

Dr. David Stewart, 1982.

The Phrase that Launched a Thousand Lips

How CMDA helps missionary doctors maintain their professional credentials

“What is the most valuable help we could give our missionary members?” The answer was not more money, more supplies, or better education for their kids. The answer was better continuing education for the missionaries, themselves.

The question came from Marvin Jewell, M.D., who in 1976 was incoming president of CMS (now CMDA). The response came from the organization's new Missions Committee chair, David Stewart, M.D., psychiatrist and former missionary.

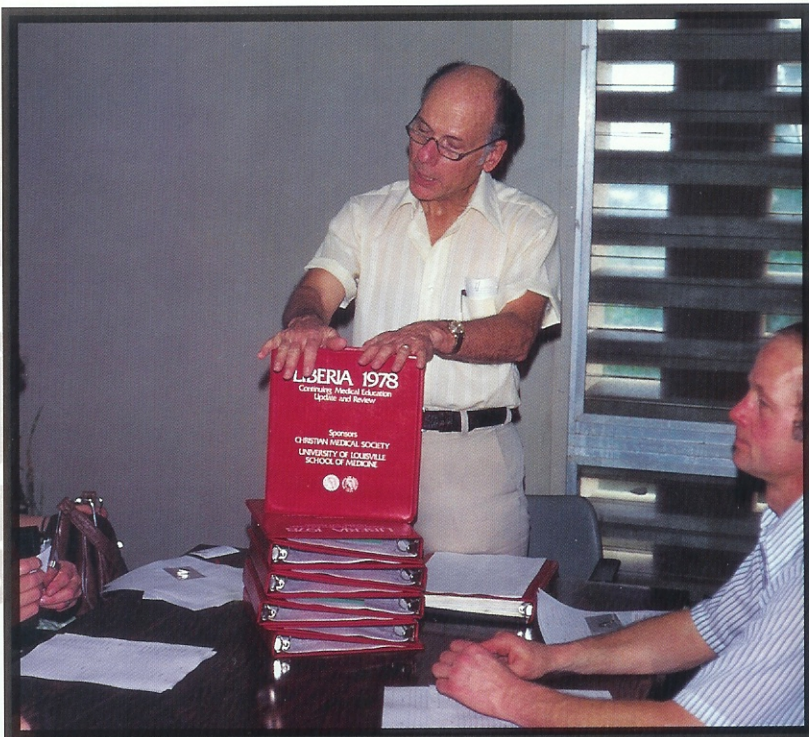
"It really can be lonely out there, both professionally and spiritually!" said Dr. Stewart. "If we could just take a spiritually rich and professionally diverse meal to a table where some of God's precious exhausted and hungry missionary physicians and dentists could relax and be refilled, it would be a BIG help. What's more, if we could achieve CME accreditation, they could earn enough hours to retain their licenses to practice in the USA!"

Starting from Scratch

Dr. Stewart spoke from experience. In the early '50s, just a few years into establishing a new medical clinic and hospital in Burundi (Central Africa), an intestinal carcinoma had forced Stewart home for resection and observation. During those months in the U.S., he had completed a residency in psychiatry. After receiving a clean bill of health, he had returned to Burundi to complete his original task—perhaps even more sensitized than before to the emotional as well as spiritual and educational needs of his colleagues.

Following his term in Burundi, Dr. Stewart had returned to Louisville, the location of his medical alma mater, to practice psychiatry. Yet he longed to support his brothers and sisters still on the field. The "historic question" provided an opportunity for him to innovate from his own convictions of what could be most "helpful" for them. He began to plan a Symposium of Continuing Medical Education in Africa. Eager responses to a few letters of inquiry to missionaries in remote locations confirmed Dr. Stewart's initial concepts and prioritized the areas of medical knowledge most in need of updating. He then ironed out all the details related to the inaugural program's success.

He enlisted Gerald Swim, Assistant Dean and Director of CME for the University of Louisville School of Medicine, who provided course accreditation and has continued as a most dependable academic navigator. He engaged David Van Reken, M.D., a pediatrician, who was teaching and working at that time in Monrovia, Liberia, to handle the negotiations and to secure the facilities for the planned two weeks of intensive education. Van Reken reserved the University of Liberia's only dormitory during its academic break in January 1978 for \$4.50 board and room/person/day.



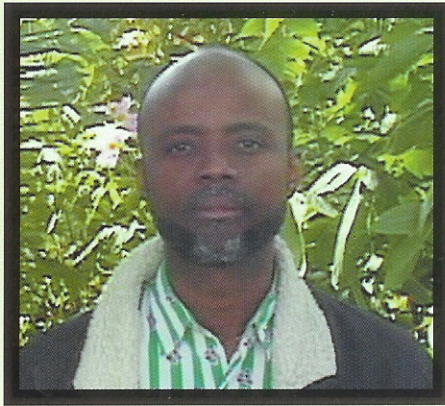
Above, Dr. Stewart teaches; left, certification in Basic Life Support was first offered in 1982.



I've been at every one of the conferences at Brackenhurst. They've been not only an encouragement personally but they also have been an encouragement medically. This is probably our primary means of medical education of this breadth. Reading magazines and journals helps a good deal but it's not like the personal interaction and instruction we receive through these conferences. I am really very thankful for the continuing education that CMDA has provided.

—Dick Bransford, M.D., General and Rehabilitation Surgery (Africa Inland Mission; Kijabe, Kenya)

I am grateful to God for the opportunity to visit here. I couldn't have done it on my own but we have been sponsored—I think every one of us from Nigeria, at least from my hospital, was sponsored by American brothers. I don't know who they are but we give God the glory for you all! Thank you very much!



—Abraham Abraham, B.D.S, Dentistry
(Baptist Medical Center; Ogbomosh, Nigeria)



The opening lecture was "The Diagnosis and Treatment of Asthma" presented by Curtis Drevets, M.D. Thirteen of the faculty came from the USA. No one brought "front-line" experience better than Dr. Stewart, but many areas of special needs were superbly addressed. One example—the essentials for successful regional block anesthesia, often the only style of anesthesia available, were taught by one of the world's most knowledgeable experts, Gale Thompson, M.D., from the Virginia Mason Clinic in Seattle.

In the "wrap up" session the attendees made it very clear that the symposium had been superbly helpful. But they asked, "Could the next program be held near Nairobi, the best center in all of Africa for ease of flight scheduling, at a place both inexpensive and healthful?" The answer was the Brackenhurst Baptist Conference Center about an hour out of Nairobi in the cool elevation of the Ngong hills. Dr. Stewart made the arrangements, even though at that time he was also very involved in the care of his wife, Laura, just prior to her death from cancer of the pancreas.

Scratching the Itch

Dr. Drevets, the first Chair of the newly formed CMS Continuing Medical Education Commission, picked up some organizing duties. Ernest Steury, while serving as the physician director of Tenwek mission hospital in Kenya, took care of local arrangements. Their teamwork brought the Second International CMS-CME Symposium to reality in March of 1980. The Africa component of the program has been held at Brackenhurst ever since.

The main innovation this time was an arbitrary division of topics into simultaneously scheduled "Classroom A" of Medical subjects and "Classroom B" of Surgical topics. This raised a cry of "frustration" by some of the compulsive attendees claiming everything was too worthwhile to miss. Another change was the focusing of evening hours on sharing burdens and blessings, great singing and prayer. This led to the realization of how often those in the field pour themselves empty spiritually in their ministry, and led the members of the Commission to add a great preacher to the daily schedule for future Symposia.

The next Symposium was

The first time I came I was very young in my surgical career in missions so I picked everyone's brains to learn how to do your best under limited circumstances. During one conference, I'd just been evacuated from Liberia because of the civil war, and emotionally was very broken. I was encouraged greatly by many others who had been through similar evacuations and hardships and great loss. Another time I came was just after the death of one



of my children. Again, the Lord met me here and through the encouragement of many people who had been through similar circumstances.

Each time I come, I don't necessarily come with a great crisis, but God always uses people to meet our needs—sometimes through casual conversations over the coffee and doughnuts, sometimes through the special music or a piano solo, sometimes through a message or a practical talk.

—Bill Ardill, M. D., General Surgery
(SIM, Nigeria)

held in February 1982, with Dennis Kinlaw, Ph.D., as the preacher. This was also the year in which "Classroom C," presenting Community Medicine topics, was organized by Dan Fountain, M.D., based on his innovative programs in Zaire. Certification in Basic Life Support was also offered. An increased number of the presentations were by missionaries with special expertise. One of them, Martha Gilliland, with years of OB-GYN work in Nigeria, had recently become Mrs. David Stewart. She also became director of a Symposium choir and was appointed organizer of all the music.

I was impacted spiritually by the unbelievable commitment and dedication I saw on the part of African doctors who are functioning as medical missionaries in their own countries, as well as some American and European doctors who are working in Africa in very difficult situations. I was impressed particularly by the doctors who have been working in the Congo during the war. It makes my work in Harare seem quite self-indulgent by comparison. But they're continuing on despite difficult odds, serving the Lord in a very dramatic way.



—Dale Erickson, M. D., Nephrology
(Harare, Zimbabwe)

Other Itches—New Scratches

A growing number of inquiries from those working in Asia indicated a need for a transplanted duplication of the Kenya programs. In Malaysia, Dr. Stewart found the Golden Sands Baptist Assembly facilities. The first odd-year Symposium was held there in January 1983.

"Classroom D"—with Dental topics, was the main innovation for Kenya 1984—organized by Richard Topazian, D.D.S.

In 1985, Robert Schindler, M.D., introduced a session labeled simply "Serendipity," which has become, over time, the most popular classroom hour. It is a smorgasbord of mutual sharing of facts and techniques that have proved to be "diamonds" (more valuable than "pearls") in either the medical or spiritual areas of ministry. Many such diamonds are answers some participants have been seeking for years—some of these exchanges are absolutely hilarious, and a few are even revisited on Skit Night.

Skit Night, begun in 1986, features original performances by individuals or groups. It has included high-level classical talent and comic acts about missionary "routines." One of the most memorable acts was Francis Collins, M.D., Ph.D., head of the NIH Human Genome Project, in cowboy garb playing the guitar and singing of the old west.

By 1986, requests were piling up for help in such additional subjects as hospital administration, hydroelectric and solar energy, use of computers, etc. Convinced that the physician mind

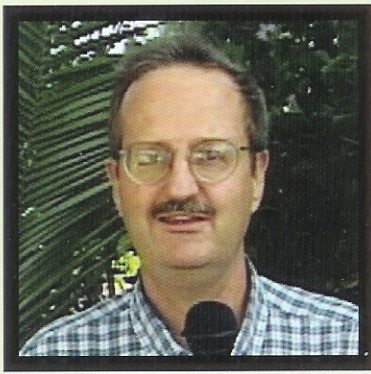


Much learning and significant encouragement occur during meals at CMDE conferences.



This happens to be my tenth time to attend one of these wonderful conferences, and each time I come back I'm renewed, excited, and learn a great deal. Probably what's most unique and most exciting about it for me is the spiritual time we have together here. Nowhere else in my life do I have the opportunity to join with true colleagues, people who are sharing the same calling, the same difficulties, the same challenges so many of us face as doctors in this part of the world. So coming here in the name of Christ really allows us to have a commonality of fellowship that I experience nowhere else to this depth.

—Mark Jacobson, M. D., Internal Medicine
(Lutheran Medical Missionary; Arusha, Tanzania)



I'm still on the field because of the meeting in 1990. I had just started practice after language school, had 52 patients and was working night and day. I didn't know what I was doing—tropical medicine was very new to me—and I was very discouraged. I was strengthened through fellowship with others who had been through the same thing I was facing. Their hints on how not to kill myself (by not spending quite so many hours) probably kept me on the field. I

really look forward to each meeting as much as anything for the fellowship, and for the spiritual emphasis and for being able to speak with other people who have seen cases like mine and comparing. The meeting is great and gives me enough CME hours to keep my Texas license.

—Donald McLaren, M. D., Pediatrics
(Eccu, Nigeria)

usually is most efficiently taught by another physician, the Commission looked to a proven innovator, David Stevens, M.D., from Tenwek hospital to lend his considerable experience and teaching skills in those subjects for several years in both Kenya and Malaysia.

In 1987, an organized Spiritual Growth program for spouses was assigned a Coordinator and full-time helpers were enlisted for the children's program. The total number of faculty for each Symposium had grown to over 40 by 1988.

The Torch is Passed— The

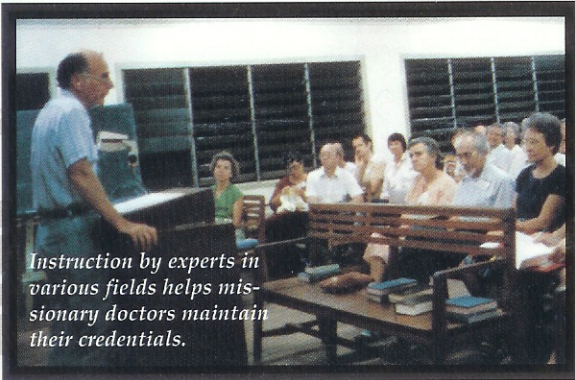
Innovations Continue

In November 1989, while making final preparations for Kenya '90, Dr. Stewart was in a fierce battle with prostate cancer when he died suddenly from a myocardial infarction. The Commission asked Ernest Steury to give the first annual "David L. Stewart Lecture" that February at Brackenhurst. This lecture has become one of the high-lights of programs in both locations.

In addition to the accomplished lecturers and the fine preachers, the program has been strengthened by the continued availability of Gerald Swim as Academic Officer, Mary Jane Jewell as Administrative Secretary and Registrar, and Bonnye Swim as Administrative Assistant. Their work goes on year-round and includes participation in each spring planning Commission meeting and each Symposium. They agree that e-mail is a special gift of God to missionaries and to them. The development of CMDA's Web site has also been a God-send to those on the field, and the potential for providing information and information helpful to those in the field via this means is unlimited.

Although evaluations have emphatically stated that nothing should be changed in the program, a decision was reached to replace the term "Symposium" with "Conference."

One recent development



Instruction by experts in various fields helps missionary doctors maintain their credentials.

Before this year's conference, we had been on the field just over a year—a year full of problems we hadn't expected. We felt like we were floundering. We had been questioning if the mission field was really where God wanted us to be. Through the conference God reaffirmed His call on our lives. We talked to other missionary physicians facing conditions similar to ours and found that our feelings and frustrations are normal and our trouble coping does not mean that we're not "missionary material." It was a real blessing to sit down with a counselor who understands. This is the first CMDA conference we've been to, but now that we've been here I don't know how we could miss one in the future, if we want our ministry to continue.



—Ross McCordic, M.D, Pediatrics
(TEAM; N'Djamena, Tchad)



A discussion session with Dr. Stewart

has been the increasing attendance of national physicians and dentists who are full-time in mission hospitals. A continued concern is the total cost for the participants. The registration fee is currently \$60 for the potential of 60 accredited hours. However, rising costs

for board and room, while significantly below commercial levels, when added to transportation costs, truly have become a problem for missionaries. Consequently, the Commission recently established a Finance Committee whose purpose is to find sources of subsidy. If you have suggestions, contact Dr. Marvin Jewell: phone (231) 536-3530; fax (231) 536-0780; e-mail: mjewell000@aol.com. Dr. Van Reken is now the Academic Dean and Chair of the Commission. His report on the 21st Annual CMDE program, held in Kenya Feb 7-17, 2000 and attended by 310 participants, can be found in the CMDA Annual Report elsewhere in this issue.

These comments by Bruce Musiime, B.D.S. (General Dentistry; Kampala, Uganda), summarize the impact and importance of CMDA's CMDE program to missionaries able to attend: "When I first came to CMDE, I

worked with a missionary hospital. At that time I was still a young Christian and I was very uneasy around Christians. When I came here and the whole place was filled with Christians, I felt a bit 'self-conscious.' But as time went on I realized it was the right place for me.

"One of the things that has impacted me the most is the holistic approach offered. Not only did I learn more about dentistry, but my spiritual life took a leap because of the people who shared their life with us.

"The fact that we could sit and talk with authors of books that we had read without feeling inferior was very powerful for me. And the spiritual aspects of the conference helped me grow tremendously.

"At that time I resolved never to miss any of these as long as I am alive and can make it here." †

Today's Christian Doctor thanks Gerald Swim and Drs. Marvin Jewell, David Van Reken and John Mitchell for their assistance in the preparation of this article, including the provision of photos.