

Collins in Nigeria in 1989 to save the life of a young farmer who had contracted tuberculosis. No matter how tough life gets, and no matter how discouraged we feel, we should still put our trust in God and love Him unconditionally. In Matthew 22:35-39, Christ is queried about which is the greatest of God's commandments, and He tells us "You shall love the Lord your God with all your heart, with all your soul, and with all your mind. This is the first and great commandment. And the second is like it: You shall love your neighbor as yourself."

When we feel discouraged, this is the time when we must put our trust in God, and love Him with all our heart, all our soul, and all our mind. And then from that point, we must then proceed to love the people around us and the people we encounter in these times of discouragement. Have faith that God placed you 'here' for a specific purpose, even though you cannot see that purpose at this point in time.

WHEN WE FEEL DISCOURAGED

By TK Berntsen

Sometimes we feel discouraged. We are challenged by great difficulties in our lives, and we experience thoughts of doubt or fear regarding why we are 'here' in this place on earth at this time. We try to look for reason but cannot seem to see it. We pray and ask God for answers, but we just can't seem to hear His voice speak out to us and give us the answers we are seeking. We find ourselves faced by these great challenges in life, not knowing why we are 'here' to face them.

Francis S. Collins, the head of the Human Genome Project, and one of the world's leading scientists, tells a story about such an experience he had back in 1989, as a medical doctor, when he volunteered in a small mission hospital in Nigeria, to provide and opportunity for the missionary physicians to attend their annual conference and recharge their spiritual and physical batteries:

"The hospital at Eku was unlike anything I had experienced. There were never enough beds, so patients often had to sleep on the floor. Their families often traveled with them and took on the responsibility of feeding them, since the hospital was no able to provide adequate nourishment. A wide spectrum of severe diseases was represented.... Overwhelmed by the enormity of these problems, exhausted by the constant stream of patients with illnesses I was poorly equipped to diagnose, frustrated by the lack of laboratory and X-ray support, I grew more and more discouraged, wondering why I had ever thought this trip would be a good thing.

Then one afternoon in the clinic a young farmer was brought in by his family with progressive weakness and massive swelling of his legs. Taking his pulse, I was startled to note that it essentially disappeared every time he took a breath. Though I had never seen this classical physical sign (referred to as a 'paradoxical pulse') so dramatically demonstrated, I was pretty sure this must mean that this young farmer had accumulated a large amount of fluid in the pericardial sac around his heart. This fluid was threatening to choke off his circulation and take his life.

In this setting, the most likely cause was tuberculosis. We had drugs at Eku for tuberculosis, but they could not act quickly enough to save this young man. He had at most a few days to live unless something drastic was done. The only chance to save him was to carry out a highly risky procedure of drawing off the pericardial fluid with a large bore needle placed in his chest. In the developed world, such a procedure would be done only by a highly trained interventional cardiologist, guided by an ultrasound machine, in order to avoid lacerating the heart and causing immediate death.

No ultrasound was available. No other physician present in this small Nigerian village had ever undertaken this procedure. The choice was for me to attempt a highly risky and invasive needle aspiration or watch the farmer die. I explained the situation to the young man, who was now fully aware of his own precarious state. He calmly urged me to proceed. With my heart in my mouth and a prayer on my lips, I inserted a large needle just under his sternum and aimed for his left shoulder, all while fearing that I might have made the wrong diagnosis, in which case I was almost certainly going to kill him.

I didn't have to wait long. The rush of dark red fluid in my syringe initially made me panic that I might have entered the heart chamber, but it soon became apparent that this was not normal heart's blood. It was a massive amount of bloody tuberculous effusion from the pericardial sac around the heart.

Nearly a quart of fluid was drawn off. The young man's response was dramatic. His paradoxical pulse disappeared almost at once, and within the next twenty-four hours the swelling of his legs rapidly improved.

For a few hours after this experience I felt a great sense of relief, even elation, at what had happened. But by the next morning, the same familiar gloom began to settle over me. After all, the circumstances that had led this young man to acquire tuberculosis were not going to change... Even if he survived the disease, some other preventable disorder, born of dirty water, inadequate nutrition, and a dangerous environment, probably lay not too far in his

future. The chances for a long life in a Nigerian farmer are poor.

With those discouraging thoughts in my head, I approached his bedside the next morning, finding him reading his bible. He looked at me quizzically, and asked whether I had worked at the hospital for a long time. I admitted that I was new, feeling somewhat irritated and embarrassed that it had been so easy for him to figure that out. But then this young Nigerian farmer, just about as different from me in culture, experience, and ancestry as any two humans could be, spoke the words that will forever be emblazoned in my mind: 'I get the sense you are wondering why you came here,' he said. 'I have an answer for you. You came here for one reason. You came here for me'."

'You came here for me' – what a powerful message this must have been for Dr. Collins in this time of discouragement. This story illustrates a good point about why we are 'here'. We are each called to reach out to others, whether it be through great acts such as in Dr. Collins' story, or through simple acts of kindness of one person to another. God created each one of us for specific purposes, and love for one another is an underlying theme. Dr. Collins, a man of unshakable faith in God and scripture, goes on to describe the above story as "reassurance that there in that strange place for just that one moment, I was in harmony with God's will, bonded together with this young man in a most unlikely but marvelous way".

Sometimes we find ourselves in situations where we don't understand why we are 'here', and we feel discouraged. We pray to God and we ask

'Why?'. Though Dr. Collins got his answer in a clear and direct way, most of us do not. For most of us, the answers we seek are hidden in our circumstances and do not come to us in such clear and direct ways as in Dr. Collins' story. So, how do we find the strength to endure our tough times?

I think it is in times like these – times of great challenges – that we must remember that even though we cannot always clearly see the purpose, God did put us 'here' for a specific purpose, just as He did with placing Dr.