Among All Nations

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Christian healthcare worldwide

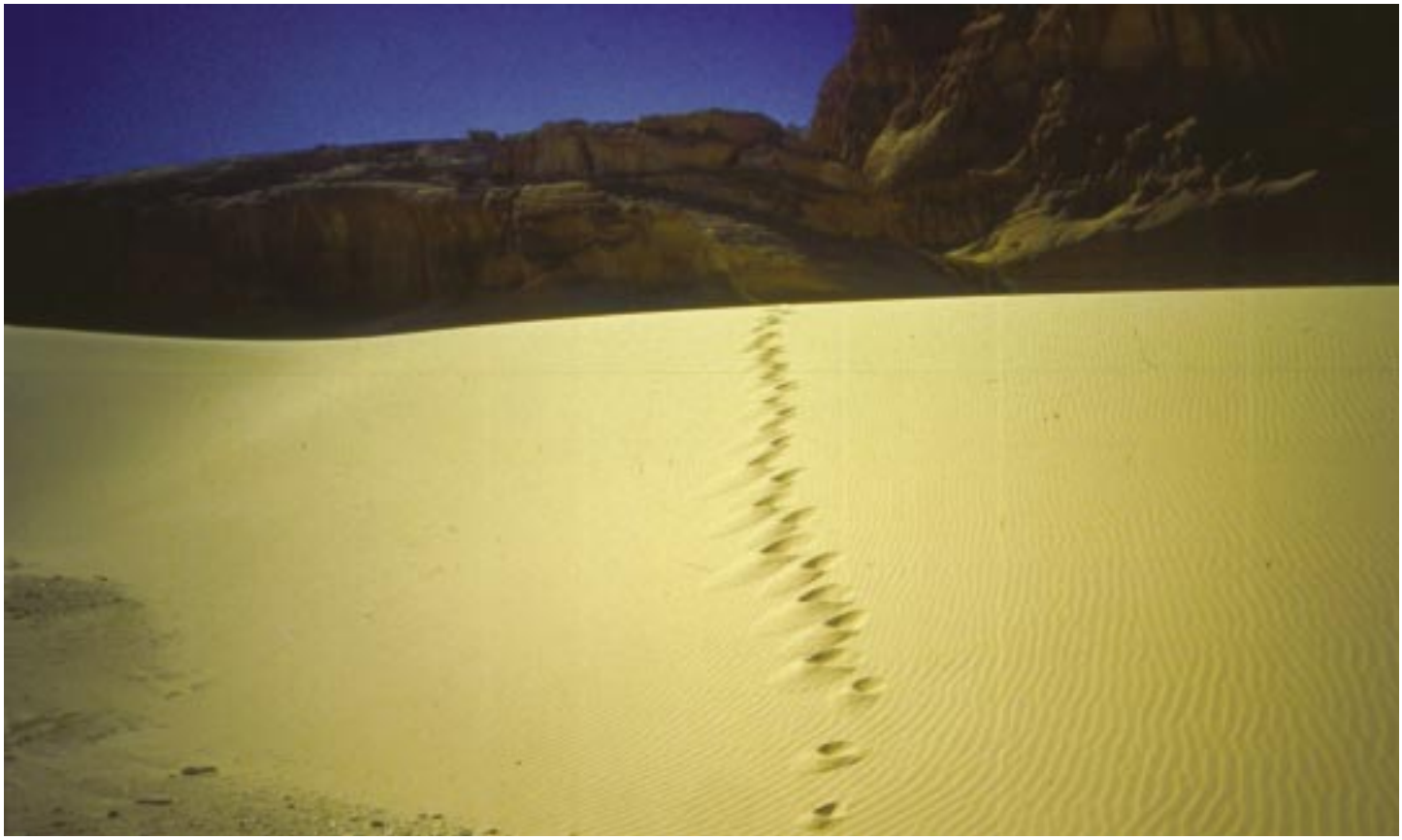

Photo: Jackie Cox/CMS

Walking with God

Moses led his people out of slavery, across a desert, back to the land where their ancestors had lived. But first he stood on the edge of the desert at the bottom of a mountain and heard God speak to him.

He might have been told to climb the mountain to see the route they would take, but at the start of his life's work he saw at the bottom of this mountain a bush, burning without being destroyed. He went to investigate and God told him to listen.

Before Moses could plan strategically he had to converse with God intimately. His life was a mixture of greatness and of weakness, of success and of failure, a life in which God intervened repeatedly to put him back on course. Many times he was frustrated and angry because the big picture did not seem to be developing the way he thought it should. Moses needed to learn to obey God in each small picture.

He ended his life on another mountain with a panoramic view of the land his people were about to enter. In the following pages we might see the big picture of the world explained in terms of poverty or sex or power, but these are the background to our walk with God.

We need to start and stay with the small picture while never ignoring the big one. We need to stand alone on the edge of the desert with God and ask him what he would have us do, and then we need his help to do just that.

Among All Nations is produced in partnership with the **Medical Missionary Association** and **Christians in Health Care** as the international section of *Triple Helix*. They also produce the magazine *Saving Health*, which has more articles on healthcare with mission, and a more comprehensive list of multidisciplinary service opportunities. Details on p15.

money, sex and power

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surely not me, Lord?

Obstetrician and gynaecologist David Clegg recalls some cameos of work in southern Africa and asks: How much are we in the West to blame?

She lay in a bed soiled by loose stool and vomit, a once beautiful young African girl now emaciated, her abdomen distended by pus, though she was afebrile because of her diminished response to infection. She cannot have understood why this was happening to her and may even have attributed the misfortune to God's will for herself or for her people. Her one hope on growing up would have been to have had a baby of her own but now she was dying childless and friendless.

Her sister in the next bed had children but was now a widow dying of AIDS. Her children would be orphaned and some themselves would die of the same disease. Meanwhile they would live with an overburdened grandmother or be turned out onto the streets.

I was called to see one such small child in the paediatric ward, with large vulval warts. The suffering on that ward was indescribable. How could young nurses be expected to cope and care for those children under those conditions?

The nurses themselves lacked care. At night their Home was visited by rich men (sugar daddies) who assumed that nurses would be 'safe' because they knew how to look after themselves.

On the adult ward I took an elderly lady to a side room for a gynaecological examination - one could not expect to add to the nursing burden by asking for a chaperone. As we entered the side room we found the four or five couches occupied by bodies waiting to be taken to the mortuary.

Who is responsible?

Who is responsible for this suffering and how can it be avoided? There is some local responsibility but much of the cause must be attributed to the wealthy sector of the world - that is, to you and to me. The complex web of chaos and conspiracy by which these causes work would take much time and knowledge to unravel but can be summed up under the headings of 'money, sex and power'.

Poverty operates in many ways both nationally and individually, but the money game was imposed by those in the West who set the rules and have since invited others to join the club. A form of sexual 'freedom' has been authorised by the West. The methods we have used to limit the sad consequences of this abuse of freedom depend on organisation, education and money, but we have the monopoly for all these. The G8 nations are still able to maintain the *status quo* in power but as I look at that young girl I boil with anger.

Her damages in litigation if only she could claim them should be charged to the account of the West and multiplied millions of times for others in her situation. Yet I bring my family back 'home' for the benefit of their education, to a people living on the wrong side of their television sets, in a virtual reality that protects viewers from feeling responsible for the real world.

If we go back to the beginning of the human story on earth we see man given the care of God's creation. Man failed. If we look at Abraham we see the beginning of a people who were meant to be a blessing to all the nations of the earth. They failed.

Christians became the New Testament people of God but the New Testament never replaced God's original intention for man and woman to care for his creation. We have failed. Our world in crisis is the last opportunity to accept the challenge God has given us to show that he cares. If it takes poverty, chastity and obedience, so be it.

David Clegg is now the Overseas Support Secretary of the Christian Medical Fellowship and the General Secretary of the Medical Missionary Association

The nightmare we hoped would never happen

We all have bad work days. Alison Wilkinson describes one in Kenya

The call comes just as I have plodded home after a long and tiring day in the operating theatre. All hands are needed in the hospital to help deal with a road accident. Two biscuits later I stuff the pockets of my white coat with equipment I may need - and when I reach the outpatient department I discover that this is not 'just' an accident. This is the nightmare which we hoped would never happen.

At the local accident blackspot, at the foot of a steep valley, a speeding crowded bus has failed to take the bend over the bridge, and plunged into the Nithi River 60 feet below. Passers-by have scrambled down the slope to bring the injured to the road, and passing vehicles are now bringing them to the hospital in steady numbers.

In the reception area Dr Gordon, our surgeon, rapidly assesses each arrival and gives instructions as to where they should be taken - the seriously injured need immediate attention, the less serious can wait to be attended to later, and there are those so seriously injured that nothing can be done. All our doctors are here, and all available nurses and student nurses, whether on or off duty, work smoothly together as airways are protected, IV lines inserted, injuries determined, management decided.

As I check where there is space for me to work, I find one man among the 'too seriously injured' who is sitting up and talking. His only problem is swelling in the neck and as this may or may not be serious he is transferred to the ward for observation. Next to him is a child of ten years who is restless from a severe head injury - and the pain of a badly fractured leg which will need to be cleaned tonight. The next man is already dead. Another man is brought in with acute abdominal tenderness - he almost certainly has internal bleeding and must be operated on tonight. The man sitting outside has only a small knee laceration, and some bruising. Later he may realise how fortunate he has been. The girl has broken both arms and one leg, but her facial laceration is small.

Elsewhere, others are also working. Dr Amos battles vainly to save the life of a man with severe chest injuries whose wedding he had attended ten days previously. He then has to go and break the news to the young widow, one of our nurses. In the resuscitation room Dr Mike is assessing a large man who complains loudly of pain in his chest - he does not feel the pain from his leg fracture, and must have a spinal injury, but it is his skull fracture which proves fatal.

At last it seems that all the injured have been assessed, and the initial management mapped out. I find a man wandering among the patient trolleys, looking for his relative who was on the bus. I check on his behalf but find no-one of that name - and we both know that means he must be among those who have not survived. Our parish minister is around. He came to offer help and to be among the distressed, but found his nephew among the injured. Fortunately he is not seriously hurt.

In the ward, nursing staff are coping admirably with the many admissions. I look into theatre where Dr Gordon and his team have several more operations to do. It is now well after midnight, and there is little more I can do to help, so I head for home, knowing that others have a full night's work ahead of them. Tomorrow the less urgent injuries will be more carefully assessed, X-rayed, operated on, plastered, put in traction.

Next morning, the whole community is stunned. Fifty-six people dead, 44 injured, some seriously. Many are local people. In the hospital we are all tired, physically and emotionally. The press arrive, then senior police officers and the Provincial Commissioner. The telephone never stops ringing with enquiries. And there is still much more medical work to be done.

Over the next few days there are many messages of appreciation for the care given. And, from our own minister, Rev Julius Nyaga:

'On behalf of all Christians in this parish and region, I thank you all for the effort and good spirit that I witnessed, the love to save lives . . I could not tell the nurse from the driver because of the teamwork . . Be sure that your work is rewarded by the Father'.

Alison Wilkinson is a missionary doctor at the PCEA Hospital in Chogoria, Kenya

My mission - to ur

Medical student Rebecca Underwood went 'On-Track' with Interserve to try and get her own life on track

There's a one-eyed yellow idol to the north of Kathmandu,
There's a little marble cross below the town;
There's a broken-hearted woman tends the grave of Mad Carew,
And the Yellow God forever gazes down.

(From a poem by J Milton Hayes)

Memories of my mother in a Crusader camp sketch wearing yellow oilskins and with an eye stuck to her forehead was as much as Kathmandu meant to me before arriving in Nepal.

While contemplating my elective I had decided to use it as an opportunity to learn more about working in mission overseas. Following time spent abroad in the past I had developed an interest in working in the developing world in the longer term, but knew I had a fairly romantic view so I applied to Interserve's On-Track programme, seeking reality. They sent me to Nepal.

Photo: Rebecca Underwood

The remoteness of Nepal

Photo: Rebecca Underwood

Patan Hospital, Kathmandu

Kathmandu

Reality greeted me in Kathmandu. I was travelling with Sarah, my flatmate who was spending her elective in a different hospital. We were met by someone from the United Mission to Nepal (UMN) and taken to the guest house. This was my base for the next seven weeks, while I worked at Patan Hospital.

The guest house proved a good place to start my mission to understand mission! It was the first port of call for anybody connected with UMN who arrived in Nepal. Some people who had come to work long-term were starting their five month language and orientation programme. The pain of leaving family and the stresses of starting still seemed to be fresh in everyone's minds.

They were faced with rice and *daal* on a daily basis, the seemingly insurmountable barriers of language and culture, the relentless pollution of Kathmandu streets and the discomfort of always being different to everyone else. All this without the luxury of knowing they would be leaving in a few weeks. I was challenged by their joy and enthusiasm and their unwillingness to complain. Even those who had to care for their children faced each day with a firm and constant trust in the Lord. They had come to offer their service and they were cheerful givers.

Patan Hospital

So what were the reasons for such people leaving the luxuries of the West for this very different place? Patan Hospital is jointly run by UMN and the Nepali government. There are a number of Christians from overseas working there as doctors, pharmacists, dentists and in hospital management. I spent three weeks shadowing doctors in different specialties and saw the remarkable as well as the usual. The 'remarkable' included tiny premature babies sharing a fullsize bed with their mothers - in England I'd only seen them nursed in high-tech incubators. The 'usual' included big outpatient clinics, overworked staff, and constant pressure on resources.

I was most challenged in all this that the work of these 'missionaries' was hardly different from my own life as a Christian in England. The romantic mission field of Nepal was the same as my mission field in the East End of London. They too shared

nderstand mission

the desire to witness to the gospel with colleagues and patients, and the continuing battles with fear, lack of boldness and the demands of a busy job.

Nepal is a Hindu kingdom. To change one's religion is a punishable offence. I found it difficult to know how I could communicate my faith with others without it being inappropriate and without putting others in the Nepali church at risk.

I began to realise however that there was more involved in the work here as Christians. I began to see the suffering and hardship with which the people of Nepal had to live. Initially the great differences in their culture blinded me to their poverty. Daily I saw people arrive at the hospital having walked or been carried for many days. I saw people leave the hospital inadequately treated because they could not afford to pay. I saw malnutrition of children and the debility of patients with untreated TB and leprosy.

All this reminded me that the Lord commanded us to love our neighbour as ourselves. To enjoy the luxuries of the West while so many others suffered so greatly didn't seem to me to be particularly loving. I was shocked and ashamed that it had taken me so long to become aware of such suffering. I learnt how hardened my heart had become by my wealth and the opportunities given to me in life. I began to see that coming to work in a less developed country might be one way in which I could love these neighbours, and use the gifts given to me for the sake of others.

Community Development and Health

Having spent three weeks in hospital medicine, I moved on to the Community Development and Health Programme (CDHP). This programme was working in the more rural areas surrounding Kathmandu trying to improve people's standard of living. This involved improving sanitation, providing a safe water supply, improving agricultural methods and basic health, and increasing adult literacy.

I stayed for nine days at a health post which was a six hour walk from the road. My strongest memory of that walk was my struggle to keep up with the porter. Even though he was walking in flip-flops and carrying a 40 kilogram load on his back, he still marched at a greater pace than I could manage. Work at the post involved running a general clinic and specialist clinics such as antenatal care, mother and child health, and family planning. As it was isolated I had to learn very quickly how to express my basic needs in Nepali, how to eat rice with my hands and how to survive on two meals a day.

While there I began to think about the contribution an expatriate doctor could make in such a country. The initial groundwork in CDHP was found to be more effective if it was done by Nepalis who could engage with the local people and encourage community initiative without fostering dependence. CDH interests me greatly but I left with more ideas about what I could not do rather than what I could do.

A remote hospital

I went up to see Sarah at her hospital. This meant a six hour bus journey and a four hour walk. It seemed incomprehensible that a fully established hospital could be so far from the road. There were a number of doctors from overseas doing an amazing job. Nepal does train its own doctors but very few are willing to work in such remote areas. Here, Christians have been able to provide basic health care. I found out more about the practicalities of living; for example, how to educate one's children, how to establish genuine friendships with local people, and how to be involved with the local church.

Photo: Rebecca Underwood

The author with a group of women waiting for contraceptive treatment, South Lalitpur

I set out to learn the realities of life on a different mission field from my own. I learnt much from living amongst the Nepali people as well as from meeting Christians from overseas. My willingness to work somewhere like Nepal has by no means diminished even though I have seen the less romantic side of the work.

Rebecca Underwood was a final year medical student at Bart's/The Royal London when she did her elective in Nepal in January and February 1998

a world of *opportunity*

'It's a great life!' say Papua New Guinea missionaries Mark and Judy Fitzmaurice

Would you like the freedom to integrate your Christian faith into your clinical practice? Do you want to spend more time with your family? Are you free to be mobile?

If you're willing to pluck yourself from material entanglements, then a stint as a medical missionary could be the life changing experience you're looking for! Medical missionaries are not super-special Christians, workaholics, ascetics, hermits, lovers of extreme climates, people who never have families. In short, they are not people who are 'not like me'!

From our ten year experience in the remote Western Province of Papua New Guinea, we can say something about what being a missionary is.

Photo: Chris Luxton, PNG Church Partnership

Integrating medicine and ministry

You will be vitally involved in spreading the Gospel in partnership with national evangelists and growing churches. Opportunities for evangelistic or Bible teaching activities will often be wide open. You are free to integrate your health work and ministry - to pray with patients and worship with staff. Good use will be made of your professional knowledge and every other practical skill.

It's tremendously fulfilling, making any associated hardships seem insignificant. Have we forgotten that 'those who come to me cannot be my disciples unless they love me more than they love father, mother, wife and children and themselves as well' (Luke 14:26)? You will learn from another people group to value people and relationships over activities and possessions and to see your own culture with more realistic eyes.

Great for the family

It's the most family nurturing lifestyle imaginable. You may be at home with the family most mealtimes. Without TV and shopping we all have more time together. Some missionary mums are able to teach their own children through Distance Education. You can bring children up in a Christian community, in societies where children are loved and nurtured, with wide open spaces. Our situation is like this, but of course not all are. Although families at home are missed acutely, you gain new members: 'Anyone who leaves home or wife or brothers or parents or children for the sake of the Kingdom of God will receive much more in this present age and eternal life in the age to come' (Luke 18: 29-30).

God changing you from the inside

You will allow God to form your character. As you venture out of your comfort zone you will learn to rely more on our intimate God. Yes, there are times of stress, frustration, sickness, loneliness, and lack of confidence or knowledge but we have all found God is trustworthy and close through these times. Living in community will cause you to learn about yourself and you will experience God graciously changing you from the inside as you learn to live in love.

Alternative lifestyle

* Exciting - where else can you fly in small planes over spectacular mountains and feel your pulse race?
* Exotic - or snorkel off palm-fringed beaches on holiday?
* Thrilling - when you save your first baby by Caesarean section.
* Breathtaking - when you wake each morning to the most beautiful view and thank God for his blessings!
* Uplifting - seeing people born into God's family and growing in it.

Not always overworked

You are not always chronically overworked with never-ending streams of patients. Ideally a health professional is part of a team who can support each other in working reasonable hours, sharing on-call and the stress of emergencies, taking regular holidays, and encouraging each other to be actively involved in ministry.

We invite you to come and taste mission for yourself. Most mission hospitals could use a hand for any length of time you have available. Why not go to the mission field 'for one or two years'? You may end up being there ten, like us!

Mark and Judy Fitzmaurice graduated as doctors in Sydney, Australia. Their mission works with UFM Worldwide and with the Evangelical Church of Papua New Guinea. They will be in the UK from 16th-26th October, and are keen to meet anyone interested in medical mission. Contact: MMA Office or see 'Papua New Guinea' on p15.