The future of health in mission starts with reading the story together

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This Christian Journal for Global Health issue (June 2020) focuses on the “changing landscape of faith-based hospitals.” But the broader context is the future of how healthcare and mission intersect. The Tübingen Conference of 1964 began the conversation of the need for greater integration of health within mission.[1] Certainly the context of our current COVID-19 pandemic gives us significant impetus to reflect further on the roles and places of Christian healthcare service and healing.

I believe this reflection needs to begin with a focus on *how* our Lord modeled a servant heart. As healthcare providers who desire to emulate Jesus, the Great Physician, we need to more thoroughly engage and influence mainstream, mission strategy. Without greater dialogue, healthcare mission can too easily be relegated to the “compassion corner.” Instead, all mission endeavors need to come together to embrace an integral mission approach as the way things need to be.

Parallel Mission Universes

Two well-known, US-based, mission groups held their annual gatherings of several hundred persons each this past September 2019. Missio Nexus held its "Leadership Conference"[2] for evangelical Protestant church and mission agency-based organizations. Samaritan’s Purse held its annual "Prescription for Renewal"[3] retreat for medical and other healthcare missionaries. Both conferences were held on the same weekend and in the same city. Yet, from my inquiry to the organizational leadership of both, neither conference-planning group seemed to be aware of the others’ plans and the opportunity for cross-pollinating collaboration. Church and mission agency leaders didn’t hear about the work of health and healing in mission. Physician attendees of the second meeting didn’t hear about the breadth of church engagement that is not healthcare-related. Both organizations do their respective jobs well.

Doesn’t it seem unusual that groups that profess the same goal continue to plan and strategize in parallel tracks? In the larger context, isn’t there something terribly amiss when “Health for all Nations” becomes one of the last of the more than thirty groups of the "Issue Networks of the Lausanne Movement?"[4]

How Would Jesus Want to See Mission?

The essence of the answer to this question is given by Rev. John Stott, the deeply loved 20th century evangelical pastor and scholar, in his exploration of the theology of missions entitled *Christian Mission in the Modern World*.[5] Stott explained his “conversion” *from* the dualism of the Great Commandment and the Great Commission categories when he encountered the Apostle John’s version of Jesus’ sending of the disciples from his gospel: “Again, Jesus said, ‘Peace be with you! *As the Father has sent me*, I am sending you.’ And with that he breathed on them and said, ‘Receive the Holy Spirit.’” (John 20: 21 – 22).

Western theological culture has inherited *systematic* theologies that create the categories within which we order our theological understandings. The richness of African and Eastern cultures is their dependence on narrative — the story. The four gospels and Acts are the New Testament's narrative story. And in his version of Jesus' commission to Christians, the apostle John reveals *how* Jesus ministered. Absorbed in the story, we cannot help but see that there was no separation of love into proclamation and compassion.

Jesus moved seamlessly between teaching, discipling, healing, and confronting anything and anyone that stood between a person's need and their ultimate need for His Father: money, past relationships, sickness, demons, death. And to whatever hindrance might be standing in the way of relationship with the divine, in John's poetic rendering, Jesus offered Himself as the "I am:" the bread, the light, the gate, the way, the vine, the resurrection: *the life*. And to make no mistake of the only source of that life, juxtaposed to the near final "I am," is the delineator: "No one comes to the Father except through me [Jesus]" (John 14:6).

How does all this matter to the global Christian church, missions, and global health as we enter the 2020s? And what does it mean to the goal of Jesus' name being known among the *ethne* [peoples] that have not yet heard? Simply put — by not being intentional in following the clear example of *how* Christ reached out to all whom he met, we risk not being able to complete that defined, and eternally important, task.

In this wholistic understanding, medical ministry, ministry among orphans, ministry among disabled, agricultural ministry, fill-in-the-blank ______ "compassion" ministry does not exist to "open the door" to the "real thing." There is no dichotomizing in the Gospel narratives of Jesus' ministry. The categories are not there — *we* put them there. Must we name *Jesus* as God's answer to reconciliation with the Father? Yes. But when reaching out to a remote people group, what is communicated to them when there is no response to the wailing after a woman has died in childbirth? Wouldn't following Christ's injunction to go "as the Father has sent me" mean attempting to bring a higher healthcare standard to bear? Can our defense really be, as Keith Green poignantly put it in his song *The Sheep and the Goats,*[6] "Lord, that [caring for her "social gospel" need] just wasn't our ministry?" No, there is no "good news" in a needless death. Good news in word cannot help the soul of a person that has died.

Is it possible today to make the same Modernist mistake of the 1920s and sideline orthodoxy? Of course. But in erecting defenses to this error over the last century, does the church, especially its evangelical stream, fall into the equally erroneous proposition that we can proclaim the Gospel without following the clear example of Jesus and the consistent teaching of the Scripture? I hope not. I do not believe that those who are yet to hear can be expected to respond without us risking what it means to be and to make disciples by incorporating the radical, all-inclusive, non-categorized love that is lived out in an "*as Jesus was sent"* way.

Can we Westerners listen to our Latin American, African, and Asian brothers and sisters who don't see such cleanly erected, culturally-bound categories? Can we critically read John Stott and others who provocatively speak to the hang-ups of our modern, strategically planned programs? Can we hear Scripture and the Spirit to be *intentional* in our love to come alongside compelling needs? Is Jesus Christ's love compelling without our total life witness? Not if we accept the either/or mentality of our cultural history of the modernist/ fundamentalist debates that fed this dualism. And not even in a both/and mode to thereby accept these two categories as legitimate. But we must embrace the *shalom* that is found only in our Lord and Savior, the one way, Jesus.

Why two parallel, non-communicating conferences in the same city at the same time? I believe the greater responsibility rests on health-related ministries to seek out opportunities to inform the conversation within legacy mission networks. The church/mission hospital cannot work in isolation to the church next door. The Western mission agency cannot afford to relegate healthcare mission to a "department" to meet its goals. Short-term medical missionaries can be more aware of how their contribution connects to the larger mission of the Church. Healthcare missions and the mission of the Church can no longer afford to be siloed because it is one and the same life of loving as Jesus loved.

What *would* Jesus do?

As Christopher Grundman has eloquently explained in his explication of the *Christus medicus* trope:

> Therefore, Christian medical missions cannot sufficiently be justified by personal devotion and commitment to the task nor with strategic considerations. Considerations like these fail to notice that exploiting human suffering as opportunity for evangelization and church growth compromises the integrity of both, medicine and the Gospel. Working under false pretense is neither reconcilable with professional ethos nor with Christian standards, one of which is refusing "to practice cunning" (2 Cor 4:2)."[7]

As Prof. Grundman explains, I believe it is imperative that we in the West humbly shed our centuries old cultural dualism between medical vs. proclamation missions and agree that we serve medically because we love as Christ loved. We can and must learn from our African and other Majority World colleagues in order to work as a unified church and mission enterprise to proclaim and demonstrate word and deed; oh, the deep, deep love of Jesus.

The story of the Gospels: "Jesus went throughout Galilee, *teaching* in their synagogues, *preaching* the good news of the kingdom, and *healing* every disease and sickness among the people" (Matt. 4:23). Education, proclamation, healing. All in one verse, all in one Person, throughout his ministry on earth. We are sent as the Father sent Jesus. Jesus has called his church to, "do greater works than these." May even greater dialogue begin to see healthcare and mainstream mission find their synergy as integral mission.

Soli Deo Gloria

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