



Historical note: A missiologist's view of medical missions from 1978

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In 1978, WHO's Alma Ata declaration was a major milestone for public health and primary health care, heavily influenced by the work of Christians arising from the Tübingen consultation on *The Healing Church*¹ a decade earlier. While the emphasis on primary health care has been a healthy trend among Christian missions over the past 40 years, it has left some hospitals and medical missionaries unclear about their role. What has been lacking is a robust theology of medical missions that embraces both hospital care and primary health care as integral ministries in our service for the King.

Missiologist Professor J. Verkuyl, from Amsterdam, wrote *Contemporary Missiology, An Introduction*² in 1978, the same year as Alma Ata. His chapter on the "Ways and Means" of mission contains six pages on "Social-Medical Diaconia" and offered wisdom in creating such a theology of medical missions. Although we are living more than four decades later, there is much to still gain from his perspective. He wrote in 1978, "Gone is the time when missions had a virtual monopoly on hospitals on the mission field." He urged that mission agencies stop "... pretending that they are still in the pioneer stage when medical help was their virtually exclusive domain." With advanced medical education an integral part of public universities, he encouraged us to create new models of public private partnership in order to influence entire nations. He then said, "But in many areas government is devoting all of its resources and personnel to curative medicine and neglecting the preventive aspect. Why should a Christian agency not take up the slack?" He wanted us to be flexible "... so that love can find

those neglected areas and begin to tackle the problems." He specifically mentioned maternal and childcare, rehabilitation work, and gerontology, giving "... priority to programs and projects which allow us to address persons in the totality of their existence," since healing is but part of Christ's total program of salvation. He reminded us that our concern, like that of our Lord, should put care for the poor at the center of our efforts.

As to how to accomplish these noble goals, he exhorted us to explain what we are doing "... in the framework of God, man, the cosmos, sin, sickness, life, and death. "To perform this service, close teamwork between medical doctors, cultural anthropologists, and theologians is of utmost importance." He could hardly have been more prophetic. He reminded us that "... we are not doing very much hard thinking in what is today called medical "macro-ethics." We, today, are in a better position to study how medical help is distributed over the globe, and the statistics show it: the division is lopsided and unjust." And finally, he asked us to consider the Tübingen Consultation of 1964, which published *The Healing Church*. He wrote, "The very title is a plea for a 'comprehensive understanding of the church's concern with all forms of healing' and a warning against a fragmented approach to medical care which results from over-specialization. Recovery of health and victory over death are not totally separate entities. One could conceivably fail to recover his physical health and yet discover an inner integrity, a unity of life, and authentic human existence which the Bible calls "life."



The reverse is also possible: one could be delivered from his physical pain and yet continue to be plagued with a much deeper ailment. Thus, total care for a patient involves so much more than attending to his physical needs. A patient facing death may need reassurance that the gates of the eternal kingdom are wide open to him.²

It is urgent to continue to build a Professor Verkuyl's missiological understanding of our work in Christian medical missions to provide a framework for the strategic role of the mission hospital today and to keep a balanced perspective of

clinical and preventive care working together synergistically — and with churches around the globe.

References

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