

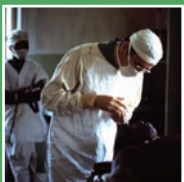
volume 45 no. 4  
winter 2014

TODAY'S

# CHRISTIAN DOCTOR

The Journal of the Christian Medical & Dental Associations

## EBOLA AND THE NORMAL CHRISTIAN LIFE



One of the first survivors of Ebola shares his personal story



Finding hope and redemption in the psychiatric unit



A medical student reflects on lessons he learned while serving in Cameroon



**A**s I write, rain is falling steadily on the tin roof above me, while thunder echoes in the distance—the first signs of a coming storm, an almost daily occurrence here in the rainy season. I am currently writing from Cameroon, where I am working with the Pan-African Academy of Christian Surgeons (PAACS) at Mbingo Hospital in the northwest region of the country. Having originally begun as a leprosy settlement in 1952, Mbingo is now a 290-bed facility, and more than 6,000 major and 4,000 minor operations are performed here each year. I'm spending a total of six weeks in Cameroon for an away rotation/sub-internship as part of my fourth year of medical school.

As a boy growing up in a small town in Maine, I would argue that I was raised just about as far as one can get from the realities of terror, oppression, abuse and injustice that exist in our world. I was the only child of a supportive and loving family, and I had little idea of anything else. So I came to understand God in ways that fit my experience. I knew little about the needs of the world or how God regarded such suffering. I knew even less about what those needs had to do with me or how I could make a difference. This all changed when I left home for the first time and was intimately exposed to the raw realities of a hurting world—people losing their houses and jobs to hurricanes; homeless men and women wandering the streets; children dying from malnourishment; and corruption and war devastating lives.

My eyes have been opened by these experiences, and more than that, my heart has been burdened. The inside of my high school classrooms look much different than the bombed-out remnants of

an Afghan school building. The well-maintained and safe streets of the city I live in are in direct contrast to the trash-strewn and robbery-plagued dirt roads of a rural Kenyan village. The waiting rooms at local hospitals are like a different world compared to makeshift clinics and operating theaters in the developing world. This awareness has changed the way I see the world around me, and this change in perception will, I pray, transform the ways I choose to respond to it.

While some of the surgical diseases I have witnessed during my time in Cameroon are familiar to me, the ways in which they present are obviously quite different. From the frustrations of operating when the power goes out, to the challenge of going from a 2-week-old baby with jejunal atresia in one bed to a 75-year-old man with prostate cancer in the next during multi-subspecialty morning rounds, to the tragedies of practicing healthcare in a place afflicted by advanced disease, preventable deaths and limited resources, the context of this experience is different from those I know back home. The lack of resources and manpower at the hospital makes for extremely busy days and nights for most of the surgical staff. If humanly possible, we could work 24 hours a day, seven days a week and still not meet the needs of our patients.

My point is not to echo what most people already know about global medicine, but to emphasize the inadequacy of a needs-based perspective toward healthcare missions. The beauty of the PAACS program lies in its sustainability and gospel-centered foundation. As a commission of CMDA, PAACS trains African physicians to



Scan this code with your mobile device or visit [www.cmda.org/paacs](http://www.cmda.org/paacs) to get involved with the Pan-African Academy of Christian Surgeons.



become general surgeons who are willing to remain in Africa to meet the country's overwhelming need for surgeons. Training is offered at several well-established evangelical mission hospitals in Africa, under the direction of experienced, board certified missionary surgeons. Thus, it is an appealing model for meeting the great surgical needs of a continent. However, this alone will never have the full impact of what PAACS desires, which is to empower their graduates, through the power of the Holy Spirit and a biblical worldview, to be disciples of Christ in a broken and hurting world. I truly admire this vision of PAACS, and I aspire to better incorporate these principles into my own training when I return home. But the truth is, I will be attempting to do so in an atmosphere that is different in more ways than just surgical need and a lack of resources.

While I find God to be a welcomed and needed presence by the staff and patients at Mbingo, I know from my short-time as a medical student that we leave little (if any) room for God in our own healthcare system. The gifts of technological advancement, resource surplus and rapidly-expanding knowledge have come at the price of humbly seeking Godly wisdom, divine healing and biblical perspectives. Who needs God when you have instant CT scans, curative treatments and ever-advancing research at your hands? It is as if being blessed with success and medical

advancement has caused us to lose sight of the One who gives all things. Though the people of Cameroon suffer physically and the surgical needs of Africa are undeniable, the spiritual suffering of our own hearts is just as real.

So while I hope to continue with PAACS as they invest in the cause of global surgery, I also desire to be a vessel for God here in the United States, where another type of darkness has set in. God gave a warning to Israel about the danger of leaving Him during times of prosperity in Deuteronomy 6. We would do well to heed it again:

*So it shall be, when the LORD your God brings you into the land of which He swore to your fathers, to Abraham, Isaac, and Jacob, to give you large and beautiful cities which you did not build, houses full of all good things, which you did not fill, hewn-out wells which you did not dig, vineyards and olive trees which you did not plant—when you have eaten and are full—then beware, lest you forget the LORD who brought you out of the land of Egypt, from the house of bondage (Deuteronomy 6:10-12, NKJV).*

In the midst of my experiences overseas, I am struck by three simple but powerful facts. First, there are a vast number of suffering people in the

# A SANCTUARY IN THE STORM

## From Cameroon to the U.S.

by Brendon Esquibel, MD Candidate



world. Even though this should not come as a surprise to me, it has. Such suffering often feels far removed from my comfortable life at home, as if it was not just taking place in a different country, but another world all together. Despite whatever I tell myself, the reality is that this suffering is very real. Suffering and injustice are more than headlines on a newspaper or a 30-second clip on the nightly news. There is something in our hearts that is profoundly affected when we move past acknowledging suffering and injustices as true and come to a genuine understanding that they are real.

Second, within these suffering communities are Christians who are faithfully serving and trying to help. The Christian faith has a long-standing history of calling followers to a loving and generous concern for the poor and the oppressed. Christians are stirred to reflect God's character, and part of God's character is that He is a very generous God who loves justice and hears the cries of the afflicted.

But the weight and magnitude of suffering can often seem overwhelming, and these Christian missionaries seem outmatched and overpowered by the enormity of need. The more exposure I have to other cultures and places, the more I long for the hope that God has promised to bestow on the

world. There are some problems that cannot be managed with medical therapy; some degrees of brokenness that cannot be mended with our best-intentioned counseling; and some scars that go far deeper than a surgeon's scalpel. But God has promised that a light has gone out into the world, and that the darkness has not, and will not, overcome it (John 1:5). And although that light may seem dim in some parts of the world, I must cling to the fact that it is there. I find the fulfillment of this truth and encouragement in the lives of these Christians who courageously confront evil and offer a voice of hope in a hurting world. They do not seek publicity, power or payment. Nor have they been paralyzed by the magnitude of despair or overcome by the weight of injustice. They simply trust that God is more than prepared to use His people as His instruments of truth and justice and that, with His help, we truly can "...seek justice, rescue the oppressed, defend the orphan, plead for the widow" (Isaiah 1:17, NRSV).

Lastly, there is a longing for love and hope in this world that no man-inspired peace movement or government-sponsored poverty campaign is ever going to satisfy. I think we can all agree that the practice of healthcare is a powerful tool. It offers an immediate connection with people and enables its workers to enter situations and cultures where they might not otherwise be welcome.

When we treat patients, we do so with the intent of curing, or at least alleviating, pain and suffering. And while this is noble, I would venture to say that if this is the only thing we accomplish, then we are not fulfilling our God-given purpose. The medications we prescribe will run out, the surgical patients we treat will get sick again and the diseases we address will recur. But what of the love and hope of God? Those things will never cease or fail. And in this way, Christian or non-Christian, we cannot take the credit. Only God can.

The world is a beautiful and a tragic place—at times too wonderful to fathom; at others, too fallen to bear. There is a mystery that seems to lie at the heart of humanity—a people capable of such astounding works of charity and love, but at the same time, adept to commit terrible acts of deceit and disaster. Who can understand it?

But in God, there is no falseness, disaster or despair. He is light, and in





like Africa and the United States will find true redemption and a wounded world will be healed.

The rain is falling more heavily now, and thunder claps echo at closer intervals than before. As the power of this storm increases, I cannot help but stand in awe of it. The same God who created this storm has placed His Spirit in those who believe, and He has promised to work through them for their good and His glory. Whether these individuals find themselves listening to rain falling on the tin-roofs of makeshift African clinics, the glass panes of multi-story American medical centers or the rural hospitals in between, they can take great confidence in the God who not only commands the wind and the waves, but who also orchestrates and uses all things and will one day bring redemption to all. But until then, may we confidently and earnestly seek to step into the good deeds He has prepared in advance for us to do and lay aside our own plans to allow Him to teach us His plans. Our God is faithful and He has a plan—one that preserves despite the disobedience and wanderings of His people. He continues to call courageous followers to be a part of this plan, to be His representatives on this earth. So take heart and press on boldly, my brothers and sisters. Trust in the One who has called you. He is able, and He never ever fails.

Him there is no darkness at all (1 John 1:5). He sends His people out as a reflection of this light into darkened places, as heralds of good news to a world in desperate need of it. There is a love that surpasses understanding and the best-laid plans of men; a hope that goes far beyond social reformation or political agendas; a heartfelt need that is outside the scope of healthcare. It is only through this view of justice—rooted in love, anchored by hope, expressed through acts of mercy and administered by a people willing to lay aside their own desires and agendas to take up God's—that places

### Recommended Resources

- <sup>1</sup> Haugen, Gary A. *The Good News about Injustice: A Witness of Courage in a Hurting World*. Downers Grove, IL: InterVarsity, 1999. Print.
- <sup>2</sup> Thompson, David. *Christian Mercy: Compassion, Proclamation, and Power*. Smashwords Edition, 2013. Print.
- <sup>3</sup> *PovertyCure DVD Series*. Prod. Michael M. Miller. Action Institute, 2012. DVD.

### About The Author

**BRENDON ESQUIBEL** is a fourth year medical student at the Warren Alpert Medical School of Brown University, where he is currently in the process of applying into general surgery residencies alongside his wife Angela, who is also a fourth year medical student applying into family medicine. Brendon grew up on a small farm in rural northern Maine before continuing his studies at the University of Maine, serving domestically with AmeriCorps and then starting medical school at Brown, where he met his wife. Brendon and Angela are exceedingly grateful for the loving support and encouragement they have received from family, friends and mentors along this journey of medical training, as well as for the unique opportunities God has provided them to serve domestically and abroad. More than anything, they are grateful for and committed to Jesus, through whom God has given to them the greatest gift ever known, to which nothing else compares.

