

Catriona Waitt and **Abi Randall** found short-term work overseas is as much about being as doing

CHALLENGING THE STEREOTYPES



Catriona Waitt writes....

Until this year, I imagined people doing short-term mission trips as fresh faced, dynamic individuals in their twenties, without family commitments and probably yet to enter specialist training. I tended to think of those with 'hands on' skills in surgery, obstetrics or trauma. My husband Peter and I are towards the end of our medical registrar training. My role tends to be more academic than clinical, more suited to a teaching hospital or research institute – at times I have regretted not training in something more 'useful' for medical mission. But two months in the Gambia with three children in tow has changed my perspective.

A year ago, I was reaching the end of a complicated pregnancy that had required multiple hospital admissions and left me physically weak and spiritually discouraged – I certainly had no plans for short-term mission in rural Africa. But as I started to recover, Peter and I discussed the possibility of him taking the final three months of the 'maternity' leave now possible under the new legislation. We realised that if I were to take my accrued annual leave at the same time, we could have a couple of months off together, and wondered what would be the best use of that time. Two days later, we met a friend on leave from her mission hospital in the Gambia who told us of the urgent need for a short-term doctor for December and January. This would be the exact time we were free. And so we started to ask

ourselves, was this a crazy plan or a God-given opportunity? In the eyes of the world, it was indeed a risky proposal: to travel to rural Africa in imperfect health, with three boys aged three and under. But to cut a long story short, God opened doors and we set off to Sibanor with WEC International.

As we are both doctors, we applied as a 'doctor and spouse' with the understanding that we would split the roles between us. While one of us worked in the clinic, the other would be exploring the village with the boys, going to the market, greeting friends in their homes. We were able to maximise our skills by changing roles when needed, and we could discuss complex cases together. Personally and professionally, it was challenging and fulfilling.

Hearing feedback from the team and the local church at the end of our stay, we realised that both roles were important. Rather than hindering 'real ministry', the children brought refreshment to many who were worn out; an injection of energy and enthusiasm for life. We were able to build relationships both in the clinic and in the village, the children often bridging the gaps between our different backgrounds and cultures.

Sometimes we have stereotypes of Christian service, not appreciating that simply living out our lives in a God-honouring way can have a greater impact than specifically targeted outreach or Bible studies. In the words attributed to Francis of Assisi, 'Preach the gospel at all times and when necessary,

key points

- Providing relief for a long-term worker is a valuable service.
- Taking children along can be a blessing, not a burden.
- Imaginative use of leave and holiday can free up time to go.

use words'. This applies to all of us as Christian doctors, regardless of the country or environment in which we find ourselves; our time in Gambia was simply an encouraging reminder of this truth.

I would like to challenge you. Could God be calling you to short-term overseas service? Our individual circumstances are not barriers to the gospel, but rather can be unique opportunities which God uses to reach out to others. Pray about it today. In the words of Paul to the Ephesians, 'Now to him who is able to do immeasurably more than all we ask or imagine, according to his power that is at work within us, to him be glory in the church and in Christ Jesus throughout all generations, for ever and ever! Amen.'¹

Abi Randall writes...

What do you do with two weeks of rota'd January leave, in lieu for working the preceding month on call? My husband David and I were feeling pretty miffed at having missed Christmas and New Year festivities. Our solution seemed obvious: get on a plane to a place where the sun shines and where vitamin D is in rich supply. But despite our best efforts to arrange a suitable holiday, we stopped short of booking one, not quite able to settle on any of the options.

We are on CMF's 'STAT' list (Short-Term, Able to Travel) which means we get emails when needs for doctors come up overseas. The emails usually end up in the 'Delete' box, as jobs, children and busy lives usually dispel thoughts of overseas travel. But as we were trying to plan our time off, we decided to delve into the 'Delete' folder and pulled out a request from a hospital in northern Pakistan for 'any doctor, of any specialty, for any length of time.' The email seemed to convey a ring of desperation – how could we not respond?

Our respective departments granted us an additional fortnight's leave, giving us each four weeks in total. After two months of shift-swapping and frenzied visa applications, we flew out to Kunhar Christian Hospital with our two young boys. Kunhar is a small 30-bed hospital with an outpatient attendance of around 50 patients per day. It was founded 17 years ago by Dr Haroon Lal Din, who had sent the plea for help – he had been the only doctor there for the past six months, and was struggling with discouragement and impending burnout. When we arrived we were quite taken aback at the love and hospitality shown to us by this lovely believer and his wife Miriam, who welcomed us into their home as if we were old friends. Our every need was provided in a way that was quite humbling.

Medical work and childcare we tried to share equally between ourselves. Patients pitched up from around 8am until noon. David is a renal registrar and I am in my second year of GP training: we worked as a tag-team, David working through patients until confronted with a child or a gynaecology problem, when he would bail out and come

back to the house, taking over the care of the boys while I continued with the clinic. The boys had a wonderful time toddling around collecting eggs from the chickens or watching workmen cutting wood with axes – all new experiences for inner-city tots.

Once the outpatients had all been sent on their way, typically by around 2pm, we had the afternoons to ourselves, being called only for sick people who showed up at the hospital gate, or for unwell patients on the ward (other than the maternity patients, there were only around three or four inpatients at any time during our stay).

We enjoyed the stimulation of having to deal with a great variety of conditions, some of which we had only read about in textbooks, and others of which would in the UK be cared for by sub-specialists. From a non-medical perspective, it was a great joy to meet brothers and sisters in such a strongly Muslim part of Pakistan and see their quiet but faithful witness to God's goodness. It was a privilege to pray alongside Dr Haroon through the many burdens that he bears in the running of the hospital. One of these is loneliness and a sense of isolation from other Christians.

We had concerns about taking Robbie and Thomas, at the time aged 25 months and 14 months respectively, to an area of Pakistan where the UK Foreign Office strongly advises against all but the most necessary travel. The hospital is located 60km from Abbottabad, where Osama bin Laden was killed by American forces in 2011. We went ahead after much prayer, careful consideration, and advice from those living in the area. We thank God for keeping us completely safe. We saw nothing to make us afraid during our time in the country.

Perhaps above all, we were blessed in the confirmation that it was indeed the Lord who had arranged the circumstances of our on-call rotas, sending us to a situation where we were able to stand alongside some faithful believers working hard in a tough situation. To a pair of frequently half-hearted Christians, who spend much of our time thinking primarily about our own needs and wants, it has served as a great reminder that the Lord has a plan for our lives, and he wants to use us.

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CMF has just published a new booklet addressing some of the issues around short-term medical

visits. It's a must-read for anyone planning a trip.

Lavy V. *Short-term medical work – good practice guidelines for short visits and mission teams.* London: CMF, 2013

reference

1. Ephesians 3:20-21