

**Nathan Lawrence** reflects on his own experiences of cross-cultural mission to ask if it is worth doing



# MISSION HOSPITALS: ENDURING WITNESS OR OUTDATED CONCEPT?

## key points

- Medical mission is still needed, but does the old-fashioned image of the western Christian doctor or nurse coming to solve problems work?
- Time spent serving long-term in a mission hospital will be spiritually, mentally and professionally taxing, and may lead to disillusionment.
- Spending longer than a few months serving overseas is vital to a shift in perspective to help push through disillusionment and to make a difference serving local Christians.

**A**nti-malarials? *Check.* Medical French Dictionary? *Check.* *Oxford Handbook of Tropical Medicine?* *Check.* Right then, off to Madagascar.

And so, on the 26 January 2017, I found myself climbing into a small twin-engine Cessna on my way to a town called Mandritsara in the north of Madagascar. I was carrying two huge rucksacks and two huge questions.

First, is working in medical mission something to which I'm suited, that I can thrive in and could or should be considering long-term?

Second, is a mission trip worthwhile?

If you claim to care about either the material suffering or spiritual needs of people overseas (or indeed, both) then what should you do about it? Do you get on a plane and go? Do you do a Master's in Public Health and join the World Health Organization? Or do you work in the NHS and funnel every last penny you can into local Bible schools and medical training?

Is the presence of overseas missionaries and doctors in the developing world a valuable or useful thing in itself?

The answer to the first question became clear fairly quickly: within a few months of starting work at the *Hopitaly Vaovao Mahafaly* (AKA: Good News Hospital) I found myself loving medical mission in the developing world. I loved the mangoes; I loved the team community; I could put up with the bugs; I loved the old red hills around the hospital and I loved the way the place integrated real and vital medical care, with a genuine unashamed proclamation of the gospel every day and in every ward round. Even in the tough times, (let's be honest, being away from home for over a year is tough) I celebrated Christmas Day sheltering from a tropical storm without electricity, while I was sent family photos of mince pies dripping in brandy butter!

It's also beyond hard to spend the whole night running between two dying neonates, who you've resuscitated a total of five times before eventually having to call it a day at 4am.

But the tough times brought me closer to God, closer to the rest of the team (who were always there to patch me up with tea, banana cake, a hug and a prayer), and humbly taught me. God sustained me and did not break me.

So, it became increasingly clear, without wanting to belittle the bumps, challenges and knocks along the way, that by God's grace this was something which more or less agreed with me: a way of life I could survive and maybe even thrive in.

But was it worth it? Should we be even doing mission like this anymore? Is the presence of overseas missionaries and doctors in the developing world a valuable or useful thing in itself? Or is it a necessary evil that would be better done by local evangelists/doctors if only there were the personnel available to do that? My thinking gradually evolved over the 16 months I spent at HVM.

### Disillusionment

At six months in, I was pretty much convinced that it was pointless: I was just so useless. Initially I'd thought this was just the language barrier. I spoke good French thanks to having done it for A-level, but as only five per cent of patients speak French I became reliant on either my halting attempts at Malagasy or the nurses' translation, a task they performed with a range of ability, accuracy, enthusiasm, and frustration. It had reduced me to a machine asking yes/no questions. I felt almost totally unable to capture any of the human elements of people's stories that makes medicine an art, much less effectively communicate any real sympathy, compassion or love, and still less, to explain anything at all of Jesus's love for the people I was seeing. I was useless, in fact probably worse than useless. I was a burden on the nurses. I kept thinking, 'if only I knew more Malagasy I could do some good here'.

By month six, it had become increasingly clear to me that it wasn't even that. Even if I woke up tomorrow speaking perfect Malagasy, I would be at best a mediocre communicator of the gospel in this town. My life experience was so far removed from what my patients were going through and how they had grown up. Trying to explain the gospel in ways they would understand, or even express my own compassion in culturally relevant ways would take years to learn. Even then, with years of hard study, I would never have lived through a failed rice harvest that claimed two of my children; I would never have grown up in a world without electricity, and I cannot become Malagasy – even if I make every effort I will still be a *vazaha* (a European foreigner) and that alone would make the truths I'm trying to explain about Jesus seem strange and alien. Surely, a Malagasy doctor with my skills and convictions would do a much, much better job?

### Perspective shift

While much of this was still true by month twelve, my perspective had begun to shift. I'd seen the gospel advance because missionaries were working with the Malagasy church in ways that perhaps wouldn't have happened if either had been working alone. I think in particular of a few young guys who got involved with the youth group at church after they'd initially befriended us in an effort to improve their English.

I'd seen a group of patients staring in confused fascination at my attempts to do a gospel talk in pre-school-level Malagasy, suddenly come alive with understanding as the nurse translated my clumsy sentences into an actual fluent explanation, adding her own illustrations along the way. And I'd seen in the welcome and warmth of the village churches in particular, the special sweetness that being one body, united as brothers and sisters in Christ has when you've started from so very far apart.

I'm not saying this is the final word on this, nor that my thinking is complete. I still feel the weight of the argument that this may not be the best way to make the biggest impact, but I am convinced serving on the front line in a mission hospital isn't useless, futile or harmful. Convinced enough that come August, God-willing, I will be going back.

Two tips for investigating mission work:

1. **Go and see.** Working out what does or doesn't help, whether this is a good use of your life and gifts is really hard to do from a sofa in East Anglia!
2. **Go for as long as possible.** While a short-term mission trip might still be valuable, you will not really get to the bottom of ministry in less than six months.

*Nathan Lawrence is a Core Medical Trainee in London*

More information on the Good News Hospital (Hopitaly Vaovao Mahafaly), Mandritsara can be found at [mandritsara.org.uk](http://mandritsara.org.uk)

More information on short and long term healthcare mission opportunities, training and resources can be found on the CMF website at [cmf.org.uk/international](http://cmf.org.uk/international)

Other short-term mission resources and opportunities can be found at [oscar.org.uk](http://oscar.org.uk) and [globalconnections.org.uk](http://globalconnections.org.uk)

## FACTS

The Good News Hospital (Hopitaly Vaovao Mahafaly), Mandritsara was founded in 1995 by CMF members David and Jane Mann. It serves an area about half the size of Wales in a remote region of Northern Madagascar. Services include: a midwifery led maternity unit; a weekday outpatient unit; two 22 bed inpatient wards; two general surgical theatres and an ophthalmic surgery theatre; X-ray, ultrasound and path labs. They are always welcoming to volunteers and students on electives.

