

medical missions

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Paul Brand challenges us to be adventurers

Paul Brand was an orthopaedic surgeon who taught at Christian Medical College, Vellore. There he saw the horrors of untreated leprosy and the associated stigma. Through his experiences working with people affected by leprosy, he developed a Christian understanding of pain which he and author Philip Yancey wrote about in their book, *The Gift of Pain*. From 1993 to 1999, he served as President of The Leprosy Mission International. He died in 2003. This article was first published by CMF in the 1960s. Things have changed for the better in India now, but Brand's message is still relevant today.

Sick people came to our Lord Jesus Christ because they were conscious of their physical sickness and of the things that crippled their bodies. Jesus loved them. He understood them; he touched them; and as he touched them not only were their physical ills healed, but they realised that in that touch they had met the one that their souls needed. They found that the love which he gave them, the faith which he gave them, and the salvation which he gave them, were more important than the thing which they had come to him to have done.

Medical missions today, in following in the steps of our Lord, cannot but be concerned with the tremendous physical need in the countries where we work. Yet we have to remind ourselves that the real reason we are there is not to tackle illness, not primarily to attack germs – but to meet men and women with the love of our Lord Jesus Christ. We wish to pass on to them whatever we have, whether it is knowledge, skill, or the result of the various researches of other people in the understanding of disease. We have to give them also ourselves – and, more than

that, our Lord – through the words that we can speak and the love that we can show. In many parts of the world, where it is difficult for evangelists to go, there is still a crying need and an open door for those who will bring medical help. Hence doctors and nurses have a wonderful opportunity. I want to discuss with you that opportunity at three different levels.

1. teaching medicine

First of all, I will outline that with which I am personally concerned, which is the teaching of medicine, nursing, and the allied arts. It is a wonderful thing that in India, in Africa and other countries, there is a great number of fine, young national leaders coming forward with education and enthusiasm. They want to be taught medicine so that they can become doctors and nurses in their own countries. Here is an opportunity for some of our older and more experienced medical members of hospital and university staffs. I know that some people feel that youth is the only time in which to offer for the mission field. Some of us who are doctors have already passed that time, and may feel that it is now too late. Yet, in the overseas medical colleges, there is opportunity for those who have experience and skill, where the occasional grey hair or bald head is respected. There may also be an opportunity for those who have specialised training in things such as radiology, biochemistry, and some of the basic sciences. Such posts fall vacant from time to time in the Christian Medical Colleges at Vellore and Ludhiana and also in the many university medical colleges growing up in Africa and other countries. They may not be specifically sponsored by missions, perhaps. In them,

however, there is an opportunity for a Christian witness amongst medical students.

2. the mission hospitals

There is a tremendous opportunity generally in such colleges amongst the students, who are going to be the leaders in their own countries in the days to come. Yet in addition to the universities and colleges, there is the tremendous work in the mission hospitals in these countries. There are hundreds of these little hospitals built and founded by pioneer missionaries over the years. Each is the centre of medical work in its district, with up-stations and clinics in the villages. Many of them today, however, are almost entirely without doctors. I do not know what it is, but in this day of tremendous opportunity, in this day when the countries are calling out for doctors, one finds somehow here in this country, with all its devoted and earnest Christian people, a type of paralysis. I do not know whether it is the Welfare State which induces such paralysis. Perhaps it does. There is something paralysing about security. Yet here there is a wonderful opening overseas. We are calling out, particularly for women doctors and nurses; and also for young men doctors who are prepared to give their lives to working in these mission hospitals.

3. basic practice

Today I wish to emphasise that it is not just in the big institutions; it is out in the villages, it is in the places where ordinarily the qualified doctors – even the national doctors – do not go, where the Christian Church has its greatest message. I believe that we need to demonstrate the love of the Lord Jesus by doing the needed things that other people do not do. I can tell



you with pride and joy that the young church in India is demonstrating its strength and vitality by moving into the field of leprosy work where the other doctors shy away. It is also moving into the rural field. Yet the Christian national doctors available are woefully few. I believe that we need to go, not in competition with the indigenous doctors or in the big hospitals, but to accept the challenge of those places where there is no equipment, where there is no hospital, and where at present there is nothing to help those who are sick.

I have met many newly-qualified doctors and nurses who seem to indicate a feeling that, in order to practise their profession, they must have an environment similar to that in which they have been trained. I want to suggest to you that there is still adventure before us who are in the Christian Church in the medical field. Although we would like to have electrocardiographs and big operating rooms, and all the other ancillary things of medical science, it is a wonderful thing to go into a village where there is nothing of this kind and where the sick people need basic medicine. For us in the West there may be a choice between working in a well-equipped environment and one that is less well-equipped. For a sick person in the native village there is no choice. Either he



missionary. Then the doctor left, and after she had already retired at the age of 65, she went up those mountains again on

horseback with her medical box tacked on to the back of her saddlebags. She started medical work at the age of 65, because there was no doctor. She took these five mountain ranges as her 'parish' – I was going to say – but as her medical field. That was 20 years ago. There are still no doctors there. Old 'Granny Brand' still has the same horse. She has now broken her leg on one side and got paralysis on the other side. She can no longer walk except with two sticks to support her. She still has no helpers and she still has no hospital. But every day on her horse, with her medical box behind her, she goes amongst the villages. She camps in the cow-sheds sometimes. She continues to bring relief to those who need her help and her love. As I left this time to come on furlough, I said: 'Mother, it's time you had a rest! Come and have your 85th birthday at home with your family in England. You have not been away on a holiday for 20 years'. She replied: 'I cannot leave my people. They need me. But go home and tell them in England that there are five mountain ranges with thousands of villages that have never had a doctor. Tell them that I am getting old and so is my horse.'

Let us take a new look at the Master's words: 'He that loves his life shall lose it; and he that hates his life in this world shall keep it unto life eternal' (John 12: 25). Let us remember that those who lose their life and professional standing, perhaps, for the sake of Jesus Christ, shall find them both. ■

has got to be treated by somebody who is prepared to accept the conditions or he will not be treated at all. Here, again, I must emphasise the wonderful leadership that is being given by our national Christians. I think today of two young men and a young woman who have gone into a Christian fellowship without capital, without salary, and without any resources. They work in a village where they knew that they could not get any money. They have just settled down to live together in an 'ashram' to serve the people in the medical field. The villagers have risen up around them and have built them a hospital with their own hands. Mud and thatch? Yes! – but what a wonderful spirit to find that their love and devotion in the name of our Lord has been answered by a sweeping devotion from the people whom they are serving!

the challenge

The Church needs adventurers. The Church needs those who will go out leaving everything behind them, burning all their bridges and devoting themselves to the need of those who suffer. Just before I came home, I met my aged mother who has been working for many years amongst five mountain ranges where there is not one single doctor. There used to be one, and in those days she was employed as a