

The Master's Key by Sam Molind, DMD



We at Global Health Outreach (GHO) and Christian Medical and Dental Associations (CMDA) have been richly blessed by the close relationship we have had with CPFI over the years. Seeing CPFI members stand tall and doing such a commendable job on our teams, having members on our Global Health Outreach Advisory Council from the onset and now having Nena and the CPFI office sharing space in our building in Tennessee has also been a wonderful blessing. When Global Health Outreach began sending medical teams out in 1999, I thought it would be a huge blessing for us to have a pharmacist present on every one of our teams and Ron Herman said, "I would like to see two pharmacists present on every team!" CPFI, under the direction of Ron Herman, works with GHO to ensure that pharmacists attend every trip. As a result, we now are blessed to have most of our teams covered by one or two pharmacists and at times pharmacy students as well. Praise the Lord! You have spoiled us and we realize how important it is to have pharmacists on board. What a tremendous asset you are to our team's ability to deliver quality healthcare and demonstrate the love and the compassion of Christ. However, we do have a significant problem getting the needed pharmacist coverage on our two week teams into the Eastern Hemisphere.

Now, I would like to present to you an important concept:

Suppose we were the stewards of a large mansion and our master sent us a message that we were to get the entire mansion ready for his return. In the great house every room is locked with one of two kinds of locks. The closer rooms are locked with "type A" locks; the rooms farther away are locked with "type B" locks. You also have two types of keys: "Type A" keys for type A locks and master keys, which will open both type A and type B locks. Our job is to open all the rooms and then leave the keys in the locks so that other servants may come and prepare the rooms.

How will we use the keys? If we are indiscriminate, using any key that works on the nearer rooms, we will use up some of the master keys and will not be able to open and prepare every room as our master has ordered. Obviously we must be judicious, using type A keys for type A locks and reserving the master keys for the type B locks.

Similarly, our Lord has ordered that we "make disciples of all nations." Some of the nations of the world can be entered by traditional missionaries, who are doing a wonderful work of disciple-making and church planting in these areas. But other nations are closed to traditional missionaries, pastors, churches and mission groups. These are the type B locks impervious to the type A keys. We often call them creative access countries or closed countries.

In Western healthcare we have been blessed to have our healthcare recognized as the international "gold standard" even though it is not perfect. We have learned that medical missions, in many different forms, can be used to gain entry into virtually any nation of the world to share the love and compassion of Christ, train national doctors and care for those in great need. Medical missions are the Master's key. Good stewardship requires

us to reserve the master keys of medical missions for those countries closed to traditional missions. We have established microsurgical capabilities and training in Vietnam. In India we have worked with an open heart surgical training program to bring in the latest techniques and develop them. We continue to work in China with village doctors to develop their skills in diagnosis and treatment.

An estimated 90% of the world's unreached/unevangelized people, 60% of the world's population and 85% of the world's poorest of the poor live in an area referred to as the "10/40 Window" (which encompasses northern Africa, the Middle East and goes across Asia from 10 degrees latitude north of the equator to 40 degrees latitude north of the equator). Many have never heard the Gospel message even once. There are either no Christians or not enough of a Christian movement in many cultures of the 10/40 window to carry out vibrant near-neighbor evangelism. Islam, Buddhism, and Hinduism are centered within the 10/40 window. What a challenge and what an opportunity! Going to this part of the world requires long-distance travel, which is expensive and takes more time than the other short-term missions. Getting to planned locations of unreached people groups is often difficult as they are often off the beaten path. Getting off for a two week period is often very difficult for us all, but we need your help to cover these counties in the Eastern Hemisphere.

The question is are we ready and willing to pay the price? GHO teams that travel into areas other than the Eastern Hemisphere are virtually full. Therefore, we pray that the Lord of the Harvest will bring forth laborers: *Lord break our hearts for the things that break Yours. Fill our hearts with passion for what matters most to You. Give us both the will and the courage to embrace your calling, and to fulfill Your commission.*

I believe He is calling those who are willing to exchange the pursuit of “success” and “significance” for service and sacrifice. And the scriptures are clear that we cannot out give the Divine Giver. When we present ourselves as living sacrifices, which is our reasonable service of worship. He lays up treasure for us in heaven, where neither moth nor rust can corrupt, nor can thieves steal or terrorists destroy. My dear brothers and sisters that is an investment that is sure to bring eternal dividends and is worth the making.

We have openings on our China team September 11th – 25th as well as many other opportunities throughout the year (please go to the GHO webpage for more information on open trips). We need another surge into the darkness of the 10/40 Window! May God give us the necessary urgency and passion to reach the least, the lost and the last. †

Dr. Samuel Molind was the former Director of Global Health Outreach, the international mission department of the Christian Medical & Dental Associations. Dr. Molind is an Oral and Maxillofacial Surgeon who was in practice for 26 years in Barre, Vermont. He served as Associate Professor of Surgery at the University of Vermont Medical School. He was President of the Medical staff at the Central Vermont

Medical Center and was a Board Examiner for the American Board of Oral and Maxillofacial Surgeons. Dr Molind and his wife Dorothy, began a Crisis Pregnancy Center in Central Vermont and Dorothy served as the Executive Director. Sam and Dorothy have been active in establishing the Good Samaritan Haven, an emergency shelter for the homeless, and the Health & Wellness Clinic for the underinsured and uninsured in central Vermont.

Sam is a lifetime member of the Christian Medical & Dental Associations and participated in many short term medical missions since 1987. He has been on the CMDA Board of Trustees and served for 6 years on the Biomedical Ethics Commission. Sam and Dorothy left their four adult children and eight grandchildren in New England to move to Bristol, TN in 1998 where Sam became the director of Global Health Outreach and Dorothy became his full time volunteer coordinator and material management agent. As the Director of Global Health Outreach Sam and his staff organize, supervise and train leaders to bring teams into developing countries around the world. To care for those who are poor in body and spirit and to share the love and the compassion of Christ with those who are lost without help and without hope.

In April 2005 Dr. Molind received from the U.S. Agency for International Development

the first ever (USAID) Outstanding Citizen Achievement Citation to acknowledge his volunteerism in developing countries, as well as his advancement of USAID’s mission of improving the health of individuals and communities in the developing world.

His efforts over the years has not escaped the eyes of the American Association of Oral & Maxillofacial Surgeons who in October of 2006 awarded Sam the Presidential Achievement Award for his important and long-standing contributions to the specialty and to the health and wellness of people in developing countries around the world. At the 2008 CMDA National Convention Dr. Molind and his wife Dorothy were presented with the “Servant of Christ Award.”

In July of 2010 Sam stepped down as Director of Global Health Outreach and retired to serve in the Stewardship and Development Department of CMDA and be the Coordinator for Global Health Relief. Dorothy has stepped down as material management agent for GHO and will be the material management agent for Global Health Relief.

All this said and done, Sam’s heart is to be a blessing to the Lord and be obedient to His calling so His Lord and Savior Jesus would receive glory, honor and praise.

