

We are told to ask the Lord of the harvest to send out more labourers into the field ripe for harvest, and many of us are doing that. We know he hears our cries – so why do I receive so many requests from members overseas for other medics to come alongside them or replace them when they have to leave? Extracts from emails show the needs:

■ Pakistan

Where are the doctors we need? We need someone with surgical skills, a female paediatrician and a radiologist who could make regular visits and advise. Our single handed doctor is getting burned out. JS

■ Tanzania

After many months of advertising, we need a replacement doctor to head up the work at St Luke's as we prepare to move on. RT

■ Malawi

The doctor heading up our hospital leaves in December and we are desperately looking for someone to replace her. The person would need some basic skills in obstetrics and surgery. It's a beautiful but busy place on the lake shore. SW

■ Bangladesh

We desperately need replacements and especially an experienced female obstetrician (preferably two). FM, writing from LAMB Hospital where two senior doctors are about to leave.

■ Zambia

We require a generalist with anaesthetic or obstetric experience, ideal for a doctor taking early retirement. VD, a retiree, writing from Kalene Hospital.

■ China

On a similar note, our friends in JHF write of the needs there. Visit the medical and social services pages on their website at www.jhf-china.org

And so it goes on. Please pray in earnest about these and other situations known to you. Perhaps you know those who could fill these posts; perhaps it might even be you? Details can be found at www.healthserve.org/overseas_opportunities/

Starting points

If you want a taster of what working abroad might be like, a number of agencies that offer short mission exposure trips with various types of experience are listed on this website, and some of our members who are already involved might well be prepared to take you with them on such a trip.

If you need contact addresses of agencies that you could work with, go to www.healthserve.org/pages/pages.asp?page=section&id=1. You will also find contact addresses of agencies that can advise how to go about it, or please feel free to contact me at the CMF Office on 020 7234 9660.

If you are wondering how to resource time abroad, it would be worth reading Myles Wilson's book, *Funding the Family Business*

(ISBN 978 0 9553320 0 5) or attending one of his workshops. Phone Stewardship Services on 020 8502 8585 for details.

Working Abroad

A new edition of our *Short Term Mission Handbook* (renamed *Working Abroad*) is about to be published as hard copy and is already up on the overseas website, www.healthserve.org/pubs/

Sometimes I am asked, 'Is it safe to go abroad'? This handbook considers some of the answers to this question:

There is a telling contrast between the attitudes of society today – with its emphasis on health and safety, caution and desire to have everything under control – and the attitudes of those who went overseas in the 19th and much of the 20th century. We face risks wherever we go, it would be wrong to ignore them, but any healthcare worker overseas who wishes to identify with the people who he/she serves should recognise that too much attention to their personal security could hinder their relationships.

Working with refugees in a conflict zone

Neil Fletcher is one such person who has just stepped out of his comfort zone into a dangerous and difficult situation. He has sent us his first impressions:

Chad is one of the poorest countries in the world, ranked as 167th out of 176 countries in the UN Human Development Report. My mission here, working with MSF, is to bring primary medical care to the inhabitants of a refugee camp in Goz Beida, Eastern Chad. Armed conflict and insecurity in the area have hampered relief efforts. The camp contains thousands of internally displaced Chadians and refugees from Darfur who have fled the murderous Janjaweed of Western Sudan.

These patients are amongst the most poverty stricken and disease ridden people on earth. A hundred years ago they were inaccessible as our neighbours but now, in this global village of cyberspace, satellites and jumbo jets, they are our neighbours. And as such we must love them as we do ourselves. That doesn't just mean feeling some sentimental emotion towards them – it means helping them out of disease, poverty and suffering in whatever way we can.

Mean life expectancy here is 44 years and childhood mortality is close to 25 percent. Most of these deaths are from diseases that are simply, easily and cheaply preventable and treatable – malaria, diarrhoea, measles, malnutrition and pneumonia. The global scale of such problems equates to a death toll the size of September 11th every two hours of every day of every year, year in, year out. And that is just the kids! Bin Laden may be guilty of causing death by commission. If I ignore these people then I am guilty of allowing death by omission.

My role as a doctor here will have several different components. The focus of my work will be primary care and nutrition. A lot of my work will involve teaching and training the Chadian national staff. I'll spend a lot of time seeing and treating patients – generally those clinical cases that are too sick or too complicated for the national staff to manage safely.

Peter Armon is CMF Head of Overseas Ministries