. A small but densely populated country, Malawi is ranked as one of the poorest countries in Africa. The writers point out that none of the 21 district hospitals in the country has a resident surgeon. Very little major surgery is carried out anywhere. Caesarean section and D&C account for 44% of the operations performed, the rest being mainly minor surgery.

I found it a very depressing read, looking back and realising that the situation was better when I first entered the country in 1967. Numbers offering to work overseas have decreased and the 'brain drain' has worsened but the needs have increased, particularly for those who will come alongside to teach and train younger overseas nationals. It will remain a vital area of Christian service for many years to come. The opportunities are there for those who seek them.

While on the theme of surgical needs, a CMF member, working in Madagascar requests a surgeon locum in the spring of 2007 - see [www.mandritsara.org.uk](http://www.mandritsara.org.uk). General surgeons are also needed at Galmi Hospital in Niger, Mukinge Hospital in Zambia, Rumingae Hospital in Papua New Guinea and Meskine in Cameroun - all for the longer term - see our overseas website for more details.

[www.healthserve.org/overseas\\_opportunities/20050000.htm](http://www.healthserve.org/overseas_opportunities/20050000.htm).

## Prayer concerns

It is not possible to be specific in these pages but do please continue to uphold those of our members who are working abroad. Several have been on home assignment during the last few months and are now returning abroad. Some have been sick themselves and need to experience the Father's healing touch. All need fresh strength for the days ahead. Pray for the families too and for those with the added responsibility of home schooling.

If you have a particular interest in a particular country, you might like to be praying for those of our members who are working there. Please let me know and I will seek their permission to put you in touch. There are so many ways we can demonstrate our support for those working overseas. Just to know someone is faithfully praying can be an enormous encouragement. To receive the occasional email or small gift - chocolate or sometimes a jar of marmite - is always welcome and can work wonders for the morale. It's all just a small part of our fulfilling our role as a fellowship of Christian healthcare professionals.

## Known Current needs

The posts offered are all salaried.

- Bach Hospital in Pakistan. There is a particular need for a locum obstetrician (either sex) from 23 February to 16 March 2007. In the longer term there is a need for an anaesthetist and dentist and a female obstetrician.
- The Oasis Hospital, UAE is looking for doctors in several specialities.
- Cure International Hospital in Afghanistan have vacancies for a paediatrician, anaesthetist, GPs (2) and pathologist.
- Cure International, Malawi need an orthopaedic surgeon in Blantyre.
- LAMB Hospital, Bangladesh desperately need a female obstetrician.
- Crosslinks need a GP to replace one of our members who is completing a time of service in a rural hospital in Tanzania.
- Medair need medical co-ordinators for their work in DR Congo and Sudan.

You can find full details of these and other overseas vacancies on our overseas website [www.healthserve.org/overseas\\_opportunities/](http://www.healthserve.org/overseas_opportunities/)

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## references

1. Steinlechner C *et al.* National survey of surgical activity in hospitals in Malawi. *Tropical Doctor* 2006; 36.3:158-160