

GO

Lives and
communities
transformed
through
encounter with
Jesus Christ

Issue 3
Oct 2024

 Interserve

HEALTHCARE

Medical Professionals
offering hope and
healing



Meeting the Great Healer

Welcome to our latest GO Magazine. Ever since Interserve began, medical missions have been an important strand of our work. Yet our vision for wholistic care goes back further still, to Jesus himself. Jesus not only taught the truth, but he repeatedly took time to demonstrate God's love and power by healing the sick throughout his ministry.

In this edition of GO, Fi McLachlan from the Christian Medical Fellowship explores some of the historical and global context for medical mission in today's world, and current opportunities for healthcare professionals to serve across the globe. Partners and short-termers are currently involved in hospitals, clinics, dental surgeries, public health projects and medical training centres in varied contexts across Asia and the Arab World, and here in the UK. Praise God for such opportunities to share the love of God and to be the hands and feet of Jesus in a very practical way. What a gift, to be able to serve with medical knowledge and skills that God has given. What a greater gift, still, to be able to offer people the opportunity to meet the great Healer himself.

Chris Binder
National Director,
Interserve
Great Britain
& Ireland



Contents

- 3-6 Christians in global healthcare: past, present and future
- 7-9 Serving with joy in South Asia
- 10-11 Building bridges through compassionate care
- 12-13 How can we respond?
- 14-15 A journey of discovery: Martina's story



Interserve Great Britain & Ireland
Interserve (England office), Interserve GBI,
PO Box 17750, Birmingham, B9 9NU
03333 601 600
Email: info@interserve.org.uk
www.interserve.org.uk

Interserve Great Britain & Ireland is registered in England as The International Service Fellowship Trust, a company limited by guarantee, registered number 2789773, registered charity number 1020758, Scottish charity number SC005316.

Picture credits:
Cover - Clovera/Shutterstock, p3 - eggegg/Shutterstock, p5- Akram Huseyn/Unsplash, p7 - Bidouze Stephane/Dreamstime, p8 - helivideo/istock, p10 - Vector_illustrator/Shutterstock, p12 - Butsaya/Shutterstock, p14 - Soros Banjongpian/istock, p11 - CDC/Unsplash

All pics used are for illustrative purposes only. Subjects have no connection to the stories.

Editor: Amy Durrant, amyd@isgbi.org
Design: heatherknight.me.uk
Printed by Yeomans

Christians in global healthcare: past, present and future

FI MCLACHLAN EXPLORES HOW THE HISTORY OF MEDICAL MISSIONS IMPACTS ON CURRENT OPPORTUNITIES IN TODAY'S WORLD

When we think about healthcare, many reading in the UK cannot imagine living without free access to healthcare at the point of need. We have lived for decades with the many benefits of the National Health Service, itself rooted in a Christian vision for society. Not so for most of the world.

PIONEERS IN MEDICAL MISSION

Historically, Christians have very often been at the forefront of healthcare, seeking to reach out and serve the physical and spiritual needs of those around them. In the sixteenth and seventeenth centuries, Catholic Jesuit missions were known for running healthcare projects. By the early eighteenth century, European Protestants were beginning to reach out. Well known to many evangelicals is



William Carey, who founded the Baptist Missionary Society in 1792 and became a pioneer missionary in West Bengal, India.

A medical mission movement began to grow during the nineteenth century, following the example of Jesus who himself went about “proclaiming the good news of the kingdom and healing every disease and sickness” (Matthew 4:23). Increasingly, Christians grasped the immense strategic importance of relieving suffering and wholistically multiplying the Gospel’s influence.

◆ Doctors, nurses and allied health professionals are often able to serve in regions that many other mission workers cannot reach.

As awareness grew of the many women secluded in the *harems* and *zenanas* (female domestic quarters) in the Middle East and South Asia, hundreds of female missionary doctors were also sent to serve overseas, as medical training became accessible for Western women. Entire missions and training centres emerged out of this *zenana* medical missionary movement, including Interserve, birthed in the ‘Calcutta Normal School’ and an accompanying London office in 1852.

In subsequent decades, many mission hospitals were established around the world to serve the needs of countries where health systems were weaker. And God continues to raise up Christian healthcare professionals across the globe to continue His healing work, from London to Multan, from the Gulf to Laos.

WHAT HAS CHANGED?

Thankfully, many countries have now prioritised investment in their own healthcare systems, training their own national staff as they are able, and creating more localised responses. The leadership of World Health Organisations, and aid from high-income countries, have enabled more in-country responses. We celebrate the overall reduction in infant mortality seen by the United Nations’ Sustainable Development Goals.

However, in some regions these positive developments, alongside growing concerns around the impact of colonialism, have also contributed to a reluctance to engage with wider healthcare expertise. A concern to promote national healthcare workers or programmes mean that professionals from overseas, are no longer welcome in some places. Visas and medical licenses are being denied even in countries that historically welcomed expatriate health professionals.

ONGOING GLOBAL HEALTH NEEDS

Nonetheless, huge health needs are still apparent across the globe. Even where there has been significant development and in-country leadership of healthcare provision, there can still be a lack of resources or a lack of widescale provision, especially in rural areas.

Poverty in all its forms - economic, educational, cultural, social, and geographic - contributes to continuing and escalating health needs. There are failing healthcare systems in certain regions, with fewer trained, supervised, regularly paid, and motivated healthcare



staff, with many relocating in search of greater financial or political stability.

COVID-19 has caused chaos, diverting efforts and resources away from existing programmes. There is vaccine hesitancy and misinformation. False rumours about vaccine safety and efficacy abound, increasingly encouraged by social media even in the poorest communities.

This reality has resulted in decreased vaccination rates - global rates are now the lowest since 2008. There is less care for neglected tropical diseases, affecting more than a billion of the world’s poorest people. Careful predictions indicate a serious increase in disease rates, due to funding being withdrawn. Resistance to antibiotics is increasing, leading to treatment failure, even exceeding deaths from malaria, HIV, and tuberculosis.

Malnutrition rates in children are also increasing. UNICEF estimates that 150 million children under 5 are stunted in growth and 14 million children are severely wasted, contributing to about half of child deaths in low-income countries. Yet in 2021, the UN World Food Programme had to reduce food assistance due to funding shortages.

Regional conflicts also contribute to significant global healthcare needs. The invasion of Ukraine by Russia has both reduced production and exports of medical supplies, leading to recent shortages. Many hospitals, health centres and vaccination clinics are regularly destroyed or closed because of war and forced migration, seen daily on our screens from the Middle East and beyond.

Climate change, and the resulting droughts and floods, also significantly contributes to reduced supplies and supervision of distribution. Increasing atmospheric and water pollution, especially in urban areas, aids the spread of infection, including the development of new pathogens, especially across South Asia. Vulnerable communities are most affected by these issues but often have little capacity to respond. Meanwhile higher income countries contribute most to climate change, yet can also protect themselves from the worst of its devastating effects.

HOW CAN WE RESPOND?

Given these significant needs, there are still many opportunities for Christian healthcare workers to serve in meaningful ways overseas. Some countries remain very open to welcoming expatriate healthcare workers with relevant skills and

a willingness to serve. Many countries recognise a need for additional medical staff, often at senior levels or with the experience to teach national staff if needed. Doctors, nurses and allied health professionals are often able to serve in regions that many other mission workers cannot reach.

Nonetheless, one lesson we must learn from history is that we are not being invited to come and dominate, command, take over or drive. Healthcare mission of the future must respond to what we have already learned. We need skilled people willing to go in humility, to serve national leaders, and to contribute where they can.

We must not create or foster dependency, either financial or in personnel. This does nothing for long term sustainability in healthcare. However, we may well be able to support local ideas and creative solutions and build community healthcare responses alongside local communities and people groups. We can enable a Christian response (if there is a local Christian community) by involving them in community care for those most in need.

Pray with us that God will raise up more healthcare workers, both here and overseas, who demonstrate the love of God as they serve their patients, both showing and speaking of the love of Jesus wherever possible. Pray that they will fulfil God's mandate by following in the steps of our Saviour who effortlessly combined a ministry of both preaching and healing.

In our service, we emulate the Master who came 'not to be served but to serve'. This is a challenge for the privileged. If you can read this, if you have had an education, if you



have skills, if you can consider a plane ticket to another part of the world, then you can count yourself among the most privileged on the planet. And the continuing call, just like those who set up the Zenana Bible and Medical Mission, is to humble ourselves, and to respond to the needs that God reveals to us, for healthcare, and for the Gospel, holding out the word of life to all who need it (Philippians 2 :14-16). ♦

Fi McLachlan previously served with Interserve in Southeast Asia travelling widely across Asia and the Arab World. She currently leads Christian Medical Fellowship's Global team, supporting those interested in and serving in healthcare mission.

CMF Global exists to serve their members by:

- Envisioning and encouraging a global perspective in serving God through healthcare - whether here or abroad
- Providing information, resources, training and links to prepare and support members in their work involving global health and mission
- Pooling learning and biblical thinking on issues relating to global health and mission

For more information contact globalcoordinator@cmf.org.uk

Serving with joy

in South Asia



ISV PARTNER ANDREW* SHARES STORIES AND REFLECTIONS ON HIS WORK AT A RURAL COMMUNITY HOSPITAL IN SOUTH ASIA

Medical care in any setting provides many opportunities to show love and compassion. This is particularly the case when poverty and deprivation are present. The community hospital where we serve does an important and compassionate work for our local area, including two mountainous and remote regions accessible only by sturdy jeeps on dirt roads. I take great

pleasure in living and working here. There is something about being involved with people during their times of greatest need which offers joy, even during times of sadness and difficulty.

HOPE, HEALING AND HEARTBREAK

I was recently called by one of the junior doctors to the maternity ward, to see a previously healthy 2 day old baby who had stopped breathing. The nurse-doctor team had already moved the infant to a warm resuscitation area, got CPR underway, and established intravenous access. Still, it was a full 15 minutes before he began

◆ There is something about being involved with people during their times of greatest need which offers joy, even during times of sadness and difficulty.

breathing again by himself. We were pleased that he had survived, but I did fear the worst.

Over the next 24 hours I noted that the infant was making barely perceptible fitting movements. I encouraged the father to take him to a specialist hospital. However he declined, remarking 'I have faith in this place'. His faith did nothing to relieve the pressure on us, but with full consent, we continued to care for their baby on the ward. Wonderfully, quite against the odds, the little boy started to improve, and over the next fortnight we were able to completely withdraw



his medication. He began feeding with vigour and 3 weeks after his birth he was discharged home, looking very well indeed.

Sadly, many stories do not end as we would hope. One day earlier this year a mum gave birth to a slightly premature girl whilst making the 3 hour journey by jeep to the hospital. The infant girl was initially ok, but on day 2 she began to deteriorate. We spent 90 minutes resuscitating her to no avail. It's difficult to see anything but sadness in this. There is no doubt that in a well-resourced setting this little girl would have survived.

ANSWERED PRAYERS: SUMAYA'S STORY

One morning, on my day off, I joined a field visit to a church a couple of hours drive away. A group of local pastors were gathering for their monthly meeting, and the hospital's community team was encouraging them to reach out to local people with disabilities. We got chatting with the lady who was hosting us, and she told us of her 8-year-old granddaughter, Samaya.* Samaya had been born premature and 'wasn't in good health' - but her mum believed that she should rely on faith and trust God to heal her rather than bring her to hospital.

I had brought some basic medical equipment with me, so I arranged to meet the girl and examine her. It was clear that Samaya's oxygen saturations were desperately low at 74%, and her heart was beating abnormally fast. Several indicators pointed to her having a congenital heart disease. I was able to suggest to her mother that her prayers for healing were perhaps being answered

by our visit to her village, and offered her transport to a heart hospital in the capital city, where free treatment was available for patients with her daughter's condition. God's grace was at work in a wonderful way as she agreed to visit our hospital to arrange this.

FAITH IN CONVERSATION

Also at this gathering was a young pastor who is passionate about the need for disciple making. He has started a small Bible school in the local area and is running one-month free courses on disciple making. It was a real privilege to chat with him and encourage one another.

There is freedom in this country, as there is in the UK, to share one's faith, despite significant anti-conversion laws. I love having the opportunity to discuss the things of God with local friends and colleagues. I believe that if God has sent me somewhere, I can expect to meet people whom He is calling. And so, there

are opportunities to explain the 'hope that I have' to those around me, and I delight in seeing His Word begin to take root. Likewise, I take great joy in being able to meet with fellow brothers and sisters - to encourage them and to be encouraged. This, I believe, reveals the motivation to keep on keeping on. I am abundantly blessed. What a joy to share this blessing with others, that they too may be blessed. ◆

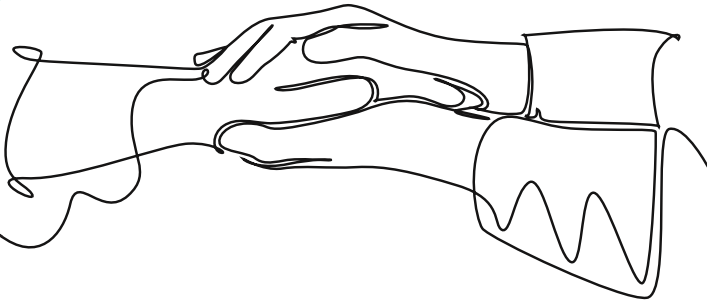
* Names changed for security and safeguarding reasons

13 INTERSERVE GBI PARTNERS ARE CURRENTLY ENGAGED IN MEDICAL CENTRES ACROSS THE GLOBE, SERVING AS GPs, NURSE EDUCATORS, PHARMACISTS, PHYSIOTHERAPISTS, MIDWIVES AND LECTURERS, AND SERVING IN HOSPITALS AND MEDICAL TRAINING CENTRES.



Building bridges through

compassionate care



AN INTERSERVE PARTNER SHARES REFLECTIONS ON SERVING THEIR LOCAL ASIAN COMMUNITY AS A GENERAL PRACTITIONER IN THE UK

Working and living as a GP in South Asia, almost all my colleagues, trainees and patients were South Asian. Most had never been introduced to Jesus as their Saviour. Fast forward several years, back working here in the UK, and I estimate that over 95% of my current colleagues and trainees, and 90% of my patients, are of Asian or Arab World heritage. Again, most don't know Jesus as their Saviour.

Experiencing cross-cultural life and relationships both at home and overseas has enabled me to better understand the community I now serve. I am more able to help the anxious newly married couple, because I'm alert to how much

criticism they may be receiving from wider family for not yet being pregnant. I can consult more compassionately with the undocumented migrant who prioritises sending money home from intermittent work to support his extended family, while himself risking street homelessness. I appreciate his need to maintain honour, and the shame he would bring on his family by returning home a failure. And in my case, relationships go deeper faster with admin staff after they've got over the shock of hearing me speaking with a patient in Hindi or Urdu!

My medical teammates and I are aware of greater openness in talking about spirituality now compared to ten years ago. This is typically greater still amongst Muslim, Sikh and Hindu communities compared to secular Brits. There's also now more research into the role of spirituality in people's lives and in medical practice. Whilst it's not widely known, the General Medical Council actually encourages doctors to consider spiritual

factors as part of a holistic assessment of a person's health.¹

People seek medical care at a point of vulnerability. Thus, wherever we are in the world, medical mission requires deep compassion and sensitivity to the Holy Spirit to explore spiritual factors which may be influencing their health. This may result in deeply listening to the patient, privately praying for them, sharing Spirit-led words of hope, peace and truth, or referring to a practice or hospital chaplain, where available, who can offer prayer directly.

Medical practice gives unique insights into life behind closed doors and behind the public facade - family and community joys and tensions, mental illness, domestic violence, and addictions, to name a few. These issues seem to be on the increase amongst British Asians, as in much of society, but remain taboo, shameful subjects within these communities. Hearing these stories and struggles firsthand is a special privilege and enables us to pray with greater understanding.

Being a GP provides unique opportunities to build bridges within my community.



There is (still!) a certain status as a doctor. Living and working within one neighbourhood, trust can develop quickly alongside opportunities to share Jesus' love. I may have treated someone's family member, and then also see them at the school gate or at an invitational Messy Church event. I also signpost patients to local services that support their wellbeing, including church-led mental health support groups, toddler groups, and a local Christian community garden, where I am confident there are Jesus-followers keen to welcome them with love and a readiness to share the reason for the hope that they have (1Peter 3:15). As health practitioners, we have an important role to play in the body of Christ. Every day we are given fresh opportunities to share hope and healing with others, and to follow Jesus' teaching by using our skills and giftings to provide compassionate care and to build meaningful relationships within the communities that we serve. ♦

¹ [gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice/domain-1-knowledge--skills-and-development#paragraph-7](https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice/domain-1-knowledge--skills-and-development#paragraph-7)

Interserve offers support for Christian healthcare professionals serving Asian and Arab world communities in Great Britain & Ireland through our Associate programme. Want to know more? Contact gbcassociates@gmail.com



How can we respond?



We are keen to support Christian healthcare professionals serving cross-culturally in Great Britain and Ireland, and those exploring short-term and long-term opportunities overseas, as well as medical elective placements.

We currently have openings both short-term and long-term for:

- ULTRASOUND TECHNICIANS
- OPHTHALMOLOGISTS
- DENTISTS
- DISTRIBUTION MANAGERS
- LABORATORY PHYSICIANS
- PAEDIATRICIANS
- PURCHASING OFFICERS
- NURSES
- PSYCHIATRISTS
- NURSE EDUCATORS
- PHYSIOTHERAPISTS
- GENERAL SURGEONS
- OCCUPATIONAL THERAPISTS
- DENTAL HYGIENISTS
- MIDWIVES
- NURSE ANAESTHETISTS
- DENTAL TECHNICIANS
- DIETICIANS/NUTRITIONISTS
- FAMILY DOCTORS
- ANAESTHETISTS
- XRAY TECHNICIANS
- ANAESTHESIOLOGISTS
- OBSTETRICIANS/GYNAECOLOGISTS
- LAB TECHNICIANS AND TRAINERS
- COUNSELLORS

Find out more at [interserve.org.uk/partner-with-us](https://www.interserve.org/partner-with-us)
or get in touch via personnel@interserve.org.uk



Please pray that God will raise up healthcare professionals to serve in Great Britain and Ireland and overseas who will share the love and truth of Jesus through their actions and words with the patients and communities that they serve.

“

I know that this is where God called me to be. The work is worthwhile and I see the difference we can make in patients' lives. I love seeing colleagues grow and develop in their professional skills and take on leadership positions. It is a huge privilege to be part of people's lives, learn a new language and grow to appreciate a different culture. To have fellowship with brothers and sisters from all over the world. It is faith building and exciting to see how God works through the hospital and in difficult situations.

Rachel, Hospital Director (South Asia)

“

Jesus offers life in all its fullness. To care for a patient in a way that helps them feel seen, understood and loved is to offer them a taste of this sort of life in His name.

Jenny, NHS Doctor (Southeast England)

RECOMMENDED READING

Available online or to order from your local bookshop:



Healthcare and the Mission of God: Finding Joy in the Crucible of Ministry by Paul J Hudson, Genesis Publishing House (August 2024)

NEW THIS SUMMER! Healthcare and the Mission of God shows how Christians can recover an integrated picture of healthcare ministry, exploring how healing and faith fit together in a larger framework, the whole story of the Bible.



Global Humility: Attitudes for Mission by Andy McCullough, Malcolm Down Publishing (November 2022)

A provocative book rich with biblical teaching and stories from today's world, McCullough defines the importance of humility for cross-cultural workers, sending pastors, and anyone whose ministry or Christian walk takes them across cultural divides.

A journey of discovery: *Martina's story*

INTERSERVE PARTNER MARTINA* SHARES HER JOURNEY FROM SERVING AS A NURSE EDUCATOR IN NORTH WEST ENGLAND TO BECOMING AN INTERSERVE PARTNER IN SOUTHEAST ASIA

I recently set out on a journey of discovery. Newly retired from nurse education at a UK university, I sensed God calling me into a new challenge, to teach English as a foreign language. Thirty years previously, I spent seven months in South Asia with Interserve and had been impressed with their support. So why not try again? Interserve's On Track returning professional programme sounded ideal, enabling me to serve in the same project for several months every year.

Almost immediately I was connected with a project in a small capital city in Southeast Asia, dedicated to teaching

English and other specialist subjects to medical students. Covid-19 brought with it a long wait, but the placement was finally agreed, and I initially committed to nine months in my new country of service.

The learning curve was steep. I learnt ways to build relationships with locals and expats, and to enthuse my language students to learn. I attempted to study the local language, and learnt to negotiate city traffic on a small electric bike, despite a few falls and hair-raising moments! There were many challenges and also many blessings. There is so much beauty in the smiles and faces of people here, in the colourful butterflies and blooming trees and flowers, and in my daily appreciation that I am able to work and live here. I was, and am, amazed daily by God's faithfulness, graciousness,

guidance and love (and very thankful that He has provided me with strong bones!).

Three months into my placement, I was already considering a possible return to the same project, when I received an invitation to work with a different organisation in a remote area of the country. A vision visit took place in the hottest season. I was introduced to eating fried crickets and lots of sticky rice, but also to a lovely local team and a beautiful French family who would be my only Western contacts. The project would enable me to use my professional background to support and advise a small nursing school seeking to develop their processes, equipment and buildings to more effectively educate student nurses. After seeking guidance and prayer support from friends, family, and my sending church, I agreed to join them!

Another year has since passed. At the nursing school we are entering a new phase of work, hoping to reach out more to hospital and health centre staff involved in nurse education. I am learning new skills, from project management to working with government organisations. I continue to build relationships with neighbours and colleagues, and battle with learning the language. Christian

◆ I was, and am, amazed daily by God's faithfulness, graciousness, guidance and love.

fellowship and new relationships are more difficult due to my remote location and government restrictions around sharing faith. Yet as the challenges have grown, so has my dependence on God.

And so my journey continues. This Spring I was asked to commit another three years to the local project, instead of only short-term involvement. And so with the support of Interserve's amazing People Care team, I have just completed the process of becoming a full-time Partner. From my first tentative enquiry, I am so blessed to be continuing as a part and Partner of a great mission family – Interserve! ◆

* Names changed for security reasons

Digital and online courses

to educate, inspire
and equip



JOINING THE FAMILY

Joining the Family is a four session course helping churches to understand, love, equip, and learn from Christ's followers of Muslim heritage. Previously only available in print, this resource is now available in digital format at a lower cost making it more accessible to a wider audience. This includes all the videos, participant handouts to print or share online, plus an updated leader's guide.



FRIENDSHIP FIRST

Friendship First aims to help Christians to build unconditional friendships with Muslim neighbours and colleagues, encouraging a deeper understanding of one another's faiths and cultures. This four session course explores opportunities for Christians to extend the love of Jesus through words and actions, and to bear sensitive Christian witness where appropriate.



FRIENDSHIP FIRST STUDENT SESSION

The Friendship First Student Session is a one-off session specifically designed for groups of Christian students and young people. It is inspired by concepts and materials from the main Friendship First course, and aims to give Christian students confidence, skills, and resources to build Christ-centred unconditional friendships with Muslims.

Find out more and purchase courses online at
www.interserve.org.uk/kitab