

How Southern Baptist Medical Missions Is Still Thriving

Medical missions is dead. IMB no longer appoints medical personnel. Transitions of IMB-funded hospitals to local leadership are a failure.

These are just some of the myths circulating about Southern Baptist medical missions, says Dr. Charles Fielding,* a physician with more than 15 years of experience with IMB.

“We have more medical workers on the field now than ever before,” Fielding says. Today, more than 300 health-qualified personnel serve overseas.

The myths originated nearly 30 years ago when the Foreign Mission Board (now IMB) began transitioning away from medical institutions, explains Dr. Rebekah Naylor, an emeritus missionary surgeon who served for 35 years at Bangalore (India) Baptist Hospital.

“The reasons for the transition were both financial and philosophical,” Naylor says. “Financially, institutions are expensive to maintain. Philosophically, the leadership of the [IMB] believed that institutions were not the best and strongest way to accomplish evangelism and church planting.”

Making a Change

Consequently, in the mid-1980s, IMB began handing over control of its more than 30 hospitals and medical and dental clinics to local partners. A 1997 IMB report—the last publication identifying international institutions with Baptist ties—lists 17 hospitals, 10 medical clinics, six dental clinics and one school in places such as Brazil, Indonesia, Japan and Yemen. Today, IMB maintains only one—the Baptist Medical Centre in Nalerigu, Ghana.

Dr. Van Williams, an emeritus missionary physician and medical consultant for IMB, believes that the success of each transition was dependent primarily on the strength of the local partner.

“We’ve done it in different ways around the world,” Williams says. “Sometimes it worked. Sometimes it didn’t.”

Now national conventions, private boards or government organizations operate about half of the health care facilities included on the 1997 list, and in several instances IMB personnel continue to have some level of involvement. For the remainder, factors such as remote location, poor management or weak partnerships resulted in closure of the facilities. In each successful transition, however, “the hospital found a partner with the right strengths,” Williams explains. He cites three examples of “phenomenal transitions”—Wallace Memorial Baptist Hospital in Pusan, South Korea, Bangalore Baptist Hospital and the Baptist Medical Center in Asunción, Paraguay.

Appreciating Successes

For the hospital in Bangalore, the “right partner” was the Christian Medical College of Vellore, India. The college had an excellent teaching program that allowed it to expand the services offered in Bangalore. Under a management agreement with the medical college, the Bangalore hospital offers medical care to more than 200,000 patients a year. It also boasts a nursing school and provides training in allied health, X-ray and medical records management. The college manages the hospital through a board of directors; IMB retains one seat on the board and funds the pastoral care department.

In Paraguay and South Korea, national Baptist conventions in each country established private boards consisting of directors from missions, business and medical backgrounds. Under these arrangements, medical facilities broadened their influence within their communities while maintaining a Christ-centered mission.

For example, prominently posted in every ward of Bangalore Baptist Hospital is the mission statement to give care in the Spirit of Christ and draw people to Him. It is a philosophy embraced by every leader, says Naylor, noting that the chaplain's office recorded 1,200 professions of faith in 2011. In other years, the number has been as high as 4,000.

In Pusan, hospital leadership not only maintains a Christ-centered mission within the hospital walls, it also extends its reach to some of the world's most restricted areas. Building on the legacy of the hospital's namesake—Dr. Bill Wallace, a Southern Baptist medical missionary to China — Korean medical personnel travel at least annually to other Asian countries, holding medical clinics in impoverished areas and sharing God's love.

Overall, Williams and Naylor agree that the shift from institutions to local leadership was beneficial because it empowered local leaders to grow beyond what IMB could provide.

"When I first arrived in Bangalore, we were struggling to get patients. Now, the hospital treats 1,000 patients a day," Williams says. "When I arrived there were three missionary physicians, a nurse and six to eight Indian doctors. The hospital has just grown and grown and grown."

"It's the same with Paraguay," Williams continues, his eyes brightening. "To watch it go from a small hospital to a large medical complex with a heart center, a nursing school and the best emergency care in the city is truly enriching."

Doing Things Differently

As institutional transitions continued to play themselves out, IMB's commitment to medical missions never wavered, says Naylor. Instead, the methodology shifted to incorporate health strategies into evangelism and church planting. "Preach and heal"—utilizing health strategies to share the Gospel — was born.

Access to the world's hardest-to-reach areas is one of the primary benefits of this holistic approach to health care and Gospel ministry, says Fielding, author of the book, *Preach and Heal: A Biblical Model for Missions*.

In 1985, Fielding was a 24-year-old college graduate in creative writing and psychology when God called him to go to places "where missionaries can't go."

"I'd never considered missions and never met a missionary," Fielding says. "But I realized it might be hard for missionaries to go to places like East Asia, Central Asia or the Middle East. That day God told me to go to medical school so I could serve Him in hard-to-reach places."

Ten years later, Fielding was serving as a physician in a remote area of Central Asia.

"My wife and I worked out of the back of a truck," Fielding recalls. During his first three years, Fielding treated thousands of patients and saw 300 people come to faith in Jesus Christ.

"We had been told it would take 15 years for a person in this area to come to Christ," Fielding says. "We saw people come to faith in less than a week."

For Trey Alexander,* a church-planting strategist who oversees a variety of human needs projects in Central Asia, community health projects allow health professionals to be the heart, hands and voice of Jesus in cultures where grace, forgiveness and healing are foreign concepts.

"Even if access wasn't an issue, the traditional method of sending a missionary to preach the Gospel will fall on deaf ears if the people don't have a context for it," Alexander explains.

Instead, Christian health workers make the Gospel real when

they live out the principles of grace, love and forgiveness in their daily lives.

Multiplying Effectiveness

By giving up institutional control, IMB broadened its influence and multiplied its effectiveness, Fielding, Naylor and Williams agree. The transition empowered medical institutions to expand their services and allowed IMB health care workers to reach into the world's most impoverished areas.

"The majority of the poor are in restricted-access places," Naylor says. "The majority of the lost are also in restricted-access areas. As we moved into public health and primary care, we gained sustained access to hundreds and hundreds of these people groups."

Over the past 15 years, Fielding cannot recall a single time when this holistic approach to Gospel ministry has been unsuccessful in bringing people to faith in Jesus. The reason for the success is the "right to be heard" health care workers gain by taking time with their patients.

"Healing touches a felt need of the individual," Williams agrees. "When you sit with people and meet their felt needs, you gain their respect and trust ... They begin to say, 'You are different from other doctors,' and we say, 'Yes. We are different because of the love of Jesus Christ.'"

To view the *Preach and heal* medical missions video, [click here](#).