

# FOCUS

Faith And Practice

A Christian Medical and Dental Society Publication

Volume 29 Issue 2

“Didn’t we feel on fire as he conversed with us on the road...?”



**Mission Opportunities:**  
In Your Office...  
In Your City...  
Abroad...

On the Road to Emmaus:  
Discussions with our Lord on...  
**MISSIONS**

[www.prov.ca](http://www.prov.ca)

**God Loves.**

**PROVIDENCE**  
ESTABLISHED 1963  
**COLLEGE**  
think. live. serve.

**CHALLENGE THE STEREOTYPE**  
degrees in business administration, social sciences, youth leadership and more

We would appreciate your feedback on the articles in FOCUS. Please address your comments to "Letters to the Editor" at the CMDS National Office. Send a letter, fax or email to:

Letters to the Editor  
CMDS National Office  
246B Main Street  
Steinbach MB R5G 1Y8  
Fax: 204.326.3098  
Email: [comdir@cmdscanada.org](mailto:comdir@cmdscanada.org)

Write in and tell us what the symbols in our logo represent to you. Be one of the first three letters and you'll receive a gift from us.

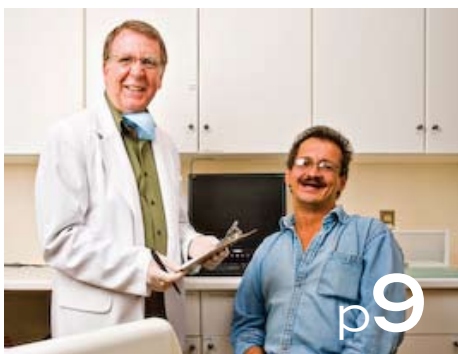
# FOCUS

Summer 2009

## What's Inside:

The Road to Emmaus (Luke 24:13-32 from The Message)

*‘That same day two of them were walking to the village Emmaus, about seven miles out of Jerusalem. They were deep in conversation, **going over all these things that had happened. In the middle of their talk and questions, Jesus came up and walked along with them.** But they were not able to recognize who he was ... They came to the edge of the village where they were headed. He acted as if he were going on but they pressed him: “Stay and have supper with us. It’s nearly evening; the day is done.” So he went in with them. And here is what happened: He sat down at the table with them. Taking the bread, he blessed and broke and gave it to them. **At that moment, open-eyed, wide-eyed, they recognized him.** And then he disappeared. Back and forth they talked. **“Didn’t we feel on fire as he conversed with us on the road, as he opened up the Scriptures for us?”***



### FOCUS EDITORIAL POLICY

FOCUS, Faith and Practice Magazine  
Is a publication of the Christian Medical and Dental Society of Canada. CMDS has a Statement of Faith that holds to an orthodox Christian understanding of Jesus Christ and essential Biblical truths.

Our readers are students, practitioners, retired healthcare professionals, and others who are concerned with contemporary issues relating to Christianity and healthcare.

The purpose of FOCUS  
...is to act as a forum in which Christian healthcare professionals may exchange information and experiences, and to encourage one another in the integration of “faith and practice.”

Our full editorial policy can be viewed on-line at  
<http://www.cmdscanada.org/focus>

### EDITORIAL...

Listening for the Voice of God Roger Gingerich, MD 4

### THOSE SERVING ABROAD...

Birth of a Maternity Unit Christopher Brooks, MD 5  
The Five “W’s” of CEML Stephen Foster, MD 12  
Missions ‘090’ Roger Gingerich, MD 11  
Life Changing Surgeries Lorraine McDonald 17

### THOSE SERVING AT HOME...

Dental Care for the Homeless Tom Harle, DDS 9  
Compassion for the Homeless Kim Pappel 18

### A LIFE OF SERVICE...

Seeing God at Work Joe Askin, MD 19

### CHAPTER UPDATE...

Medical Conference in Egypt Don Corry 8  
Fall Kick Offs

### STUDENT UPDATE...

CMDS Welcomes Charis Goh Charis Goh 16  
Conversations from Mbale Rebecca MacLean 15

### OPPORTUNITIES TO SERVE

22

### THE LAST WORD

23

# Listening for the Voice of God

By Dr. Roger Gingerich



This is the first issue with our theme “On the Road to Emmaus: Discussion With Our Lord”. For this issue, we have chosen to examine “Missions”. In the future we will tackle other important themes like Ethics, Justice, Poverty, and Wealth. We do not intend for the articles to be instructional or paternalistic, rather think of these articles as discussions with one another with God listening in. Try to hear His voice within the ideas that are presented. If you do, please share your thoughts in a letter to us.

I feel that our profession adds a unique context to the discussion of these themes. We need one another to arrive at a clearer understanding of our responsibilities. Where and with whom do you discuss such issues? My friends outside of medicine don't always see the nuances that those within healthcare see. Our hope is that by having our members write about these important issues, we will be able to glean valuable life lessons from their articles.

You will by now have also noted a different appearance to this magazine. We have decided to change how our organization's magazine is presented. It was time to think about the image we portray and see that it fits with the overall reputation that we are trying to build for CMDS. We are excited about this new format. We hope that you will enjoy it and be willing to share this issue with your medical and dental friends and colleagues.

This is also the first issue where we have included advertising. We contacted several ministries and invited them to advertise their opportunities for service. You might wish to keep this issue in a file for the time when you can leave your practice and participate in an overseas mission.

Finally, I want to announce that we are approaching the 40<sup>th</sup> anniversary of CMDS! We want to build on this milestone by updating all of our public relations. You will begin to notice a new look on our stationary, logo, and you'll see a different emphasis from the National Office as we find new and exciting ways to encourage each other to follow our Lord.

Let's begin by talking about Missions. Speak to us Lord...

Dr. Roger Gingerich is the Executive Director of CMDS and also has a part-time medical practice in Steinbach, MB

“...two of them were walking to the village Emmaus. They were deep in conversation. In the middle of their talk and questions, Jesus came up and walked along with them. But they were not able to recognize who he was.

He asked, “What's this you're discussing so intently as you walk along?”

## **FOCUS MAGAZINE EDITORIAL BOARD**

**EDITOR-IN-CHIEF**  
Dr. Roger Gingerich, Steinbach, MB

**EDITORIAL ASSISTANT**  
Dr. Michelle Korvemaker,  
Woodstock ON  
Kim Pappel, Steinbach, MB

FOCUS MAGAZINE IS PUBLISHED BY  
Christian Medical and Dental Society of  
Canada  
246B Main Street  
Steinbach, MB R5G 1Y8  
Tel: 204.326.2523  
Fax: 204.326.3098  
Toll-free: 1.888.256.8653  
Email: [comdir@cmdscanada.org](mailto:comdir@cmdscanada.org)  
[www.cmdscanada.org](http://www.cmdscanada.org)

**PRODUCTION AND DESIGN**  
Melanie Klassen, Steinbach, MB  
Cover Photo ©iStockphoto.com/  
VikramRaghuvanshi

FOCUS is published regularly. Material for publications should be submitted to the Editor at the National Office (address above). We encourage all readers to participate as we endeavour to make this a truly national Canadian Christian expression as well as a medium for exchange of news concerning CMDS activities at home and around the world. Contributions are welcome from graduates and students of medicine and dentistry. Subscriptions are available for \$20/year. (Membership with CMDS includes a subscription to FOCUS magazine)

Publications Mail Agreement  
No. 40012641

**Return undeliverable**  
Canadian addresses to  
Christian Medical and Dental Society of  
Canada  
246B Main Street  
Steinbach, MB R5G 1Y8  
Email: [office@cmdscanada.org](mailto:office@cmdscanada.org)

FOCUS articles reflect the beliefs and interpretation of the authors and do not necessarily reflect the official positions of CMDS.

Maternal mortality statistics in Malawi are 984 deaths per 100,000 live deliveries



## The Birth of a Maternity Unit

Rural Malawi

By Dr. Christopher Brooks

Monica, our excellent and visibly pregnant young health surveillance assistant, wasn't looking too good. The "Under Five's Outreach Clinic" had just started and the children were being weighed and measured, but Monica seemed to be having trouble holding the scales. Her co-ordination was faltering as well, as she stood in the shade of the acacia tree at one of our mobile outreach clinics. She was swaying from side to side, trying ineffectually to weigh one of the crying infants.

I glanced down at her enormously puffy feet, and saw why she wasn't wearing shoes - there was no way to get them on!

*"Come over here and sit down."*

Her blood pressure was an astonishing 220/140. Gross ankle edema; Mid-trimester; first pregnancy; aged 24.

As she tried to stand up, the convulsions started.

We bundled her unceremoniously into the back of my battered pickup truck and with one nurse and a blanket, we bounced along the pot-holed dirt track to the government run Salima district hospital, 40 km away. There is no doctor at the hospital, only a clinical officer, but I know him well, and he's a good man.

I thank God that we made it in time and with the help of some fervent prayer, a dose of magnesium sulphate, a hospital bed, and the appropriate medical attention, Monica survived. Unfortunately, the baby was lost. Three months

later, we rejoiced that she was well enough to be back at work, having recovered from her brush with death.

Maternal mortality statistics in Malawi are absolutely dreadful. Last year UNICEF reported 984 deaths per 100,000 live deliveries, if you can imagine such a thing! And these were only the recorded deaths! Who knows what happens unreported and unrecorded out in the villages, where we work. In most Western countries the figure is only about 7 deaths per 100,000 deliveries. Infant mortality in Malawi is perhaps even more frightful.

I have a longstanding friendship with Nurse Florence Bwanale, our excellent Government District Health Officer. Two years ago she told me in no uncertain terms that it was high time Lifeline Malawi stepped up to the mark and started maternity work. This of course, involves not only finding the money to build a facility to deliver babies, but also teaching and training staff, developing ante and post natal care, and giving information and education to the often illiterate people out in the villages. Not least is the daunting challenge of overcoming the pernicious beliefs of the Traditional Birth Attendants, those ubiquitous and culturally powerful mature ladies of the community, who deliver babies in grass huts, often practice witchcraft, and whose word is law.

Preparations for starting maternity work have been an intimidating task, and the global economic downturn hasn't helped. The funding, on which we had previously relied, from friends and supporters in Canada, has slowly faltered and now shows signs of coming to an inglorious end. Into the

breach has stepped AMOR, with its humanitarian founder, renowned model and actress Miss Tasha de Vasconcelos, from Monaco, and also Mr. George Roseboom from the Calgary foundation ROSETREE.

The buildings had been completed, the paint applied, the furniture and equipment in place, and the staff was standing ready – but no funds were available for operating costs. Then it happened – a donor appeared and with their generosity the maternity clinic opened! A baby girl was born the very next day – our first of an expected 50-60 babies per month. These little ones will make their way into an uncertain Malawian world, but with the best start possible as a result of generous donors.

**Lifeline Malawi**, this growing faith-based NGO, was born just seven years ago, and is now not quite as little as it used to be. The very first clinic was held under a baobab tree and conducted from the back of my ancient pick-up truck, the team consisted of a nurse, a pastor with a pronounced divergent squint, and myself. Now nearly eight years later, by the grace of God, **Lifeline Malawi** has two expanding medical centers, each one consisting of a number of buildings that surround an outpatient department. The outside compound walls are festooned with barbed wire, quite effective in keeping out hippos, goats and small, inquisitive children.

In March 2009, over 17,000 patients were treated in the two medical centres and the various additional mobile outreach clinics. April saw just as many and May's statistics confirms the growth trend.

**Lifeline Malawi** is beginning to walk tall, and takes a significant place in the medical scheme of things. There isn't much competition. Malawi's not exactly topping the list of countries where people from the West are lining up to make a difference. Nevertheless, it's where God has directed us and excitingly enough, He is clearly supporting us, the work, and the people to whom we reach out.

I take great comfort in scriptures such as this one: “My grace is sufficient for you. My strength is made perfect in your weakness.” Somehow, it takes all the pressure off!

What an astonishing blessing it is, and what immense satisfaction it gives, to be doing God's work in this beautiful and poverty stricken country. Eleven years ago my wonderful wife Heather and I, together with our 3 year old daughter Chloe, came from Calgary, Alberta to Lilongwe, Malawi, and many times we have confided in God (sometimes on our knees) that we are not exactly sure what we are doing. However, it seems that God does. That's what counts.



The very first clinic of Lifeline Malawi was held under a baobab tree and conducted from the back of my ancient pick-up truck

Just this morning, my bright and reliable nurse Janet Chimalanga stopped me in the hallway of our outpatient department to tell me her latest heart-warming story. It seems that we have recently treated 18 pregnant women who were HIV positive, together with their newborn babies, with the well-known antiretroviral drug **Nevirapine**. Subsequent testing of all the infants reveals that only one of the eighteen is HIV positive, not six as would be expected without treatment and from the acknowledged usual vertical transmission rate of 33%.

We rejoice in the Grace of God. By the way, Janet herself is HIV positive and doing very nicely on her daily *antiretroviral triple therapy*. The day when she so nearly died of pulmonary TB has been left behind, and now she is the articulate and outspoken leader of our HIV/ AIDS treatment program.

About one in five of our staff members are HIV positive. We have nearly 100 staff, of one kind or another. This is the normal and expected ratio in Malawi for the presence of HIV/AIDS. It is very exciting and gratifying to be living and working with clinical people who are now my friends and who have been brought back from the very brink of death itself. When they speak in their native Chichewa to the village people, the village people listen.

When time permits, I particularly enjoy being with the group PLWA's. This is the “People Living With Aids” club, run rather along the lines of A.A. back home. Full of jokes, laughter, singing and dancing, they meet together weekly for fun and fellowship. Once they were staring sickness and death in the face, living out their last unhappy days coughing up tuberculosis sputum on a grass mat on a mud floor, but now thanks to the

astonishing recovery that daily *triple antiretroviral therapy* brings about, they are full of vim and vigor. They are back to looking after their children and harvesting maize.

Nelson Chinchembere is our energetic and enthusiastic Health Surveillance Officer. He spends much of his time pattering around the district on his motorbike, doing his very best to bring about community behavioral change. He has trained an astonishing number of local volunteers who go out together in teams to their own villages singing, dancing, and acting out dramas. They provide information and education in a vibrant and lighthearted manner, and in this way spread the message of sexual responsibility, together with encouraging the villagers to take a deep breath and get tested for HIV.

Sometimes I am free to go along and join in the action. Screams of hysterical laughter from hundreds of children as the “azungu dokotala” (old white doctor) once again makes a fool of himself in front of everybody. I am held in high esteem because of my white hair, such as there still is. Not too many Malawians live long enough to have their hair turn white since the average life expectancy is around 40.

There are two other big killers in Malawi of course. One is malaria and the other malnutrition. Put these two together in one HIV positive child, and the result is usually lethal. During this rainy season, the anopheles mosquito flourishes, and every day a few children and adults are brought in to us semi-conscious with either cerebral malaria, blackwater fever, or a severe malarial anaemia of maybe 3 to 4 gm / dl. Usually they can recover with an immediate I/V quinine drip, but that leads me to my closing point: **Quinine is expensive. So is everything else.**

The economic downturn has affected many organizations. We are not excluded. The government of Malawi has no money to give. Please consider **Lifeline Malawi** in your charitable giving.

Together as **Lifeline Malawi** field workers and Canadian supporters, let's keep walking forward vigorously; united in vision and partnership. Let's continue doing this splendid and worthwhile work in a small and insignificant country in Africa.

In 1998 God's call on Dr. Chris Brook's life became inescapable and his boyhood conviction to serve the poor in Africa emerged renewed. After a course in Tropical Medicine at the University of Liverpool, Chris, along with his wife Heather and three year old daughter Chloe left Canada for Malawi, East Africa where he has served as a medical missionary ever since. In 2003 Dr. Brooks founded the Canadian charity Lifeline Malawi with the vision of, "Bringing life transforming hope and healing to Africa"



For more information on the work that **Lifeline Malawi** is doing, visit their website. If you would like to donate to **Lifeline Malawi**, visit the CMDS website at [www.cmdscanada.org](http://www.cmdscanada.org), or contact our office 1-888-256-8653



# Medical Conference in Egypt

Hamilton Chapter Update  
By Mr. Don Corry



Stu Archibald (ENT Surgeon), Pat Harvey (Ophthalmologist) and Don Corry (Associate Staff) travelled to Egypt in January to attend a student medical conference for Egyptian Christians.

“How can I have this personal relationship with Jesus that these others have?” This was the question posed to me as I engaged with a young Coptic medical student. Later that evening he was part of the family of God.

We had left the bitter Canadian cold late in January, travelling through London to arrive around midnight in Cairo. “R”, who is a recent graduate from medical school, met us and took us to his parent’s apartment. Early the next day we boarded a bus filled with eager students and travelled north to the ancient city of Alexandria, where we spent five days learning and worshipping with 120 Christian medical students. The crowd consisted of various Christian sects, including many from the Coptic Church. Conversations were in Arabic, but we had some students translating for us.

On the first night a celebrated Coptic priest shared his heart for evangelism and thrilled the students with his humour and candour. As a former psychiatrist turned evangelist, he brilliantly led the main sessions. Stu and Pat gave a workshop on Excellence, arguing that to be a good witness in a hostile world, physicians need to be excellent in their profession. I gave three practical workshops on Christian Identity, Spiritual

Journaling, and Mentoring. These were well received and we were bombarded with opportunities for individual counselling sessions. I also managed to fit in a soccer game with the men! Pat was concerned that her role as a female in a patriarchal society would be minimized but it soon became apparent that, with half of the participants being women, her evening sessions with the women would be hugely successful. She shared her experience in medicine from a single woman’s perspective. Many Christian physicians in the Arab world face discrimination, and are restricted in some specialties. This negative prospect is even more pronounced for women. Still, we were impressed with the student’s courage, faith, Bible knowledge and commitment to worship.

“R”’s dream is to see Egyptian Christian medical personnel equipped to have a ministry throughout the Middle East. There may be opportunities for Canadians to do electives in Egypt. We are trying to determine if we should make this an ongoing partnership with our spiritual family in Egypt. We would appreciate prayers for wisdom as we process these opportunities.

## FALL KICK-OFFS

DATE	CHAPTER	EVENT	DETAILS
Late August	U of Calgary Student Group	Kick Off Barbecue or Potluck	Further details TBA
Thu, Sep 10, 6 pm students, 7pm docs	Hamilton Chapter/ McMaster Student Group	Barbecue	Dr. Harvey’s home, Dr. Jon Sherbino speaking
Sun, Sep 13, 1 pm	U of Sask Student Group	Welcome Barbecue	Further details TBA
Sun Sep 13, 5 pm	UWO Student Group	Fall Kick Off	For more information contact Kenji Saito kenjis@navigator.ca
Thu Sep 17, 6:30 pm	Queens U Student Group	Chili Dinner	Geneva House on Queen’s Campus
	Dalhousie U Student Group	Kick Off Barbecue	Details TBA
Early September	U of MB Student Group	Kick Off Barbecue	Details TBA
October 24 <sup>th</sup>	Manitoba Chapter	Family Day	Assiniboine Camp

As more details become available, they’ll be posted at [www.cmdscanada.org](http://www.cmdscanada.org)

Mr. Don Corry is the Associate Staff Member at McMaster Medical School. He has worked with Navigators in Hamilton for over 25 years. Don and his wife Lynette lead a home church, and have a growing ministry to Chinese students. Don loves to mentor young adults. Don and Lynette have 3 grown children

# DENTAL CARE FOR THE HOMELESS

## Brushing Aside the Obstacles

By  
Dr. Tom Harle



As a Prosthodontist in Ottawa, I have no doubt that the Spirit works in mysterious ways. I had just returned from a trip with “Health Teams International (Canada)” to North Korea where we were bringing basic oral care to the impoverished. I was recounting my trip to one of my clients when they commented that there were significant dental needs right here at home in Ottawa. I felt convicted that if I could travel half way around the world to provide dental services surely I could travel half way across my own city to do the same. With those seeds planted, I set out to spearhead an initiative to provide dental care to Ottawa’s homeless.

I felt convicted that if I could travel half way around the world to provide dental services surely I could travel half way across my own city to do the same.

In March 2006 I approached Diane Morrison, Executive Director of “The Ottawa Mission”, and presented her with a proposal for the clinic. Little did I know that a few months earlier the Mission had already decided that it was going to open a primary health care clinic. They wanted to incorporate a dental section, but had no idea how to go about making that happen ... and here, just a few short months later, the plan was handed to them!

The clinic has since evolved into the largest faith-based, volunteer-driven, no-cost, oral health promotion and outreach dental service for the homeless in Canada. A rotating team of 70 local volunteer dentists, hygienists and dental assistants provide a wide range of dental services including examinations, radiographs, cleanings, extractions, fillings, as well as free removable dentures. Since opening, the volunteers have attended to over 2,000 patient visits, performed 700 extractions and an equal number of fillings and cleanings, and have made 70 sets of dentures. Altogether, they have provided over half a million dollars worth of free dental care.

Capital start-up costs were provided primarily through fundraising. Major donors included the “Ottawa Community Foundation”, “The Canadian Section of International College of Dentists” and “Health Teams International”. This allowed the clinic to purchase supplies and equipment including a dental unit, x-ray machine, film processor and sterilizer. Currently, it costs less than \$500 per month to run the clinic, much of that covered by extensive donations. The local community has been very supportive. The whole experience reminds me of the baseball movie “Field of Dreams” - if you build it, they will come.

The ongoing commitment by the dental community has shown tangible results, helping some of the city’s homeless improve their quality of life. One of my most meaningful experiences at the clinic was with a man who was losing his battle with liver cancer and had about six months left to live. The clinic made him a set of dentures, allowing him life’s simple pleasures during his last few months. He could smile, he could eat, and it helped to give him back his dignity.

The clinic has since evolved into the largest faith-based, volunteer-driven, no-cost, oral health promotion and outreach dental service for the homeless in Canada.

Our aspiration is to combine Great Service with Great Advocacy, so that we will be able to go beyond applying local band-aid interventions and contribute towards a more comprehensive dental health care scheme that permits the “worst off” in Canadian society to gain the benefits of oral health. By nurturing and expanding our network of Non-Profit dental care providers our hope is to create of a coalition of communities of like-minded dental professionals which will provide the momentum for collaborative, collective action to effect real change in the long-term - by influencing government policies, social programs, legislative agendas and fiscal intentions. Advocating for access to a decent, basic minimum of oral health for all is a way of ensuring that our professional competencies are put to socially responsible uses. We have been able to move towards this goal by establishing regular contacts with hundreds of supporters and dental professionals through a monthly e-Newsletter that deals with issues related to dentistry and homelessness. In addition, we have been encouraging the establishment of new dental clinic programs for the homeless in communities across Canada by contributing our time, knowledge, resources and “best practices” with others who share our passion.

***The clinic allows us to give back to God that which he has given to us in terms of our talents and skills.***

As the clinic is a faith-based ministry, my own faith plays a strong role in the achievements there and with “Health Teams International”. It allows me to live out my faith in practical terms. It’s a tangible expression of what it means to have Christ in us. The clinic allows us to give back to God that which he has given to us in terms of our talents and skills.

Tom Harle is a CMDS member and is currently the Program Manager of The Ottawa Mission Dental Program, President of Health Teams International (Canada) and conducts a Prosthodontic specialty practice in Ottawa, Ontario. Dr. Harle can be contacted via his Prosthetic Dentistry website at [www.tomharle.com](http://www.tomharle.com). To receive their monthly e-Newsletter send your e-mail to [tomharle@sympatico.ca](mailto:tomharle@sympatico.ca)



Extreme Makeover: Mission Edition



***XIV ICMDA WORLD CONGRESS  
4 - 8 JULY 2010***

***PUNTA DEL ESTE, URUGUAY, SOUTH AMERICA***



CONRAD HOTEL, PUNTA DEL ESTE

**THEME:  
PRIORITIES IN PROFESSIONAL  
PRACTICE:  
FOR WHOM ARE YOU WORKING?**

# Missions '090' The Beginning...

By Dr. Roger Gingerich



N.T. Wright, in his book "Simply Christian", talks about the "echo of a voice—a voice which is calling, not so loudly as to compel us to listen...but not so quietly as to be drowned out altogether by the noises going on in our head..." (p.27). He convinces us that this voice is the voice of God calling us, directing us. This is what I sense when I have not gone on an overseas mission for several months. I am not sure that I always hear His voice clearly, but I do hear His echo calling me to go. It gets louder and louder. I suspect others also hear His echo and want to respond.

Where does one begin?

I am sitting in a clinic in Belize, waiting for my next patient to be assessed by the nurses. My wife and I are serving in a small clinic in Belize, a beautiful country about the size of Nova Scotia. It has a population just over 300,000. The clinic serves Mestizos, Creoles and Mayas. Although poor, each group has a vibrant history. The surrounding Mayan ruins provide evidence of a large and thriving population prior to the arrival of the Spanish Conquistadors. This is our second time serving at this clinic with a dental suite and medical exam rooms. When we heard they would be without a doctor, we offered to come. Until they find someone full time, they are relying on part-time physicians and dentists to serve their patients.

Doctors are confident in their training while working in North America. They have the specialists to consult, the diagnostic equipment to assist in accurate diagnosis and well-stocked pharmacies to prescribe from. However, when they consider working in the developing world, many have significant apprehension (and they should!). How does one recognize and treat schistosomiasis? How does a puncture wound of a bare foot acquired in the mud differ from a puncture wound acquired at a Canadian job site? What is the proper treatment for malaria? How does one treat an infant with a high fever when there is no lab? How does one debride a gaseous limb abscess? How big an incision is too big? How small is too small?

Where does one go to learn these things?

As I ponder these questions, I am reminded of my attempt to enrol in the pre-med courses at the University of Manitoba. I did not have the required university entrance

courses. I lacked the math courses most students took in high school. (I know how this sounds, but when I left high school, I had no intention of ever setting foot in an educational institution again! God had a different idea...) The University required anyone who wished to enrol in physics to demonstrate a basic knowledge of math by passing a test, or to register for a '090' course in Mathematics. Over the next two weeks my wife, a school teacher, taught me the '090' Math course so I could pass the test and register for pre-med classes (She was a good teacher!). I have often thought of this experience as I have gone through my life. If we are willing, God will orchestrate life so we will be prepared for His next chapter. We just need to hear His "echo" and respond!

---

**If we are willing, God will orchestrate life so we will be prepared for His next chapter. We just need to hear His "echo" and respond!**

---

September 2009 is one month when the clinic here in Patchakan, Belize will be without a doctor or a dentist. They will need help throughout the fall and winter as well. For those who have never attempted an overseas mission, this is a wonderful location to gain experience. It is an English speaking country, the workload is not excessive, there are Mayan ruins to visit, and it is easy to travel to. The pharmacy is fairly well stocked, and the missionaries working in the church and clinic are inspiring. The roads are safe, the violence is low, and the Cayes can be visited. Your spouse could assist in the administration of the mission school. Even children could enjoy this location. Would you consider serving for part (or all) of September? Are you hearing an "echo" in your heart? Is Belize your '090' course?



# The Five “W’s” of the Evangelical Medical Center (CEML) By Dr. Stephen Foster

## Why CEML?

To understand **CEML**, one has to know a little of the past history of Angola. Half a millennia spent under Portuguese colonial rule left this country ill prepared for its independence in 1975. Christian witness had expanded, with Protestant missions providing a network of 30 major hospitals and many more clinics. Angola is the size of Ontario and at that time had a population of about 15 million people. More than 75% of the people lived in rural areas and Protestant and Catholic religious orders provided for health care. Due to oil and diamonds, Angola attracted the eyes of the superpowers, and war broke out. In 1975 over three hundred thousand people fled the country, leaving less than a 100 university graduates. The health infrastructure was almost completely destroyed. Government capacity was not there to handle the demands of the population. The civil war dragged on to 2002, by which time Angola’s health indices rivaled the worst in the world. Spending 12 yrs at Kalukembe, the only major Protestant hospital left functioning, I watched this happen. In 1990, in an attempt to address the shortage of trained generalist physicians, I moved to the State Hospital in the provincial capital to begin a multi-lateral initiative between EMAS, World Relief Canada, McMaster University, the Angolan Faculty of Medicine and Ministry of Health. This CIDA-funded effort failed, despite the efforts of many, largely due to my failure to understand that many of my colleagues really weren’t interested in the welfare of their neighbor. We didn’t share common values of integrity, honesty and transparency. Post-grad training and competence-based work was not necessary when doctor patient ratios persisted at 1 to 50,000. I came to the conclusion that the way forward was

...the way forward was to start from scratch with a Center where the message of Christ’s care for a broken world would be front and center.

to start from scratch with a Center where the message of Christ’s care for a broken world would be front and center, curative and preventive care would work hand in hand, and teaching would be integral to all we would do. We would fund this Center from income generated from an emerging middle class, utilizing the age old principles of Robin Hood - charge more to them that have, and less to those who don’t. Our motto at CEML is “*Health and Hope through Christ*”.

## Where is CEML?

**CEML** is located in southwestern Angola, 7 kms from Lubango’s city center. Lubango has grown from 30,000 to more than a half a million inhabitants, becoming the intellectual and economic hub of three provinces. It is 700 meters from

the main highway leading to the Atlantic Port of Namibe, about 170 kms away. Our immediate catchment is about 2.5 million people. Our weather is among the finest in the world, averaging 20 degrees Celsius all year round.

God heard the cry of the needy in Angola, and responded by moving in the hearts of his people.

## What is CEML ?

**CEML** has completed Phase One of its Three Phase Growth Plan. It is a 53-bed acute care facility with 24 hour emergency, 7 consulting rooms and treatment area, administration, lab and x-ray with digital capability, 2 O.R. theaters, and a large ward with 8 semi-private beds. There also is a kitchen, laundry and mortuary/pathology lab, maintenance department, incinerator and container storage depot. A borehole provides 14 cubic meters of water every hour. **CEML** also provides our outpatients with a small 20 room village. To date, this physical plant represents an investment of about 3 million USD.

**CEML** opened its doors for clinical work on October 16<sup>th</sup> 2006. The medical team consists of about 160 people, of whom only 2 are expatriate personnel. There are 3 part time doctors, and I’m the only full time doctor/surgeon.

Over 28,000 new patients have been registered, and over 2800 surgical procedures have been done. In addition, almost a thousand patients have had their cataracts removed.

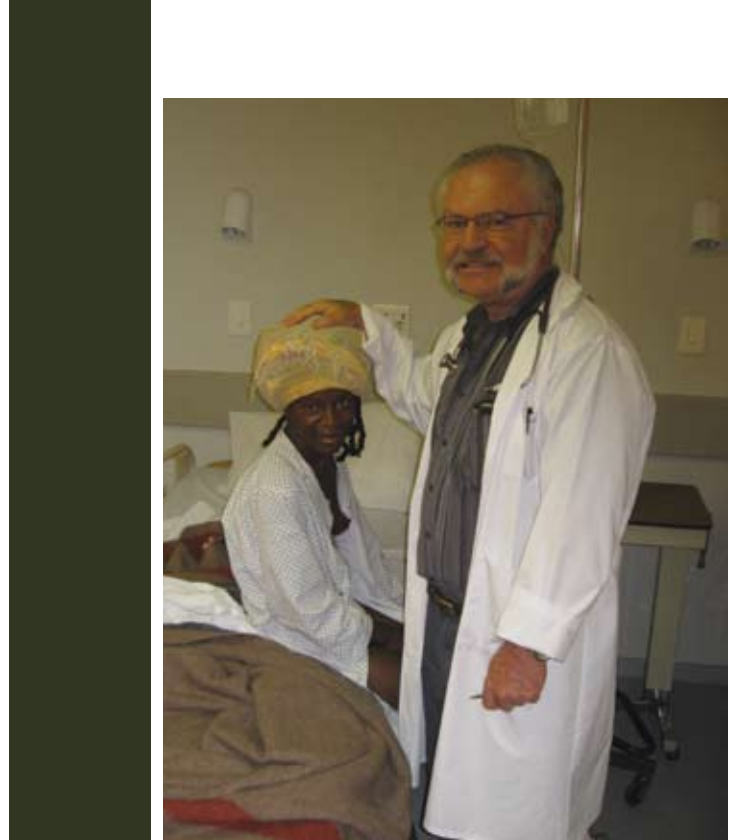
**CEML** hosts many visitors logging over forty-two physician weeks of volunteers. Medical students from around the globe have come to work.

**CEML** has broken even in cash flow against immediate costs in the first two years. Receipts totaled over two million USD. A closer look reveals that services need to be added to attract the middle class and get the 20% of patients to pay 80% of our costs.

Phase two and three beckon us on. There are no ICU’s, renal dialysis or CT scanners functioning within a 900 km radius. To bring **CEML** to a full service 130 bed hospital will cost another 15 million USD as God provides.

## When did this Happen?

**CEML** began with an initial gift of one million dollars from a single donor in 1999. God has multiplied this to more than 3 million in physical plant and one million in equipment and consumables. (Continued on page 14)



**We desperately need the following short or long term personnel:**

- Internist
- Pediatrician
- Anaesthetist/Intensivist
- Orthopedic surgeon
- Urologist
- OB/GYN
- 2 GP's and/or nurse practitioners or Physician Assistants
- Oncologist
- Imaging consultants and respective technicians
- Dentist
- Academic surgeon
- Pathologist
- Hospital Administrator
- Pharmacist
- Nursing Professors and Midwives
- Laboratory Instructor
- Remote Consultant for Radiology or Imaging



We recognize that for the next 50 years there will never be sufficient doctors to make a dent on the needs of those who live in rural Angola.

The Alliance of Evangelicals of Angola approved this project in September 2001. Samaritan's Purse USA became the Project partner to execute the construction of Phase One, and a site visit was held in January 2002.

Foundations were laid in January 2004.

The buildings were dedicated to God's Glory June 2005  
Clinical work began October 16 2006

### How did this Happen?

God heard the cry of the needy in Angola, and responded by moving in the hearts of his people.

### How Can You Help?

Please put the **CEML** on your Prayer List. Last year, Pastor Moises, our Chaplain, led 35 people to Christ.

We have a vision to set in motion up to 20 remote sites requiring health team visits by aircraft. Most of this public health activity will strengthen evangelism among the eight unreached people groups of southwest Angola.

We are planning to train Angolan surgeons through the Pan-African Academy of Christian Surgeons (PAACS). We have the first grad working with us part-time at the hospital. We need to develop Phase Two with imaging department, ICU and pathology to become fully accredited by PAACS. Pray for the second surgeon and intensivist that this will require. Training of Angolan non-physician clinicians needs to continue. We recognize that for the next 50 years there will never be sufficient doctors to make a dent on the needs of those who live in rural Angola.

If these issues excite you, please get in touch with me. With God all things are possible.

Dr. Foster continues the legacy of missionary work that began with his father and grandfather. He and his wife of 36 years, Peggy, have 4 kids, and 3 grandchildren. He resides in Lubango where he has served with SIM for 31 years, and is currently Director of the CEML. His main interests are furthering the access to health care through promotion of non-physician clinicians and promoting the evangelistic outreach in southwest Angola.

## WITHIN YOUR REACH

Ministry training and graduate studies are more accessible than ever through online courses and distance education.



1.800.668.7768 ✦ info@prov.ca ✦ www.prov.ca

## Low Interest Rates?

Ever considered a charitable  
**GIFT ANNUITY?**

Sex and Age	Rate /amount	Charitable receipt	Tax Free	Taxable
Male 70	5.97% \$1,194	\$5,791	\$1,084	\$110
Female 75	6.20% \$1240	\$6,010	\$1,202	\$38

Amount based on sample of \$20,000

Sample for joint life annuity (payable as long as either person is alive)

Male 75 &				
Female 75	5.59% \$1,118	\$4,889	\$1,045	\$73

For a brochure and/or confidential no-obligation quote, contact  
CMDS' Planned Giving Coach, Wayne Elford at welford@shaw.ca

**Link**Charity  
Canada Inc.

# Conversations from Mbale, Uganda

Student Overseas Elective Update  
By Rebecca MacLean

## ***Melembe!!!***

And that is about the extent of my Lugisu. There are so many languages being spoken at the hospice it's all we can do to learn a basic greeting and remember it in 7 different languages. The weather is hotter than I remember it being the last time I was here. Mbale is right in between the first and second harvest seasons, which is referred to as "the starvation period". It's hot and dry even though it's technically one of their rainy seasons. And yet, in the mornings you can still see the picki men (motorcycle drivers) wearing touques and winter jackets.

Things at the hospice are very busy. Dr Jan White is assigning patients and delegating tasks to us. Today Chantelle got to do an abdominal tap on a poor woman who suffered from ascites. She looked 9 months pregnant with twins and told us that the local children would point and laugh at her and say "look at that old woman...and she's pregnant too!" The amount of fluid drained from her was equivalent to a baby – which she named 'destroyer of my life'. It still gives me goosebumps to recall.

Our first day Kyle seemed to be given all of the palliative patients and had to tell 3 families that their loved one was dying ... good but difficult experience for someone who wants to go into palliative care!! Chantelle and Mark went up to Buwasunguyi clinic with Dr Jan yesterday and Chantelle delivered her first of many babies. It was a good delivery and the baby's APGAR score was a perfect 10!! Meanwhile, Mark was seeing to a patient who had come into the clinic and collapsed. When a crisis occurs you have to think very fast, and yet have little of the equipment and medications we would use at home. It's always a challenge. They managed to get this patient stabilized.

Yesterday I saw the loveliest Karamajong man who'd been



sent to us from Dr Jim in Karamoja. He needed a head CT, but the only place close that will do it is CURE Children's Hospital, which required a referral. He was having some unsteadiness and visual disturbances and his family was stating that he was increasingly confused. We tried to do a neurological exam but the combination of language barrier and his own confusion made it just about impossible. He began to cry out of frustration. I felt so sad for him, here he is with a doctor who doesn't speak his language, he's confused, but not confused enough to be oblivious to the fact that there's something very wrong. He just kept saying over and over that he wanted to go home. Thankfully we were able to persuade him that the CT scan was important and that we would help him get enough money to have it and get him help. Tomorrow he will have the scan. It likely won't have a good report, but hopefully we can do something for that sweet man. Sometimes the feelings of helplessness are so great that I wonder how Dr Jan has managed for almost 20 years. It takes a very special calling!!

This weekend Mark and Chantelle will be helping with a countrywide immunization program for children 0-14 years old, while Kyle and I leave tomorrow by bus for Karamoja to spend a few days with Dr. Jim at his clinic. Since my last visit I have become fascinated with the Karamajong people ... a group that is mostly despised by all the other people groups in Uganda. They are tall, very dark, and wear very interesting clothes. They have a lot of beading under their skin, which leaves interesting patterns on their foreheads and cheek bones. They often wear feathers in their hats and colourful capes. We are taking the bus up and I was informed today that the Karamajong sometimes attack the buses and rob them. The locals fear to travel to Karamoja. We will trust God for safe travel and protection.

Today I walked to the taxi park to find out about bus tickets and times for tomorrow morning's trip to Karamoja. As I walked all I could hear was 'Mzungu, you come. Mzungu, over here. Mzungu, which way will you pass?' I was swarmed by many of the taxi drivers assuming I wanted to go to Kampala and looking shocked and horrified when I told them I was actually going to Karamoja. They tried to change my mind over and over. The taxi park is a very funny place to visit. Many interesting questions get asked, and many interesting conversations take place ...

---

*When a crisis occurs you have to think very fast, and yet have little of the equipment and medications we would use at home.*

---

Rebecca MacLean is a 2nd year medical student at the University of Manitoba. With help from the Student Elective Bursary program, she spent the month of June serving with Dr. Jan White in Mbale, Uganda.

For more information on the **CMDS Student Elective Bursary Program**, click on the link on the CMDS website:  
<http://www.cmdscanada.org/OverseasElectives>.

## CMDS WELCOMES CHARIS GOH

Associate Staff Member  
McGill University



CMDS is pleased to add another member to our associate staff team. Charis Goh will be working with the medical and dental students at McGill University in Montreal. Here's a portion of her story of how God has led her to this point in her life...

When I started an internship with IVCF in September, I thought it would be a period of spiritual and personal growth. My plan, however, was to return for more schooling in either graduate studies or medicine following the internship. Never did I believe that God would lead me into serving Him with Inter-Varsity Christian Fellowship for another three years - but He has done exactly that.

Before being able to accept this direction, I had an encounter with God at Inter-Varsity's National Student Leadership Conference (NSLC) in December. As an intern, I went to NSLC with the intention of helping students process what the Lord was showing them, but I also wanted to hear from the Lord about where He was leading me. In our first study on the book of Joshua, God spoke to Joshua telling him,

**“Be strong and courageous; do not be frightened or dismayed, for the LORD your God is with you wherever you go”** (Joshua 1:9 NRSV).

We were challenged to look at where God might be leading us, even places that we might be afraid to go. I believed God

was leading me into staff work with Inter-Varsity, but was afraid. I thought my family would be upset with me, my friends would think I was making a mistake, fund-raising would be hard, and the list goes on. Following the study, we went into a time of prayer where a friend and fellow intern prayed that God would show us how He sees us. I had an image of me as a young child running and launching myself into the arms of Jesus. Then the words of Jesus came, “You are a child of faith”. Faith is not a word that comes to mind when I think about myself. I like to reason my way through decisions, to consider all the facts first, not just act on faith.

---

*Never did I believe that God would lead me into serving Him with Inter-Varsity Christian Fellowship for another three years - but He has done exactly that.*

---

The next day, we studied the story of Rahab. Her story struck something in me that I couldn't explain. When she hid Joshua's spies from the king of Jericho, she actually knew very little about God. She had heard stories of how God had dried up the Red Sea and destroyed two kingdoms for

the Israelites. Yet, the little she knew was enough to make her believe that she would find life if she chose Him. So she did. I thought about how different I was from Rahab; I need real answers to significant questions before I'm willing to commit "all". I wondered if Rahab's faith was something God wanted for me? Would I become a person who chooses life and therefore, banks everything she has and loves on the Lord? I realised the only way I know how to find life is to walk in the path the Lord has set before me.

In the third chapter of Joshua, we studied Israel's crossing of the Jordan River into the Promise Land. They could see the land the Lord had promised them just on the other side of a raging and powerful river. God told Joshua that when the feet of the priests touched the water, He would stop the flow of the river. It was a promise God gave, but the people had to act. As I sat in silence reflecting on what I had experienced in the last three days of NSLC, I became very aware that God was leading me into a new land, but that I had to act.

God's words to Joshua ran through my head, **"Be strong and courageous; do not be frightened or dismayed, for the LORD your God is with you wherever you go"**. He is with me.

I have officially accepted the staff position with Inter-Varsity and will be serving in Montreal for the next three years. I will continue to work with the CMDS medical and dental students at McGill. I invite you to partner with me in bringing the Kingdom of God to McGill. I look forward to meeting with you to share more stories of what God is doing on campus in Montreal, and in me.

*Would I become a person who chooses life and therefore, banks everything she has and loves on the Lord?*

Charis Goh is originally from North Vancouver, BC. Charis graduated with a Bachelor of Science degree in Kinesiology from Simon Fraser University in June 2008. It was at SFU that she began her involvement with Inter-Varsity Christian Fellowship.

## Life-changing Surgeries

by Lorraine McDonald

Victorians know him as a plastic surgeon. West Africans know him as a life-changer!

Dr. Jason Gray served a two-week stint on board one of Mercy Ships' hospital ships in Liberia, providing about 40 life-changing surgeries free of charge for those who would never have opportunity or money to undergo such procedures.

The "black mamba boy", as Dr. Gray calls him, was one whose life indeed changed when he met Gray.

"This was one of the most challenging procedures I've done," Gray said. "When he was 10 years old, the boy put his hand into a hole to retrieve a ball. A black mamba hiding in the hole bit him and with the poison running through his hand and up his arm, his muscles contracted, making his arm useless. For six years he couldn't do anything with that hand. I was able to release his wrist, fingers and elbow to put his hand in a useful position and allow him to live a

normal life. Now he has a future as a young man in West Africa."

Gray calls his two-week mission with Mercy Ships a "total experience". From sleeping in a top bunk and sharing a cabin with two other snoring men, to eating in the cafeteria-style dining room with engineers and deck officers and crew from many departments onboard, to haggling in the market place, to visiting local villages – all added to the adventure.

Gray commented that his time onboard reminded him of how much he enjoys his work. "My work is like a hobby," he said. "I get to fix people!"

"And as a Christian," Gray concluded, "I wanted to use my skills to give back to people, especially those in a developing world. A physician's mandate is to help and heal. Mercy Ships' mandate is to follow the example of Jesus Christ in bringing hope and healing. So you put the two together and you have a great opportunity to help mankind."



*Mercy Ships brings hope and healing to the world's forgotten poor by delivering medical excellence with integrity and compassion.*  
Mercy Ships Canada - [www.mercyships.ca](http://www.mercyships.ca) - 1-866-900-7447



# Compassion for the Homeless

By Kim Pappel

As medical professionals, what is your responsibility to care for those that aren't on your patient list? What do you do with those individuals that are unable to keep regular appointments? What do you think about those that have no ID, or those who lose their prescriptions or have them stolen? Do you have an obligation to treat them, or care about them?

I had the opportunity to interview Dr. Murray Reimer, a physician from rural Manitoba that spends 2 days a month volunteering at **Saul Sair Health Centre** at **Siloam Mission** in the inner city of Winnipeg. At **Siloam** they provide basic and urgent medical and dental care to Winnipeg's homeless population. They are the connecting point between the compassionate and Winnipeg's less fortunate.

Dr. Reimer's involvement with **Siloam** began just over 18 months ago. Initially he felt a stirring to get involved with some type of overseas medical missions project. At the time that wasn't a viable option for him, so when he became aware of the need at **Siloam**, he decided not to wait for the right time to go on an overseas project, he could meet a need now, right in his own backyard.

The time that he spends at **Siloam** each month is a highlight for him. As he drives in from his home, he looks forward to the day ahead – a long day filled with unknowns, and the unexpected. He finds it freeing to offer his skills and not have to worry about the business side of the medical profession. The people he engages with are interesting, and all have a story to tell about their journey. His desire is to increase the amount of time that he volunteers at the clinic

When I asked him what impact his faith had on the work that he does at **Siloam**, he replied *"My faith motivates me to do the work in response to Christ's admonition that when we care for the least of His children, we do it for Him. James 2:14-17 says that a faith that does not clothe the naked or feed the hungry is dead. I only wonder what took me so long to begin."*

He reflects that those in the medical profession chose that career out of a desire to help people. It wasn't about the money. Volunteering his professional skills allows him the opportunity to serve others, to give back to his community, and to care for those that desperately need it.

There are many facilities like **Saul Sair Health Centre** in the major cities across Canada. This one needs doctors and dentists to give a few hours a month to serve those that don't have the ability to give back. They serve the poorest of the poor - those who own only a backpack full of belongings, those who access a shower just once a week, those who have nowhere to go with a toothache or a medical issue. Maybe there's room in your heart for a ministry like **Siloam** ... there's room in their heart for you!



Kim Pappel is Communications Director for CMDS. This article is based on an interview with Dr. Murray Reimer, and on an article regarding homelessness supplied by Kari Enns from Siloam Mission in Winnipeg

# Seeing God at Work

By Dr. Joseph Askin



God is hiding - not from us, but in us and the people and situations around us. Our Hidden God (Deus absconditis) reveals Himself where unaided reason would not look for Him – in a manger, on a cross and serving His creation through people performing the routine activities of everyday life, so that even the most mundane task becomes a divine appointment. Jesus' work on our behalf enables us to participate in God's purposes, free from self-conscious concern about our status before Him. Our multiple callings as spouses, parents, physicians, dentists, parishioners and citizens are, therefore, "masks of God" by which He reveals His love and care to us and to those around us. This is the heart of vocational thinking, a perspective that was re-discovered during the Reformation and that we would do well to reclaim, given the hectic pace and complexity of life in 2009. Lee et al<sup>1</sup> found that 69.2% of family physicians were moderately or highly stressed, which was correlated with a desire to leave practice. If you, too, are feeling disillusioned or overloaded, a vocational perspective might help you to balance your practice and personal life.

In the May 2008 issue of *Canadian Family Physician*, Jensen et al<sup>2</sup> identified four main aspects of physician resilience: attitudes and perspectives, balance and prioritization, supportive relations and practice management. A vocational perspective can give doctors and dentists a theological basis from which to address the first three of these.

Attitudes and Perspectives pertain to having a sense of contribution, maintaining interest in one's role, accepting professional demands, and developing self awareness.<sup>2</sup> Vocation is God's initiative - it is not about what we do for God; after all, "God does not need our good works. But our neighbour does" (Gustav Wingren paraphrasing Luther).<sup>3</sup> Wonderfully though, by serving our neighbour we bring glory to God. Our vocations are unique, based on our individual talents, personality, experience and the needs around us; they are not mysteries to be divined, but can be discerned, as much as is possible for saints who are still sinners, by prayerful reflection upon who we are and where we have been planted. We do not simply choose a vocation but are summoned to it from outside ourselves, often through the vocations of others. The fresh perspective that thinking vocationally gives can rekindle

enthusiasm to be fully engaged right where we are or give us a nudge to alter course. With our peace in Christ, we are free to try new things without being paralyzed by fear of making a mistake. "...Our choices [are] themselves part of the overarching design of God"<sup>4</sup> but "...God makes things happen with no violation to human dignity, volition or moral responsibility..."<sup>5</sup>

***Where have you glimpsed God hiding in your life? How might you use your talents more effectively in the service of others and thereby live with greater passion and authenticity?***

---

***The fresh perspective that thinking vocationally gives can rekindle enthusiasm to be fully engaged right where we are or give us a nudge to alter course.***

---

Balance and Prioritization involve limit setting, professional development and self care.<sup>2</sup> With clarity about our callings, life becomes simpler as we acknowledge our limitations, prioritize our commitments and then establish healthy boundaries to protect them. We stop trying to "do it all". By recognizing the scope of our responsibility, we can live more intentionally, discerning which projects to accept and which ones to decline, where to allocate the resources entrusted to us, and when to honour our need for rest. In Mark 6:31, Jesus, fully aware of His mission and the needs of the crowds, acknowledged that He and His disciples required rest and departed by boat for a quiet place. When we think vocationally, we are no longer burdened by trying to please everyone. There is enough time in the day to fulfill what God has called us to do, including apparent interruptions. The focus, order, and margin that are created, free us to face challenges with confidence and to be fully present with those to whom we are ministering. In Mark 5:21-43, we see how Jesus compassionately and unhurriedly addressed interruptions in His daily activities.

***We keep weak personal boundaries to assuage guilt, feel needed, or side-step conflict. Think of***

***a recent situation when you agreed to something against your better judgment and are now feeling overwhelmed or resentful. What need were you trying to meet? What are two more-constructive ways of meeting that need? What standards will you put in place to establish a firmer boundary so you avoid similar circumstances in the future?***

Supportive Relations regards professional and personal support.<sup>2</sup> All callings are of equal importance; we are not in competition but our vocations are complementary. Since we no longer fear obscurity, we are not diminished by the achievements of others but can celebrate them. We are spared conceit when praised and self-pity when criticized. Ultimately, we can live with greater authenticity and love others more genuinely.

***Who can you bring into your personal and professional spheres whose strengths offset your weaknesses? Who can replenish you emotionally and, in turn, in whom can you invest yourself?***<sup>7</sup>

- Failing to realistically appreciate our limits can lead to victimization and the blaming of others for our lack of success at one extreme and, at the other extreme, the fallacy that with enough determination and hard work we can do whatever we dream of. We are not all called to do extraordinary things, but God accomplishes great things through ordinary people faithfully living out their lives. We can miss our vocation looking for the remarkable.
- Pursuing power, material security, and prestige. These temptations, faced by Jesus in the desert, are those to which we professionals are, perhaps, particularly vulnerable. We pursue these three to meet deep and legitimate needs when we fail to recognize that they can only be fulfilled in Christ. How often have people chosen a career because of its generous income and benefits? “The unchecked longing for wealth, comfort and security will inevitably threaten our capacity to know and respond fully to our vocation.”<sup>6</sup>

---

**We are not all called to do extraordinary things, but God accomplishes great things through ordinary people faithfully living out their lives.**

---

#### Obstacles to Vocational Living<sup>6</sup>

There are certain traps into which we can fall that impede our ability to discern and then embrace our callings:

- Making a sacred-secular distinction between vocations, leading us to idealize formal church work. We may envy others or even enter into a role that is not our own or become apologetic about our so-called secular work. Our consequent lack of joy betrays inner discord that will compromise our work with others.
- Identifying our vocation with a specific work situation can set us up for a crisis of identity and to miss opportunity for growth if our role should change or end. “The call out of one’s comfort zone is often abrupt and the last thing one would have considered.”<sup>8</sup>
- Failing to recognize, develop and use our gifts. Our Lord expects us to be good stewards of the gifts we have been given and to invest ourselves in the extension of His Kingdom (See Mat. 25:14-30 and 2 Tim 1:6).

- Holding a misguided sense of duty. We fail to abandon a pursuit so that we do not “waste” the time and/or money invested. In God’s economy, nothing is wasted; He brings us to certain places in our lives where we will come to desire what He desires for us in preparation for the next chapter. God will use all the seemingly disparate bits of our lives for our growth and His glory, though we may be unable to discern how He is working all things together.

***We must honestly examine our motives for following a certain path and be willing to admit that they may be inconsistent with God’s true call, perhaps like Jonah fleeing his mission to Nineveh. What obstacles are keeping you from becoming all you have been called to be?***

To think vocationally requires that, with God’s help, we cultivate our capacity for retrospection: the ability to review our personal stories, appreciate the work of the Holy Spirit in our lives, identify our passions, strengths and weaknesses and then prayerfully apply our insights to our current life situation. In so doing, our subsequent actions can be focused and purposeful and our lives more manageable and fulfilling.

It is important, though, that we acknowledge that the work we are called to do may be difficult and the progress halting and, perhaps, in an unexpected direction. Nevertheless, Christian maturity is evidenced when we are true to who we have been called to be despite the difficulties, our initial insecurities and the expectations of others because we trust God with the outcome. Delight in this: we are the hands and feet of our Hidden God, manifestations of His love toward a world in need! Open our eyes, Lord, to see You at work.

Dr. Joseph Askin is a sleep consultant and certified life coach in Calgary. He helps Christian professionals discover their purpose, live more simply and grow in discipleship. He can be contacted through his website, [www.pathlightcoaching.com](http://www.pathlightcoaching.com)

---

Christian maturity is evidenced when we are true to who we have been called to be despite the difficulties

---

References

1. Lee FJ, Stewart M, Brown JB. Stress, burnout and strategies for reducing them. What's the situation among Canadian family physicians? *Can Fam Physician* 2008; 54: 234-5.e1-5.
2. Jensen PM, Trollope-Kumar K, Walters H, Everson J. Building physician resilience. *Can Fam Physician* 2008; 54: 722-9.
3. Wingren, G quoted. In: Veith, Gene Edward. *God at Work*. Wheaton, IL: Crossway Books; 2002. p. 38.
4. Veith, Gene Edward. *God at Work*. Wheaton, IL: Crossway Books; 2002. p. 54.
5. Ensor, John. Two inches of providence stretches into a lifelong smile. *Worldmag.com* Commentary, May 19, 2009.
6. Smith, Gordon T. *Courage and Calling - Embracing Your God-Given Potential*. Downers Grove, IL: InterVarsity Press; 1999, p. 99-111.
7. Elmore, Tim. *Habitudes #1 – The Art of Self-Leadership*. Atlanta, GA: Growing Leaders, Inc; 2004, p. 33-36.
8. Menuge, Angus. *Christian Vocation*. Saint Louis, MO: Concordia Publishing House; 2006; p. 28.

Keep up-to-date with the issues affecting Christians in the medical and dental fields, in these changing times.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ P/C: \_\_\_\_\_  
Email: \_\_\_\_\_

If you're not on our mailing list, subscribe to FOCUS magazine today or send a friend a gift subscription. **Yes! I want to stay informed.** Please send me a one-year subscription to FOCUS magazine for only \$20. (Membership with CMDS includes a subscription to FOCUS magazine)

**Stay Informed**

Fill out the enclosed coupon and mail it, along with your cheque to:

FOCUS Magazine  
Christian Medical and Dental Society  
246B Main Street  
Steinbach, MB R5G 1Y8

# The Last Word

**Dr. Roger Gingerich**  
Executive Director, CMDS  
ed@cmdscanada.org



In this issue of FOCUS we have attempted to turn your attention toward serving God where you are but also to think about the needs that exist throughout the world. As you have read through this issue, no doubt at some point you have questioned the premise that appears implicit in this issue “Do I need to go to serve?”

There are those who refer to missions as something we do. “I went to the Africa and was a missionary for 3 weeks”. “I do medicine so I can do mission work several times a year”. Mission is often referred to as ‘going and doing’, but is this what it’s really all about? Are we only doing a mission for God when we are serving overseas? The obvious answer is no. As in all of life the call of God requires a commitment to being faithful whether going or coming or never leaving.

And yet, I have an ongoing conflict with this topic. You see I am a trained medical doctor, working part time in a rural location where there is a shortage of doctors. I work part time in medicine so I can serve part time as the Executive Director of CMDS. This may seem like a reasonable division of labour, but there is a conflict within me that is at the heart of this issue. If, as many would say, mission is completed in ‘going and doing’, then I have made the right choice. I am serving God in my position as the Executive Director of CMDS. I am serving God in my medical office. I can reassure myself knowing that the sacrifice to my career and the loss of income is for a noble cause. I have made a reasonable sacrifice for my faith.

However if mission is merely being, then I am one sorry man for I am giving up significant income and risking my medical acumen during the time when my career should be at its peak. I do this to satisfy this urge to serve God through mission. If it is good enough to simply be, then why am I struggling to try to administrate when I am trained to be a doctor? Why spend all this effort making CMDS stronger if all I really need to do is work in my clinic, see patients, and be a strong Christian. Why not continue to build my career, earn excessive income, and treat every person as if I were treating Christ?

I think you see my point. It is not so simple as just being. If no one actually ‘did’, then nothing would ever get done. CMDS would have no leader. If Chris Brooks had been content to stay in Calgary for the past ten years, how would those Malawian patients receive healthcare? If Tom Harle didn’t ‘do’, then the homeless on the streets of Ottawa would have no one to repair their decayed teeth. If Stephen Foster didn’t ‘go’, the nationals in Angola would need to travel hundreds of miles to see a doctor.

We need to be genuine followers of Christ. It is necessary to be, but I think we cannot simply be satisfied in our being. We are called to ‘do’. James 2:14 says “What use is it my brethren, if a man says he has faith but no works. Can that faith save him?”

Maybe I am too hard on myself. Maybe I need to absorb the grace of God and rest in His blessings. Maybe James needs to be placed in context. If we don’t do, is our faith really dead?

What do you think?

# CMDS

## World Service Opportunities



LOCATION	NEED	DATES	CONTACT
Congo	GS & any surgery specialty	On-going	Dr. Philip Wood pandnwood@yahoo.com
Sichuan Province, China	DGP	Mar-Apr, 2010	Dr. Walter Woo wscw77@yahoo.ca
Cubulco, Guatemala	GP, GS, DGP	Oct 17-25, 2009	Dr. Mark Moores mooresgho@hurontel.on.ca
Guangdong, Macau	DGP, hygentists, assistants	Nov 9-16, 2009	Dr. Winston Chow wswchow@hotmail.com or Dr. Bob Clark scbatman@rogers.com
Ahng Mei, Thailand	FP, PED, DGP, hygenists	Nov 16-23, 2009	Dr. Winston Chow wswchow@hotmail.com or Dr. Bob Clark scbatman@rogers.com
Downtown Eastside Clinic, Vancouver	DGP	On-going	Dr. Bob Patton dr.bobpatton@shawbiz.ca
Ottawa Dental Clinic	DGP	On-going	Dr. Tom Harle tomharle@sympatico.ca
Siloam Mission, Winnipeg	GP, DGP	On-going	Kari Enns kari.enns@siloam.ca
CEML, Angola	GS, DGP, Anest, OB/GYN	On-going	Dr. Stephen Foster sfoster@ceml.net
Niger, West Africa	GP, and any specialists	On-going	Dr. Liesly Lee liesly.lee@sw.ca
Belize	GP, DGP	Sep, 2009	Dr. Roger Gingerich ed@cmdscanada.org
Nanjing, China	Specialties	On-going	Dr. Sherif Hanna sherif.hanna@sunnybrook.ca
Kases, Malawi	Clinic Manager	Immediate short term need	Kim Venness kimvenness@lifelinemalawi.com
Port-au-Prince, Haiti	GP, DGP, nurses, and other paramedical volunteers	Jan 29-Feb 7, 2010 (tentative)	Dr. Pierre Plourde pplourde@wrha.mb.ca
Malawi	GP, DGP	Oct 4-18, 2009	Dr. Roger Gingerich ed@cmdscanada.org
Sudan	One GP	Nov 7-22, 2009 (approx.)	Dr. Roger Gingerich ed@cmdscanada.org
Mercy Ships, Africa	Anes	Immediately	Karen Wilgus Karen.wilgus@mercyships.org
Mercy Ships, Africa	DGP	Sep 20-Oct 3	Karen Wilgus Karen.wilgus@mercyships.org
Mercy Ships, Africa	Radiology	Sep 27-Oct 31	Karen Wilgus Karen.wilgus@mercyships.org
Mercy Ships, Africa	Ophthalmic Team	Now-November	Karen Wilgus Karen.wilgus@mercyships.org
Hope, Macau	Medical students & residents	On-going	Dr. Bob Clark scbatman@rogers.com
Russia	GP	Sept 5-20, 2009 March 27-April 11, 2010 June 26-July 11, 2010	Dr. Bill Etlzkorn billetzkorn@rogers.com

GP - General Practitioner, DGP - General Dentist, GS - General Surgeon

Although we realize this is not a complete list of opportunities, these were the ones that we were made aware of. If you have a missions trip upcoming, please send the details to [comdir@cmdscanada.org](mailto:comdir@cmdscanada.org)

# Authentic Faith In A World Of False gods



CMDS National Conference 2010

April 29 - May 2, 2010

Nottawasaga Inn & Resort  
45 minutes north of Toronto, ON  
[www.nottawasaggresort.com](http://www.nottawasaggresort.com)

Dr. David F. Allen, M.D., M.P.H.

Child & Adult Psychiatry  
The Renaissance Institute International  
[www.renaissanceinstitutebahamas.com](http://www.renaissanceinstitutebahamas.com)

Please call the CMDS National Office at  
1-888-256-8653 to register now. After  
October 15, 2009 you may also register  
on-line at [www.cmdscanada.org](http://www.cmdscanada.org).

Christian Medical and Dental Society  
246B Main Street  
STEINBACH MB R5G 1Y8

