Healthcare Mission - A Call to Arms
Peter Saunders, Christian Medical Fellowship

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Christianity and Healthcare

In Luke 9:2, Jesus Christ commissions his disciples 'to preach the kingdom of God and to heal the sick'. One chapter later he sends out the 72 with the same ministry – to heal the sick and to preach the Gospel (Luke 10:9). And in the book of Acts we see the apostles, including of course Luke, the doctor, who himself wrote Acts and travelled with Paul on several of his missionary journeys, doing the same – preaching the Gospel and healing the sick.

This was the foundation for 2,000 years of Christian healthcare. It was Christians who built many of the first hospitals and infirmaries and established the precedent of serving sick people as if they were Christ himself. Christians also made huge contributions to the scientific base for modern medicine and healthcare

Famous Christian doctors include surgeon Ambroise Pare, Louis Pasteur (antiseptics), Joseph Lister (who applied Pasteur's techniques to surgery), James Paget ('Paget's disease'), Thomas Barnardo (Barnardo's Homes), Edward Jenner (discovered vaccinations), James Simpson (introduced chloroform), Thomas Sydenham ('the English Hipprocrates'), the master clinician William Osler and missionary doctor David Livingstone. But many other doctors and health professionals whose names are known only to their grateful patients have made substantial contributions in quiet corners beyond historians' reach.

We should rejoice in the achievements of Christian healthcare professionals in the past but the past is only of value to us if it motivates us to similar acts of service in our lifetimes. Christianity continues to shape healthcare today through the pioneering work of Christians in AIDS care and education, drug rehabilitation, child health, palliative care, relief of poverty and particularly service in the developing world – but there is a massive job still to do. The health needs of the new millennium are greater than at any other time in human history. How will the next generation look back on us? How will history judge us?

The Nazareth Manifesto

Jesus opened his ministry with his Nazareth manifesto in Luke 4:18-19 :

' The Spirit of the Lord is upon me,
because he has anointed me
to preach good news to the poor.
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'

I'm going to argue that in this we see a threefold call to preaching the gospel, healing the sick and bringing justice – all of which have huge implications for healthcare mission.

Preaching the Gospel

'To preach good news to the poor' – this is the way the manifesto starts and it starts this way because this is the thing of first priority. We see this in the way Jesus sets his own priorities. At the

end of Luke 4 (v42-43) we see the people begging him to stay presumably to heal more people and to perform more miracles. But look at how he answers:

'I must preach the news of the Kingdom of God to the other towns also because that is why I was sent'.

Jesus priority – which he entrusted to his disciples - was to preach the Gospel, the good news of Jesus' death for our sins and his resurrection, the hope of heaven, and the call to repentance and faith – this is what the world so desperately needs to hear.

Sacrificial Service and standing for justice are noble callings and Christian duties at the heart of the character of God - but it was Gospel preaching that was Jesus' first priority. Healthcare without concern for people's salvation was not Jesus' priority; and it should not be ours either. This is not to say that we don't offer healthcare to those in need – we must – just as Jesus healed those who failed to repent - but we must also remember that Jesus at the end of his ministry went back to the towns where he had performed most of his miracles and denounced them for not repenting. What does it profit a man if he gains the whole earth – including excellent health – yet loses his own soul? We need always to remember that Jesus key priority was not to empty the hospitals but to empty the graveyards.

The twelve were commissioned to preach the gospel in Jerusalem, in Judea and to the ends of the earth. For us, maybe, there's a call to preach in London and in all Britain and Europe and to the ends of the earth? And the task is far from finished. In rough numbers we are talking about:

1,000 million Muslims
900 million Atheists
800 million nominal Catholics
700 million Hindus
600 million nominal Protestants
500 million followers of Tribal and Folk Religion
400 million Buddhist
300 million followers of Chinese religions
200 million Orthodox
100 million, Sikhs, Jews, Cults

The unreached are mainly in the 10:40 window, and mainly in the developing world itself.

Healing the Sick

Part of Jesus' manifesto was 'the recovery of sight to the blind'. Here the ophthalmologists get special mention, and its interesting that the reference to the blind does not come from Isaiah 61 but from Isaiah 35:5-6. It says:

> *'Then will the eyes of the blind be opened*
> *and the ears of the deaf unstopped.*
> *Then will the lame leap like a deer?*
> *And the mute tongue shout for joy'*

We see all of these things happen in the ministry of Jesus and the apostles. There is a restoration of the whole body, both as a sign of the authenticity of the gospel message, and as a demonstration of Gods' compassion. And whether healing is by supernatural means or by using the medicine, surgery

and other healthcare techniques that God has graciously given, our concern today should be to show the same concern that Jesus did for the whole person – for two reasons - both as a sign of the authenticity of the Gospel, and as a demonstration of the Lord's love and compassion.

Bringing justice

The rest of Jesus manifesto had to do with issues of justice; *'to proclaim freedom for the prisoners, to release the oppressed and to proclaim the year of the Lord's favour'*
The Bible is clear that God's people are also to speak and stand for justice.

To be a voice for the voiceless – Proverbs 31:8-9:
'Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy'

Loosing the chains of injustice – Isaiah 58:6-10:
'Is this not the kind of fasting I have chosen: to loose the chains of injustice and untie the cords of the yoke, to set the oppressed free and break every yoke? … If you do away with the yoke of oppression… and if you spend yourselves on behalf of the hungry and satisfy the needs of the oppressed, then your light will rise in the darkness, and your night will become like noonday'

The year of the Lord's favour – Isaiah 61:1-2
It's interesting that the acceptable year of the Lord referred to in Luke 4 and Isaiah 61 is thought by most commentators to be the Jubilee year in which debts were forgiven, slaves released and property returned to its original owners.

Mercy and Compassion – Zechariah 7:9,10
'Administer true justice; show mercy and compassion to one another. Do not oppress the widow or the fatherless, the alien or the poor'.

Healthcare mission involves more than just preaching the Gospel and healing the sick – it involves bringing justice and speaking out against the evils which threaten the health and the lives of vulnerable people. It involves being their advocates and empowering them to seek the changes in their communities that will improve the health of themselves and their children.

Preaching the Gospel, Healing the Sick, Bringing justice – this is what healthcare mission is.

The world at the beginning of the 21st century

1 Ch 12:32 tells of the Men of Issachar who understood the times and who knew what to do'. In order to know what to do we must first understand the times.

The world's population reached 6 billion in October 1999 but 2 billion still lack safe sanitation, 1 billion lack safe water and 1 billion live in severe poverty. And as water tables deepen, rainfall fails and mass migrations of displaced persons overwhelm existing systems, the gains of the last decades are leaking away.

Over 30 million people worldwide still suffer from blindness by WHO definitions - and yet the major causes of cataracts, trachoma, river blindness and vitamin A deficiency are all easily treatable or preventable with current technology.

Another 30 million people are infected with HIV and the Indian epidemic looks set to eclipse that in sub-Saharan Africa. The AIDS needs alone of many African countries could exhaust their entire

health budgets and there is not a city outside the west where a 2.5% HIV prevalence rate has not become 25% in 5 to 10 years.

Despite the fact that tuberculosis has been curable for a couple of pounds for over 50 years we now have the world's worst TB epidemic ever - exacerbated by AIDS. The impact of this currently treatable disease is equivalent to 20 fully laden jumbo jets falling out of the sky each day. Malaria still affects 105 countries world-wide with one third of the world's population at risk - and now climate change is moving frontiers northwards in Europe and the former USSR endangering even more.

In developing countries 17 million people still die from infectious and parasitic diseases including five million childhood deaths from diseases that can be prevented by immunisation - along with the preventable mortality from gastro-enteritis and dehydration. Maternal health remains a huge priority with 99/100 pregnancy related deaths occurring in developing countries.

With more wars being fought today than at any time in history - we can add the health needs of over 40 million refugees and the legacy of over 100 million unexploded landmines.

There are also the problems of alcohol and smoking related diseases, the diseases of ageing populations, drug abuse and prostitution, psychiatric disorders, surgical problems, industrial and road accidents and pollution-induced illness - and all of these are potentiated by the effects of debt in countries where health budgets have been slashed by 50% at the time when need and health problems are greatest.

There has been some encouraging progress with polio, smallpox and leprosy - and the life expectancy of people in the developing world is increasing - but overall there is an immense amount still be done - and it is up to this generation to do it. In the western world we have all the money, skills and resources necessary - all that is needed is the will to serve.

In the not-too-distant past in the West there was a broad consensus about principles of medical ethics - formulated in such ethical codes as the Hippocratic Oath and the Declaration of Geneva. These codes are broadly consistent with the Bible but they are no longer adhered to.

We now live in a post-Christian society where the plurality of religious traditions, cultural backgrounds, world-views and ideologies makes any real consensus impossible. As a result a new secular ethic has been imposed - but one based on an atheistic view of the world. The Christian principle of the strong laying down their lives for the weak has been replaced by an evolutionary ethic whereby the weak are sacrificed for the sake of the strong. The situation has been exacerbated by advancing technology and financial and resource constraints.

This change of ethical tack is no clearer than in the issue of abortion - abortion was illegal throughout the world at the turn of the century, but with 'sexual freedom' has become the norm - to the extent that world abortion rates (50 million pa) now equal human deaths from all other causes. The acceptability of abortion has paved the way for embryo experimentation, genetic manipulation and prenatal search and destroy for abnormal foetuses. Abortion is a huge problem in many parts of the developing world too with the discrimination against female babies and the ready availability of ultrasound machines.

Anxiety over world population has led to the one-child-family movement and campaigns for population control through coercive contraception and abortion policies - without addressing the real problem of western over-consumption of resources or correcting the economic imbalances, which lead people in developing countries to choose large families.

Pressure for euthanasia worldwide is mounting now that it has been legalised in the Netherlands and Belgium this year. Resource restrictions are increasingly being used as justification for non-treatment and triage decisions that discriminate against those deemed to have a lower quality of life. We face a century where doctors will increasingly be expected to participate in abortion and euthanasia as part of 'good medical practice'. Just as abortion and post-coital contraception have become part of 'the full range' of gynaecological services in the West - we now face the prospect that euthanasia could become part of 'the full range' of geriatric, psychiatric, neurosurgical or intensive care services. This will be fuelled by the growing pressure to harvest organs for transplant from prisoners, paupers and patients deemed to have a low quality of life - unless xenotransplantation finds wider acceptance, with all its attendant risks.

And then there is the economic exploitation of the poor and of poor countries. We were all shocked by the events of 11 September. But I was equally disturbed at the disproportionate outrage expressed over this terrorist attack relative to other recent human tragedies in which exponentially more lives have been lost: the Turkish and Gujerati earthquakes, the Rwanda massacre or the silent epidemics of malaria, TB, AIDS and smoking-related illness. Every day worldwide 50,000 children die from diseases that are, in the main, easily preventable or treatable, and 160,000 unborn children die by abortion. What does this tell us about our priorities?

The question many westerners have struggled with is why those in the developing world have shown so little sympathy for America – but if you live in a country (and there are many) where less than £2 per head is spent on healthcare, where the best land is deployed to produce cash-crops for Western consumers and where 50% of the GNP goes on debt service to Western creditors - it will not be surprising if you hate the West. You might even see the World Trade Centre as a legitimate target in the war against global capitalism, for 'harbouring' those financial institutions and multinational companies that are the very agents of the economic oppression you are suffering. Let's remember that God judged Sodom because she was 'arrogant, overfed and unconcerned' and 'did not help the poor and needy' (Ezk 16:48,49). Not a bad description of the Western world, is it? Let's pray that it is not a description of us as well.

This huge catalogue of problems exists ultimately because our world has abandoned, or in many places never discovered, Christian values. If there were no sexual immorality there would probably be no AIDS and little abortion. If there was adequate sharing of resources then developing world debt and population pressure would not pose the problems they do. If we recognised the image of God in every human being there would not be the pressure to cull brain-damaged adults and abnormal foetuses. If there was concern for real justice there would be good sanitation and clean water for all and consequently little infectious disease. We would have no hesitation about putting the weakest first and making the time and money sacrifices necessary to maximise their welfare.

There is healthcare need in the developed world too of course - but in general the diseases that kill most in the rich world are those of overconsumptive lifestyles: ischaemic heart disease, cerebrovascular disease and cancer - difficult to prevent and expensive to treat. In the face of such need abroad we need to have a strong call if we are to stay here rather than go to where the need is greatest.

Despite all the problems in the NHS – if all the world's GNP were spent on health each person would enjoy less healthcare than the average given in the NHS. We need to put things in a global context – and let the global context shape our priorities.

Average life expectancy in Britain is 79 years for women; and yet there are countries, take Burkina Faso in West Africa where it is only 43. Infant mortality in Britain is 6 deaths per 1,000. But in

Afghanistan, even before the present crisis it was 150 per 1,000. We have only one physician for every 629 people but in Mozambique the equivalent figure is one doctor for 143,351 people. We have one hospital bed for every 205 of the population, but in Nepal it is one for 3,898. We are one of the best off countries in the world, and our healthcare professionals are amongst the most easily mobile – able to travel almost anywhere in the world with ease.

The People needed

So where are Christian healthcare workers needed today to fulfil the calling to preach the gospel, heal the sick and bring justice? - essentially, in every field of healthcare at every level - but especially in the hard places. I know of no better summary than the 'A to Z' of opportunities for service produced by Ted Lankester, Director of Interhealth.

Addiction

Detox programmes are badly needed but there are very few healthcare professionals who are willing to slum it out where the addicts are dying, not even for a million dollars. God's love flowing from Christian hearts is the only successful motivator.

Care of the elderly

Worldwide, families are starting to disintegrate and millions of older people are being confronted with a harsh future of dependency. The obvious answer is to have more children to look after you in your old age. What are we doing for the world's ageing population, much of it so impoverished? This is a call to lateral and creative thinkers.

Community based health care

Here, the centre of gravity is the community, not the hospital or clinic. Its aim is to empower local people to prevent two-thirds of their health problems, treat most of the rest and refer the remainder to the nearest health centre. Carrying out that simple sentence is probably one of the biggest challenges facing healthcare professionals.

Entrepreneurs

We need entrepreneurs - those who can bring together needs and solutions by creative and lateral thinking, exploiting the internet, developing telemedicine, going in search of willing workers and by taking risks. The entrepreneurial skills of a Richard Branson or Bill Gates do not have to be restricted to manufacturing money for its own sake, but can be used to serve God and his people.

Family planning

This is helping communities to practise child spacing. Having just three children each, spaced about three years apart would slash under-five mortality and make life far more tolerable for all members of the family.

General practice

Networks of accredited family doctors (GPs) are being established in many countries. Many people have died because there were no well-trained, affordable GPs available, and families have been forced to turn to traditional medicines or expensive private doctors.

Health promoters

These people use every conceivable way to prevent illness, promote well-being and delay death. The best people are those who are part of the community themselves, but they have to be trained and programmes have to be managed. Healthcare professionals can participate, advise and train.

HIV medicine

This terrible epidemic affects nearly 40 million people, causing untold suffering as well as political destabilisation. The burden of AIDS is eating up the health budgets, and infected soldiers run amok in war-torn countries, raping defenceless women. The desperation that HIV is causing in some countries is so intense that almost all other health care is on hold.

Immunisation programmes

Implementers and managers are needed: locally, with national governments and with UNICEF. Millions of people die of preventable infectious diseases worldwide. Epidemiologists and researchers are needed to design and deliver new vaccines to combat these.

Infectious diseases

These are the biggest killers in the world. Just as we thought we were beating them, these illnesses are making a spectacular comeback. Practitioners and specialists are required to tackle emerging and re-emerging diseases: malaria, schistosomiasis, sleeping sickness, dengue fever and TB to name just a few.

Managers

Healthcare professionals who can manage, together with their non-medical administration colleagues, are absolutely essential. With more of these around, the efficiency of most hospitals and programmes in developing countries would be doubled overnight.

Medical journalists and broadcasters

The needs of communities must be brought powerfully and compassionately to the public and the power brokers' attention.

Medical anthropologists

Socially sensitive doctors, or specialist anthropologists can help programmes get it right, so that we don't dismay the local population by a chain of social blunders, or set up a programme totally out of synchronisation with the community's needs.

Mental health specialists

More than one in four patients consulting doctors in the developing world need some form of psychiatric help. This is virgin territory in most countries (a bit like surgery 100 years ago).

Nutritionists

A huge number of people are malnourished, which reduces their resistance to disease; we need medics and other health workers specialising in nutrition to advise, practise, train and work alongside the community.

Obstetricians

Doctors who can perform tricky deliveries and caesareans are much needed: but also people who can set up training programmes for traditional birth attendants, start up referral units, maternity

waiting houses, and implement everything in the WHO's safe motherhood initiative. Many women have no antenatal care and there are few accessible referral centres for obstetric emergencies or premature births.

Orthopaedic surgeons

Millions of landmines litter four different continents. Surgeons working with those trained in prosthetics, orthotics and community rehab can deal with the terrifying carnage that results.

Paediatricians

Generalists with paediatric training or specialists for referral hospitals are both needed urgently. Half the population of the developing world comes into the paediatric age range.

Pharmacologists

Pharmacologically trained people are needed to design and implement rational drugs policies that are cheap and safe for use. We need life-saving medicines at community level that are clearly defined, properly used and always available.

Surgeons

These are needed not only in hospitals, but also for community surgery. Pioneering ways of doing simple operations in village homes for the millions too frightened, too poor or too distant to ever get to a hospital are vitally needed. Community surgery is a speciality waiting to happen.

TB control

One person in three has had a primary infection. Each year more people die than the year before. Most communities in developing countries are still waiting for effective programmes, rather than half-baked attempts that cure a few but spread drug resistance to many.

Water and Sanitation

Doctors with special knowledge or large doses of practical sense are needed to work with water and sanitation engineers, to help the vast numbers who still spend their daily energy carrying water or digging holes for defaecation. Poor sanitation leads to epidemics.

Whatever your interest, gift, speciality or generality - God can use you somewhere in the world.

The Places

Here are some suggestions; all of them offer opportunities of bringing medicine and the gospel to those who need it.

Battlefields

There are over 50 wars within or between countries being fought at the present time. The Red Cross was born on a battlefield and is found near all of them today.

Churches and church-based clinics

Countless churches are longing to reach out with health care to the communities around them, but usually they have no doctor available, and no clue how to start.

The community

Places such as villages, city slums or financial centres all contain spiritually empty people. We need community based medical mission to the poor, the rich and the super-rich, customised to the exact needs of each group.

The corridors of power

The UN, national governments, the EC and the WHO are all bodies where decisions are made and strategies formed. These are also strategic locations for Christians to work and make a stand against corruption.

Disaster areas

The victims of floods and earthquakes always need medical help. We also need a planned medical response to the effects of global warming.

District Hospitals

Many are run down and non-functioning, but they are key to a country's health system.

Eye and ear camps

Doctors take much-needed care for the visually and hearing impaired to the places where they live, rather than where the health workers live. This can change people's lives.

Hospitals again

Small and struggling, referral, tertiary, mission, government hospitals all need people. The scope for doctors with all levels and types of training is limitless.

Medical Schools and Universities

Specialists and super-specialists are needed to train, research, teach research, set up new departments and form bridges with western institutions, and inspire the next generation.

Mercy Ships, Planes and Trains

There are Christian-owned ministry ships needing doctors, and at least one plane and one train set up as surgical units.

Mobile clinics

Land Rovers, recycled ambulances and canoes are just some of the modes of transport needed to bring medical care to remote communities.

Nomadic peoples

They need health care too; this may mean becoming semi-nomadic yourself.

Primary Health Centres

Large and small centres all over the world need more people. They are often unstaffed, especially in mountainous or remote areas, hostile climates or in unstable zones where local people are reluctant to serve. Sometimes it means repairing the roof or rebuilding the centre before you start the clinic.

Prisons

Diseases including TB and STDs are rife here. Addiction and mental illness are endemic.

Psychiatric Hospitals and Community Based Rehabilitation Centres

Most are still waiting to be set up.

Refugee camps and roadside clinics in war zones

These places are crying out for medical skills.

Schools

Hundreds of international schools need medical officers (this is ideal for part-timers).

Television and radio stations

Health soap operas are becoming one of the most powerful ways of changing unhealthy living patterns of whole communities. Christian doctors are needed to advise, write and participate and to start new programmes in new countries.

Urban Health Centres

This is perhaps the key need of all. The groans of the urban poor are rarely met in practice by the compassionate face of a Christian healthcare professional or the welcome of a friendly clinic. At least half a billion people attend these centres.

Summary

Ted Lankester, to whom I am indebted in compiling this review on current need, recently pointed out our responsibility to help the needy half of the world: 'working from hospitals and communities, in war zones and refugee camps, for governments, missionary societies and NGOs. Working short-term, long-term, as front-line surgeons, ophthalmologists, physiotherapists, paramedics, in community rehabilitation or as travelling consultants - in repairing landmine injuries and war wounds, in HIV counsel, care and control - in teaching in medical schools, universities, or remote health posts - in running clinics for child prostitutes, migrant labourers and inner city junkies - in distributing vaccines against malaria, dengue fever or HIV... what is called for is person-to-person responses in a world more open and accessible than ever'.

Preaching the Gospel, Healing the sick and bringing justice are what healthcare mission means practically - in this century as in all others. As Christian healthcare professionals at the beginning of the new millennium let's aim to let these priorities shape our lives and ministries.

The Bible indicates that the time before Christ's return will be a time of great suffering. Whether the end of the world is imminent or not (we must always be ready)- and whether our obedience to Jesus successfully changes the world's course or not - we are still called to be faithful. We may not be able to meet the need, but we can still show how the need can be met. We may not be able to stop the moral decay - but we can still stand firm for godly principles. We may not see many conversions, but like the first disciples we need to be preaching the gospel, because 'the time is short' (2 Pet 3:11; Col 4:5). And if with Christ's help we can stand together in facing this challenge then history will testify that we faithfully followed those Christian healthcare professionals before us.

Sources

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