

New Paradigms in Christian Health Ministries
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Medical missions have a long and impressive history. During the past two centuries, missions were the first to bring medical care into many parts of the world and to make it available to a multitude of people groups. From the beginning the emphasis was on providing care for the poor and the underserved, thus following the example of Christ. Millions of people were cured of a variety of diseases. The compassion of Christ was demonstrated, and great numbers of people came into the Kingdom of God through the efforts of medical missionaries. Thousands of nurses and other healthcare workers were trained in mission medical facilities. And mission medical programs often served as models for government and other medical services.

During the latter half of the twentieth century, much has changed. Government health services expanded rapidly in most countries and were better funded and equipped than most mission medical services. Governments established medical schools and training schools for other health workers, and began placing restrictions on the services and training programs offered by missions. Escalating costs of medical care made it increasingly difficult for missions to maintain quality health services. At the same time churches were growing in many of the areas served by medical missions and began assuming responsibility for the medical programs. On the political side, governments of some nations expelled all foreign missionaries, forcing the turnover of medical institutions to national control. A strong feeling then developed in North American and European churches and mission agencies that the era of medical missions was over.

Is the era of medical missions indeed over? The answer to this is both Yes and No. The old paradigm of medical missions is over and should have disappeared a decade or more ago. On the other hand, the challenges, opportunities, and responsibilities facing Christian health ministries are greater than ever. Furthermore, the mandate Christ gave to his disciples to heal the sick has not changed. Obedience to this mandate in the twenty-first century will require new paradigms and a whole new orientation to health needs and ministries around the world.

What was the old medical mission paradigm? The old paradigm was that Christian doctors and nurses from North America and Europe would establish medical services in other nations and provide medical care for those who had none. Hospitals and clinics were established on mission compounds. The programs were managed and maintained by missionaries. The emphasis was almost entirely on curative medical care. Training programs trained nurses and paramedical staff in curative care. Medical mission programs were paternalistic and had a heavy dependence on foreign resources. Medical care was often assumed to be "bait" by which people would be encouraged to become Christians. This assumption reflected the unbiblical dichotomy in western culture and evangelical Christianity between the physical and the spiritual dimensions of life.

The term "medical missions" should now give way to a new term - *Christian Intercultural Health Ministries*. The emphasis must shift from "medical" to "health," with health being the basic goal, although this still includes curative care as a part of the goal. The term "missions" is now inappropriate for it still implies sending and receiving, with the senders being the active and controlling partners while the receivers are the passive recipients of what is given to them. "Intercultural" means partnerships between Christian health professionals of different nations and cultures, and of different subcultures within countries. Thus the distinction between "international" and "domestic" becomes obsolete. Mutual learning, the sharing of ideas and resources, and working together to achieve common goals and objectives are part of the new paradigm.

The overall goal of Christian intercultural health ministries is health: promoting the health of people and communities, and restoring health to those who are ill. It likewise includes training competent healthcare workers to make healthcare available to all people. Christian health professionals should serve people as whole persons and communities as whole communities. The operating mode should be partnerships between Christian people and groups without national or cultural barriers. Ultimate control should be by the Spirit of God as all partners seek together to be obedient to the direction of the Holy Spirit.

To accomplish the mandate of *Christian Intercultural Health Ministries*, a whole set of interconnecting operational paradigms is necessary.

Good quality curative care

Caring for sick people is at the center of any health ministry, for it is the urgent felt need of all peoples. Care should correspond to the real needs of the people and must be appropriate to both the cultural and economic contexts. Special concern needs to be shown for those who are poor and underserved, which raises difficult questions of how to meet great needs with limited resources. This emphasizes the crucial importance of cooperative partnerships between Christians around the world, the mutual sharing of resources, and dependence on God working through his people.

For Christian health professionals, Jesus is our model. We need to understand why he healed those who were sick. He healed them for three reasons.

1. He healed them because they were sick, and he made them well. He had no ulterior purpose for them, but simply wanted to restore them to wholeness: physical, emotional, and spiritual wholeness, and restoration to their community.
2. He healed people as a sign of his own identity. For example, the Jews knew no one could heal someone of leprosy. However, they believed that when the Messiah came, he would be able to heal people of leprosy. When Jesus healed the man with leprosy (Mark 1:40-44), he was demonstrating to the people his identity as the Messiah.
3. He healed people as a sign that the power of God was at work in the world.

For Christian health professionals this raises an important question. As we cure sick people, do the results demonstrate the power of God at work in the world or simply the beneficial effects of medical science? Is Jesus the Messiah evident in what we do? In other words, does our medical practice as Christians differ in some way from the competent medical practice of those who are not Christian?

Training paramedical health personnel

The vast majority of the poor people in the world will never have access to a physician. However, well-trained paramedical health personnel can adequately care for more than 90% of illness episodes and can identify and refer the others to professional medical caregivers. Paramedical health workers should be trained in formal programs on both diploma and auxiliary levels. Such training multiplies knowledge and skills and provides a marvelous opportunity to make disciples of Christ. Training health personnel is essential to assure sustainability of health programs, and it fulfills the mandate the Apostle Paul gave to Timothy to train competent people who, in turn, would train still others (II Tim. 2:2).

A functionally effective pyramid of health care personnel is one that has, for each professional person, 3 to 5 diploma-level personnel, and 10 to 20 auxiliary level personnel. Such a structure makes possible the extension of health ministries into communities to reach the people who need them.

The mandate to train has important implications for Christian health professionals. Every health professional should be a trainer. However, training requires the special knowledge and skills of pedagogy, both formal and non-formal. Therefore pedagogy should be part of the preparation of all involved in Christian health ministries. Furthermore, every Christian health facility should have a training component, and even "short-term missions" should somehow be involved in training.

Community health

Community health means mobilizing the participation of people in activities to improve their own health and the health conditions of their community. Community health is what people themselves do to promote their own health. The role of health professionals is a catalytic role that can best be accomplished through building relationships with community leaders and communication with them through dialogue. While it is true that health professionals know much about the technical aspects of health and diseases, they often know little about the cultural dynamics of health and illness. Only as effective communication takes place between health professionals and community leaders can practical approaches to health improvement and maintenance be developed. Community health, therefore, is something health professions do *with* people.

This requires preparation on the part of Christian health professionals. A knowledge of three cultures is essential:

1. the professional's own culture, which is too often taken for granted without conscious thought and reflection
2. the culture of the people of the community, which often differs radically in beliefs and values from the culture of the health professional especially in matters related to health, disease, and death
3. the biblical world view that can serve as a foundation for health and a common ground for discussing principles and practices.

Skills in communication between cultures are important, along with an understanding of how to introduce ideas that are new to a culture. Fluency in the local language is of great benefit, because transmitting new ideas through an interpreter is fraught with many difficulties and the possibility of misunderstandings. Much time and patience is required, because change on deeper levels of culture occurs slowly and requires building solid relationships and engaging in on-going dialogue.

Primary health care

Primary health care (PHC) is a series of interventions to prevent certain diseases and to monitor and strengthen the health of people. Included in primary health care are pre-school and ante-natal clinics, immunization programs, health education, and family planning services. PHC is what health professionals do *for* people.

Effective programs of PHC require the training of personnel on auxiliary and diploma levels, certain cultural adaptations, and the participation by community leaders in the particular interventions. It likewise requires good organization and management, supervision and evaluation, and adequate funding.

It is important to distinguish between the terms community health and primary health care. Community health is not weighing and immunizing babies under a mango tree in a village. That is PHC. Community health is not a geographical term but rather a functional term. The community is the base and the people are the principal actors. The base for PHC is in the health service, and trained healthcare personnel are the main actors. The two activities, however, are complementary and should operate together. Community health without primary health care is incomplete because many communicable diseases would not be prevented, whereas primary health care without community health makes minimal changes in health-related behavior and is unsustainable.

Decentralizing health care

In 1978, at a World Health Organization international conference at Alma Ata in Russia, the slogan "Health for all by the year 2000" was adopted, and primary health care was promoted as the basic approach. It is now clear, however, that this goal was not achieved. In fact, in many areas, people now have less health care than in 1978. The primary cause of the failure was that health care remained centralized and based in institutions and was not made accessible to people geographically, economically, or

culturally. As a result vast numbers of rural and urban people have no access to adequate health care.

Decentralization of health care requires numerous elements:

1. training primary health care personnel on diploma and auxiliary levels. The "community health worker" approach is inadequate because personnel of this level are unable to provide adequate curative care.
2. establishing health centers within geographical and economic reach of the people. Ideally the health centers should be built, owned, and managed by the community and staffed and equipped by the health service.

Such an approach can redress the unjust imbalance of healthcare where, in many areas of the world, more than 75% of the population have minimal care.

Care for the whole person

The biomedical approach to healthcare separates physical care from psychological, social and spiritual care. The heavy investment of time and resources in physical care and technology largely precludes consideration of care for the other dimensions of human life.

This model is in sharp contrast to what Jesus did and to what the Bible teaches about wholeness. Furthermore, the health sciences are now recognizing the interdependence of body, mind, and spirit. Integrating medicine, pastoral care, prayer, and Christ's power to heal body, mind, and spirit will make healing of the whole person possible.

Putting into practice an approach to caring for the whole person requires a major paradigm shift from the biomedical compartmentalized view of human life to the biblical view of wholeness. This paradigm shift is essential for health professionals who must learn new patterns of history-taking so as to include questions about the personal and social life of their patients, about emotions, feelings, and attitudes, and about their faith and spiritual activities.

Pastoral caregivers and counselors likewise must move away from the faith/science dichotomy and must also recognize that the spiritual dimension of life cannot be squeezed into a psychological frame of reference. The Spirit of God as well as the rulers, principalities, and powers of evil actively intervene in individual lives and in collective society. Although psychology and its methods are of value in helping persons better handle thoughts and behavior, only Jesus Christ can forgive sin, heal the spirit, and provide the resources necessary for healing the soul.

Training of health professionals

Every effort should be made to come alongside of health professionals in training

and in practice to provide input both in scientific disciplines and in spiritual development. In some Christian hospitals, residencies in family medicine and other specialties have been established. More are needed. These provide ideal settings for in-depth discipling of young health professional colleagues. University hospitals and medical faculties in many countries are open to having specialists come for short or even longer periods of time for training in their specialty areas. Even in religiously restricted areas, the Good News of new life in Jesus Christ can be demonstrated by example and occasionally by word. Christian health professionals are already playing key roles in some parts of the world in setting up new residencies and new approaches to health care. Finally, friendships and spiritual mentoring can take place with health professionals from around the world who are in study programs in North America or Europe.

The challenge of HIV/AIDS

The explosive epidemic of HIV continues to spread almost unchecked in spite of massive efforts in research, care, and education. This is due in large part to the failure of educational efforts to deal with the root causes of the behavior that puts people at risk of HIV infection.

Care for persons with HIV that provides hope and offers new life can be of great spiritual, psychological, and even physiological benefit to them. It often results in significant remission of HIV disease even without specific anti-retro-viral therapy.

Education for behavior change must target the basic beliefs and values that underlie behavior patterns. Education in how to live begins at birth. Therefore, parents should be the key target group for our educational efforts. They are the ones who demonstrate even to new-born children the principles of how to live. Educating parents in parenting skills and in how to be an example of healthy living and right relationships should be our highest priority. Education of youth and adults in biblical principles of living and in the joy of sexual vitality and fulfillment within marriage should accompany efforts to empower parents in raising their children to follow God's ways.

Surveillance of new and re-emerging diseases

Christian intercultural health ministries can play key roles in the identification and control of new infections and of the resurgence of serious infections such as tuberculosis and many sexually transmitted diseases. This is because we work in a close relationship with the community and are aware of the social and cultural dynamics that often play a role in the spread of such diseases. Furthermore, through training programs, we are often able to educate health colleagues in measures of diagnosis, treatment, and control of certain disease problems. In some areas of the world, the network of radio and e-mail communications in Christian health agencies makes us part of the early-warning system that can be of great benefit at the beginning of an epidemic situation.

Partnership relationships

The principles of an effective partnership are based on

1. a common understanding of goals and purpose
2. open communication aimed at mutual learning, understanding, and consensus
3. mutual sharing of resources: material, conceptual, and spiritual
4. trust and commitment to each other

To insure long-term sustainability of Christian intercultural health ministries, partner relationships are vital. This includes partnerships between health professionals of different cultures. It likewise means partnerships between health ministries and churches, and also between health and other development programs. In so far as possible it should include partnerships between the private and public sectors, between church-based health programs and the government.

Effective partnering requires an understanding of personal, social, and cultural dynamics, basic principles of good communication, and how to communicate ideas between cultures. Trust and commitment are essential as well as transparency in all interactions. Having common goals and consensus on the objectives to be achieved is of great benefit in strengthening partnerships.

The growing health needs of the peoples of the world are enormous. Many health problems are extremely complex. Resources available to deal with many of those problems are limited. It is therefore essential that intentional and widespread networking take place among Christian health agencies and personnel. This can and should be done within countries, and is already being done in some. The time has come for increased international partnerships and cooperation. The more we learn from each other, the more effective each of us will be in our ministries. We can then become much better coordinated in our approach to the health needs of the peoples of the world.

Research and modeling

Christian health agencies are in the private sector. A great advantage of this is that it provides a certain liberty for innovation in developing new approaches to health problems and new types of relationships with the community. Such innovations require observational research and evaluation, adequate communication with community and government leaders, and a dependence on wisdom and direction from God. Many Christian health programs have become models for other health programs and even for governmental approaches to healthcare. In often significant ways, Christian health programs and personnel can influence cultural changes toward better health and social conditions.

Jesus is our model

In reviewing the above challenges and opportunities for Christian health ministries, it becomes evident that Jesus himself was involved in all of the above. He gave compassionate care for the whole person. He healed all manners of diseases, including

infectious and sexually transmitted diseases. He multiplied his knowledge and skills through training, and he partnered with all who were open to him. The impact he had and continues to have on the cultures of the world is immeasurable, and he provided for us the foundational principles of healthcare. We are the Body of Christ and must allow him to continue to carry on his work in his way, and through us.

God has a plan for the health of the peoples of the world. Yet God works primarily through his people, and we are his people. We can pray, therefore, as did the People of Israel, "God, be gracious to us and bless us and make your face shine upon us, so that yours ways may be known on earth and your *saving health* among all nations" (Psalm 67 : 1-2, NIV – italics mine).

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