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# Among All Nations

Autumn 1998  
No. 5

Christian healthcare worldwide

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Photo: Nigel Purry



## Reconciliation and integrity through Christ

In our postmodern thinking we are in danger, even in our churches, of replacing the concept of sin with insecurity and salvation with psychotherapy. The treatment for this insecurity only relieves symptoms and may hide the cause of a spiritual disease which eventually proves fatal.

Healthcare is caught up in this same deceptive cultural process. When the search for truth is abandoned, so are both the word of God and the scientific method on which healthcare was once based. Today there are medical students who are disillusioned by their experiences while training. Medicine no longer appears to be a vocation. Some are looking for an alternative way of fulfillment in worship or in Bible College. But if Christian healthcare with mission is to be a partner to evangelism, the healthcare must, like the theology, possess its own integrity.

In the past, when God's people abandoned him, their relationship was only restored after a generation or two had died in the desert or captive in a foreign land. We must ask God to restore Christian values and motivation to healthcare. If not, we may have to live and work under some unsympathetic world power that is less decadent than our own society.

Healthcare with mission therefore has a dual role - to restore integrity to science-based healthcare and to participate in Christ's mission to a disintegrating world. This was the challenge of the International Christian Medical and Dental Association congress held in Durban in July, reported in this issue by Janet Goodall.

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*Among All Nations* is produced in partnership with the **Medical Missionary Association** and **Christians in Health Care** as the international section of *Triple Helix*. They also produce the

magazine *Saving Health*, which has more articles on healthcare with mission, and a more comprehensive list of multidisciplinary service opportunities. Details on p15.

# What is God's plan for his world?

**David Clegg reviews *The Old Testament and Christian Mission* by Chris Wright. His comments on the healthcare implications are in italics.**

## **The foundations of mission: the creation platform**

The teaching of Genesis and Paul's speech to the Athenians show how God meant human life on earth to be. This enables the bad news and therefore the good news of the gospel to be understood. The bad news is seen in our failures in the dimensions of ecology and economy as well as of human relationships in society and history. 'God will hold us accountable as much for our humanity as for our Christianity.'

*The Old Testament (OT) demands social action on behalf of the needy. The New Testament has not cancelled this demand. Providing health care for those needing it is a part of this activity. Much disease is the result of our rebellion against God, not just as individuals but also as society. We ignore the way we and our world are made and the price is paid in poverty and pollution, but often by our neighbours rather than ourselves. A partnership between medicine which heals the body and evangelism which changes the lifestyle of individuals and society is holistic healthcare.*

## **The manifesto of mission: the covenant with Abraham**

God's goal through Abraham was and still is the blessing of all nations. The goal is universal and inclusive. The means of achieving this is exclusive and particular - through the people of God and the gospel of Christ.

*The blessing of all nations demands a changed attitude of mind as well as a strategy for evangelism. Suffering now should result in as much caring now as the threat of a lost eternity results in evangelism. If it does not our caring is not genuine.*

## **The agent of mission: Israel as the people of God**

Mission is an ethical response to our being chosen and bought back by God. Israel was redeemed or delivered from Egypt in order to live in a covenant relationship with God. As a nation Israel had the two priestly functions of bringing the knowledge of God to the other nations ('teaching the law') and opening the way for them to approach God ('handling the sacrifices'). The people of God need to be holy or 'different, distinctive' outside the walls of their churches in their mission to the world.

*Professionals who for the sake of Christian mission risk or abandon their place on the training and promotion ladders are distinctive. In addition they hold to ethical values which provide a sound basis for any community health programme, but which are often rejected by secular society.*

## **The scope of mission: exodus and jubilee**

Mission involves declaring the gospel of God's redemption. Two OT models are given to show the scope of this redemption. The exodus had political, economic, social and spiritual dimensions. The jubilee was a restorative mechanism especially for family life. The theological components combined with the social and economic components show a comprehensive concern for human needs. The jubilee was a strong influence on the ministry of Jesus.

*The modern western way of practising biomedical healthcare is in danger of damaging family and social life and may cease to be a means through which God blesses the nations of the world. Poverty is a basic cause of population and family size imbalance as well as of disease. The modern move to a more multifactorial, cost effective and community centred approach to healthcare is appropriate.*

## **The conflict of mission: gods and idols**

Throughout the OT the one living God conflicts with the gods and idols of humanity. They are very similar to the present day idols of 'money, sex and power'.

*These idols are as responsible for the failure of rich nations and their churches to care for the poor as for all peoples to respond to the message of Christ.*

## **The goal of mission: God and the future of nations**

The nations were to benefit from God's work among his chosen people but must have found it difficult to praise Israel's God when they appeared to suffer from her conquests. Paul described their benefiting from Israel's salvation history as a mystery. Even Jesus saw himself primarily as sent to restore Israel but the vision of the ingathering of the nations was behind his teaching. Paul saw the gentile churches and the servanthood of Christ as fulfilment of OT prophecy and promise.

*We cannot know what Christ gave up to come into this world as a man. But his servanthood was visible and his teaching irresistible to those wanting the truth. Medical mission can help break down the credibility gap between rich and poor and other human divisions, especially when practised in the name and spirit of the servant Christ.*

**Chris Wright is Principal of All Nations Christian College. His original article *The Old Testament and Christian Mission* appeared in *Evangel*, Summer 1996; 14.2: 37-43, published by Paternoster Periodicals. These edited extracts are used with permission.**

# beyond healing and caring: *a Christian approach to disability*

## From his experience in Uganda, Steven Harknett challenges attitudes to disability

Disabled people can make distinctive contributions to society. A distraught mother of a boy with severe learning difficulties was surprised when her doctor chided her 'You think this child is all your own responsibility, don't you? He isn't. He is society's responsibility. Society needs handicap.'<sup>1</sup>

A friend at a church in Kampala asked me to take him to the local deaf school so that he could 'pray for the children's ears to be opened'. This approach was based on Jesus' healing ministry - 'the blind receive sight, the lame walk, the lepers are cleansed, the deaf hear'<sup>2</sup>.

Jesus' miracles need not be interpreted as showing us that a cure is the only way of healing disability. The miracles were to show that 'the power of God is such that God can change what humanity sees as unchangeable'<sup>3</sup>.

While some disabled people would no doubt prefer not to be disabled, many more would vigorously defend their disability as part of their identity or even as a gift. Geoff Lay, a blind parish priest in the Diocese of Ely, describes how he uses his visual impairment to tell others about God's grace<sup>4</sup>. God's power is manifest in weakness just as much as it is in the miraculous cure, as Paul discovered<sup>5</sup>.

## What should our attitude be to disabled people?

We used to see disabled people as lacking something. The solution was to 'normalise' them, usually through medical intervention. Now disabled people are arguing that it is not they but society who should be changed. They need fewer 'special' services and more inclusive services such as integrated schools and independent living schemes. In Uganda, disabled people have obtained representation at local government level and in Parliament to ensure that their voice is heard.

The attitude that disabled people need continual care makes them objects of charity. It also treats the symptoms of disability but not the causes such as poverty, war and social inequality.

Jesus began his mission with his claim to secure freedom for the oppressed in society. 'He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed, to proclaim the year of the Lord's favour.'<sup>6</sup> Jesus

called for an inclusive society which does not discriminate but offers equal opportunities to all.

The needs of the disabled are less to do with welfare and more concerned with removing the barriers in society which oppress them: inaccessible environments, lack of communication, prejudice and discrimination. Our response should be one of equalising opportunities rather than providing palliative care and sympathy.

## Community based rehabilitation

In some developing countries disabled people are now served not by institution-based but by 'community-based rehabilitation'. This should be multisectoral and include education, vocational training, income generation, housing etc, alongside healthcare. Disabled people should be active in its planning and implementation. This way they gain in responsibility and grow in self esteem.

Throughout Uganda they have formed self help groups which run income-generating activities such as cobbling, tailoring or rearing livestock. In Kabale, southwest Uganda, they run their own orthopaedic workshop to provide the appliances they need.

'Society needs handicap.' Disabled people are often seen begging outside churches in Africa. The church should welcome them, see what they have to offer, and support programmes such as community based rehabilitation which empower them.

**Steven Harknett has just gained an MSc (with distinction) in Community Disability Studies in Developing Countries, partly funded by an MMA grant. He expects to return to work with the Uganda National Institute of Special Education**

## References

1. Young F. Face to Face. Epworth Press, London. 1985
2. Matthew 11:5
3. Davies J E. Disability: a social historical perspective. *British Journal of Theological Education* 8:2. 1996
4. Lay G. The blind leading the sighted. *British Journal of Theological Education* 8:2. 1996
5. 2 Corinthians 12:8-9
6. Luke 4:18-19

# Cameos of

**Janet Goodall gives some personal impressions of the XI World Congress of the International Christian Medical and Dental Association held in Durban, South Africa in July**

The magnificent International Convention Centre in Durban was booked for this congress when it was only a hole in the ground. By this act of faith, the South African CMF team had to do more than a little cliff-hanging and spade-work of their own, but were amply justified for their vision by the success of the meeting. A total of 800 delegates and spouses as well as 100 medical students came into the meetings daily from various locations in the city. The children had a programme of their own organised by Scripture Union.

## **'International'**

was a keynote, with delegates from 58 countries. Priority had been given to delegates from Africa, after whom in numbers attending came 55 from the UK, 50 each from the USA and Norway, 22 from Canada and 19 from Australia. Single delegates came from Bangladesh, Costa Rica, Ecuador, El Salvador, Estonia, Greece, Mexico, Myanmar, Nepal, Oman,



Photo: David Clegg

Pakistan, United Arab Emirates, Ukraine and Uruguay.

On the international evenings, people (often in colourful national costume, including some brilliant and impressive Nigerian head-dresses) gave us a taste of their homeland in song, ethnic music and dancing, or simply told us of what God has been doing though their different CMF groups. It was moving to hear the reports from Eastern Europe. Romania and East Germany's applications for membership of the ICMDA were ratified just prior to the congress.

## **Students**

who had enjoyed a preliminary week with their own speakers shared how the experience had encouraged them to serve the Lord with renewed mind and strength in their practice, and to love him with an undivided heart. An Australian student had composed a haunting song, based on the Lord's questions to Peter in John 21. The drift of it was 'I know you're very busy *serv*ing me, but do you really *love* me, *love* me, *love* me?' - a refrain which was to stay with some long after the congress was over.

## **Christian teaching**

centred on the very relevant conference theme 'Reconciliation and Integrity through Christ'. In his daily Bible studies Rev Edward Muhima of Uganda explored the meaning of integrity. We have become disintegrated through sin and integrity can only be recaptured through a restored relationship with Christ. Those reconciled to him and integrated with him become his ambassadors to a needy world.

This theme was illustrated by various professional papers dealing among other things with integrity in medical ethics, in inter-personal relationships, and in the conduct of research. A disturbed balance between body, mind and spirit can be at the root of many sicknesses. We should



Photo: David Clegg

# a Congress

ask the Lord to bring healing to the whole person and not simply to the body.

## Music

was led in a highly professional way by Liz and Dave Pass, supported by a band called 'The House of Judah' and a Zulu choir, with a talented pastor, Johan Heystek, acting as arranger, producer, band leader and pianist. It was a lesson in integration to see how the various musicians were sensitive to each other. Liz was very keen to give us an African experience through the music! It was just as inspiring to join the multiracial early morning prayer meeting and there to sing together as a smaller group, unaccompanied, but united in a unique harmony of voice and spirit.

## Discussion groups

were held most afternoons, offering a difficult choice between the parallel sessions. A psychiatrist, Rhiannon Lloyd, led seminars on healing, forgiveness and reconciliation in Rwanda. Tutsi and Hutu church elders are brought together. Despite initial mutual mistrust they are encouraged first to write down and then to share with a 'foe' the pain which one party has inflicted on the other. They realise that neither side has been totally innocent. The lists of offences are then taken and symbolically nailed to a wooden cross and burnt up. This goes on amidst scenes of great grief but also of real repentance and forgiveness. In this way reconciliation is achieved and fellowship restored.

Other workshops included consideration of corruption in medicine, Christian attitudes to embryo research and alternative medicine, AIDS as an instrument of salvation, the role of women in medicine and of Christians in woman and child health care, the place of mission, and the practice of ethics in the developing world. We came up for air on one free afternoon when mystery coach tours had been arranged. Pre- and post-conference trips

gave others a chance to see lions, mission hospitals or famous beauty spots, according to taste and means.

## Africa

remains in many parts a troubled continent. The crime rate has escalated in South Africa in the last four years yet Christians pop up all over the place, too. I met a taxi-driver, a hotel porter and two fellow passengers on separate planes who

reminded by such an unlikely character of the Lord's own willingness to stand between us and spiritual (as well as - sometimes - physical) death.

Only a few miles away, scores of people were killing each other, apparently quite out of control. Many of our delegates would return to situations of tension and danger. We need to continue to make regular intercession for them, perhaps

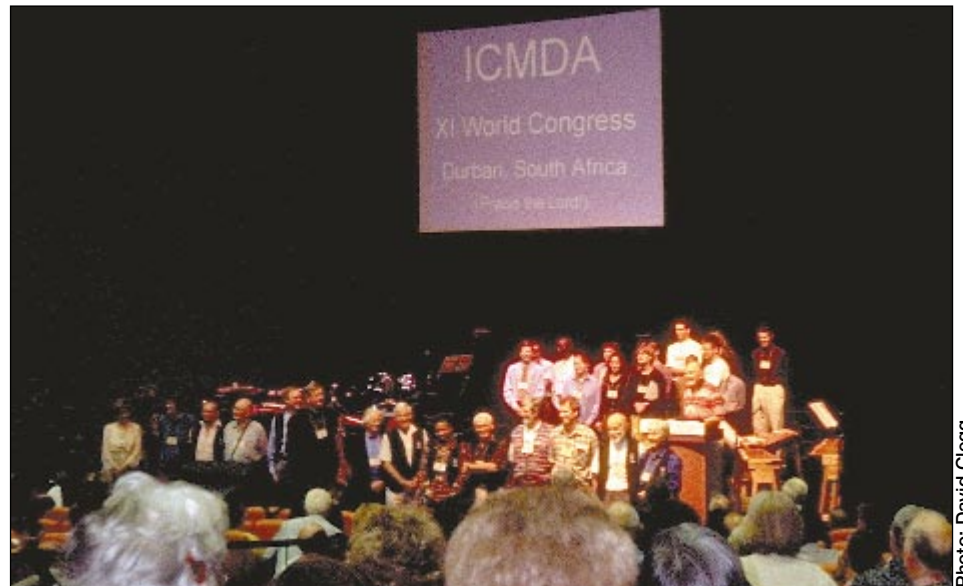


Photo: David Clegg

each professed to be a 'real' Christian. Much prayer was behind the relatively peaceful transition of power in 1994, but this must not cease now if the country is to win through its present turmoil under the (understandably) inexperienced leadership.

We felt greatly protected ourselves, as a body of comparatively wealthy people in a city affected by both poverty and drugs. We only heard of one hold-up - an American delegate, walking alone on the beach in broad daylight, was asked at knife-point for his money. He was extricated by an ex-convict and gay prostitute on whose own patch of beach the theft was being attempted. The delegate felt relieved, thankful and humbled to be

using the words of one of our conference songs:

*God bless Africa  
Guard her children  
Guide her leaders, and  
Heal her people*

Reconciled with God, we are called to be his ambassadors among the disintegrated family of nations in the practice of our medical and dental work, among patients and colleagues, and within our own families and fellowships.

**Janet Goodall is a retired consultant paediatrician who lives in Stoke-on-Trent. She has been a Vice-President of ICMDA since 1994**

# a world of *opportunity*

## Hymn singing during operations was just one highlight of Daren Teoh's South African elective

Five hundred miles away from the skyscrapers of Johannesburg is the town of Mangusi. This is the real South Africa - a dozen shops and the local market at the town's only crossroad. Scattered around this lie individual Zulu houses and huts and a population of approximately 100,000. Mangusi hospital served this population and six other primary care clinics around the region.

Mangusi was started by the Methodist church and has up to eight resident doctors serving a maximum of 560 patients at any one time. I spent my time there moving between paediatric, medical and surgical wards, primary care clinics and outpatients, and ophthalmology was a special part of my elective.

As in most of sub-Saharan Africa, HIV and AIDS are taking their toll in Mangusi. 33% of antenatal patients and 70% of hospital patients are infected. Children are not spared. Florid opportunistic infections and failure-to-thrive were beyond anything I'd come across in the West. On top of that, doctors had to cope with restraints in basic blood tests and malarial screens, not because of technical limitations, but rather because of shortage of funds.

One thing I always looked forward to was theatre days. If regional anaesthesia was used, patients and staff alike would sing Zulu hymns right through the procedure. And when Zulus sing, an international choir is born. Newcomers to the hospital might even mistake the theatre staff for the hospital choir!

A good proportion of the work in the hospital is done out of the goodwill of the staff. My tutor should probably deserve special mention. He hails from Rwanda where he was a consultant surgeon. During the genocide he lost everything except his family and fled to Zambia and finally to South Africa. He has had to learn English from scratch and now only works as a medical officer. However he still testifies to God's faithfulness and sovereignty and harbours no hatred against the perpetrators of his suffering. He is also certainly the most pleasant person in the hospital. I will always remember his example and I was pleased to help him with his English.

I spent my final days at an outlying primary care clinic. Resources here were scarce. The clinic was even out of stock of paracetamol and penicillin.

Around Mangusi is a beautiful lagoon system known as Kosi Bay. I also managed two safaris (one even on horseback) and some scuba diving on my way back to the UK. Looking back on my time at Mangusi, I know I can trust God more with my future and would certainly like to return to the developing world someday. And for now, at least there will be less of a chance for me to miss crackles when I listen to a patient's lungs.



The author with an African orphan

**In his penultimate year at Nottingham Medical School, Daren Teoh did his elective at Mangusi Hospital, South Africa this summer. He received a Joe Taylor Scholarship award for the ophthalmology part of it.**