



Healthcare  
and the

Mission  
of God

Finding Joy in  
the Crucible  
of Ministry

Paul J. Hudson, MD



## What others are saying about *Healthcare and the Mission of God*

“Dr. Paul Hudson is a healer. I mean that in every sense of the word. He’s a doctor, concerned not only with healing the diseased and also promoting health in people and communities. In his long career, he’s also been an effective mission leader, concerned with healing hearts and lives broken by sin while promoting gospel flourishing in people and communities. In this book, beautifully written and well-researched, he offers a prescription for an unfortunate wound: the sad fracture of Word-based evangelism from deed-based medical care. Paul argues convincingly for a holistic gospel proclaiming healing/salvation for whole persons and the whole cosmos. Only such a Word and Deed approach to redemption will reflect the gospel of a Messiah who came both preaching and healing the sick, the lame and the blind. Take up this book; engage its heart-gripping stories, and wrestle with his argument. It’s a healing balm for your soul!”

**John R. Sittema**, pastor, author of *Meeting Jesus at the Feast*

“This helpful book, written from the perspective of more than three decades of medical missions experience and leadership, is an indispensable guide for those interested in understanding cross-cultural medical ministry and joyfully aligning healthcare professions with God’s purposes in our broken world. I just wish this book had been available when I started my medical missions career 40 years ago.”

**Tim Teusink**, MD, MA (Bioethics)

“This profound and practical book will be transformative to those planning to be medical missionaries or those already serving overseas. It shares the best antidote to burnout. It contains a prescription that will give you strength and joy as you face overwhelming needs. It provides a vaccine against disillusionment and much more. It is a ‘must’ read!”

**David Stevens**, MD, MA (Ethics); CEO Emeritus of the Christian Medical & Dental Associations (USA)

“An excellent resource and must-read for all those who are in or interested in health and healing. It holds together theology, praxis, life stories, and experiences very well.”

**Mathew Santhosh Thomas**, MD, Training Coordinator and Regional Secretary (South Asia), International Christian Medical and Dental Society

“Dr. Paul Hudson is the most missiologically astute physician I have ever known. His medical education is certainly top drawer (two degrees from Johns Hopkins), but his missional experience may top even that. He has served both medically and in mission leadership roles for over three decades in Ethiopia, Thailand, and Nepal, not to mention leadership in national (USA) and international professional societies and task forces to address challenges such as HIV and AIDS in Africa. The volume you are holding is a labor of love from a godly man of vision who desires that medical missions should be all that it can be in providing excellent medical care, and in discipling the nations in the name of Jesus. No healthcare worker or mission leader who loves the Lord should miss reading this book.”

**Gary Corwin**, missiologist, author, and editor, EMQ  
and *By Prayer to the Nations: A Short History of SIM*.  
Co-author of *Introducing World Missions: A Biblical, Historical,  
and Practical Survey*

“This book is written from—and with—a burning heart by a seasoned medical missionary who is passionate about making readers ‘see the beauty of this calling’ without neglecting the odds and frustrations faced in such a ministry. Hudson not only shares personal experiences and struggles in an honest, truly humbly manner. He relates all such experiences and his medical activities to the greater story of God as narrated in scripture. His wise counsel is discerning and reflective and, thus, it certainly will be of immense value for all those contemplating to engage in Christian healthcare missions near and far in one way or the other.”

**Christoffer Grundmann**, author of *Sent to Heal! Emergence and Development of Medical Missions*

“This rare gem brings together wonderful stories, astute theological insights, honest self-critique, and integrative wisdom that will both inspire and create a solid foundation for those called to follow Christ in the healing of the nations. With a keen understanding of our human limitations, a trust in the power of God to accomplish his mission, an insightful exegesis of scripture, and a synthesis of pearls of wisdom of those who have gone before us, Dr. Hudson weaves a narrative that is both personal and transformational for a new generation. Having worked with Dr. Hudson to co-design and co-teach the Christian Global Health in Perspective Course, I am thrilled to see his time-tested and thoughtful insights bottled up like a well-crafted ship in a bottle, and I pray with him that this bottle lands on every shore and in every heart longing for God’s healing presence.”

**Daniel O’Neill**, MD, MTh, Managing Editor, Christian Journal for Global Health, co-editor and author of *All Creation Groans: Toward a Theology of Disease and Global Health*

“Paul’s book gives a helpful reflection on the development of healthcare mission, especially in cross-cultural work. He has an easy-to-access style, with helpful questions to stimulate personal reflection and response. I highly recommend it to those who are on a journey into global health and mission.”

**Fi McLachlan**, Head of CMF Global, UK

“Dr. David Livingstone, probably the most famous missionary of the 19th century, explained his work in Africa by noting that “God had an only Son, and he was a missionary and a physician.” In his important book *Healthcare and the Mission of God*, Dr. Paul Hudson captures not only the theological truth of Livingstone’s insight but also the practical reality. Dr. Hudson has done a masterful job of not separating what God has joined together: body and soul, faith and reason, religion and science, ministry and medicine. Not only does his book emphasize the importance of understanding the mission. It also underscores the importance of understanding the missionary.”

**Stan Key**, Minister at Large. OneWay Ministries

“This book by Dr. Paul Hudson speaks deeply to the mind, body, and soul. With thirty years of medical missionary experience in three countries, Paul speaks candidly as one wounded but healed and who is committed to ministering to the whole person. Through moving personal stories, Paul explains how Christian healthcare ministry is motivated by the Bible’s whole story and God’s whole work in restoring our broken world. The gospel is both spoken and seen, as demonstrated in healthcare ministry, which integrates the cultural and evangelistic mandates. We are called both to be disciples of Christ and to make disciples of Christ, locally and cross-culturally. This book answers the question, ‘Where does my little life fit into the grand story of God’s mission?’”

**Dr. Patrick Fong**, Global Ambassador, OMF International

“Dr. Paul Hudson has written a crucial book for cross-cultural medical workers based on his decades of service on 3 continents, from bedside doctor to mentor of physicians. He has been a profound encouragement in my journey. I would strongly encourage prospective and experienced cross cultural medical workers to read this book in order to understand better their purpose in building Jesus Christ’s kingdom and to avoid making the mistakes of many previous generations.”

**Niles Batdorf, MD**, missionary surgeon serving with SIM

“For 40 years, I have had the privilege of listening to, crying with, struggling alongside, and counseling healthcare missionaries. I have not found a book that addresses the person God calls to serve Him in healthcare mission so comprehensively and holistically. Dr. Hudson explores where and how we can find boundaries and balance to help us persevere joyfully in hard places through tough times. He describes how to achieve a sustainable ministry of personal faith, discipleship with others, and healthy perseverance. I will certainly be using this as a resource and recommending it to anyone engaging in God’s mission with healthcare.”

**Jarrett W. Richardson III, MD**, Psychiatrist, Rochester, MN  
Former Chair Christian Medical and Dental Associations  
CMDE Commission  
Former Chair Board of World Missions,  
Evangelical Covenant Church





**HEALTHCARE  
AND THE  
MISSION OF GOD**

*Finding Joy in the Crucible of Ministry*

**Paul J. Hudson, MD**

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As Moses lifted up the serpent in the wilderness, even so must  
the Son of Man be lifted up; so that whoever believes will in  
Him have eternal life.

John 3:14-15



# Foreword

I first met Paul in late 1993 at a consultation in Kenya held to discuss our mission organization's community services. A few years later Paul visited Galmi Hospital in Niger where I and my wife, also a physician, were serving as medical missionaries sent from Nigeria. The aim of his trip was to discuss healthcare ministry strategy across Niger. Over the years, Paul and I have participated in consultations addressing HIV and AIDS and other community health and services projects across SIM's many countries. Later, after I became SIM's International Director in 2013, Paul took on the role of our mission's point person for health ministries globally. He and his capable team were a tremendous resource to me during both the Ebola epidemic of 2014 and the Covid pandemic several years later. Needless to say, over the past 30 years, Paul and I have spent countless hours as fellow physicians, mission workers, and leaders of health ministries.

We have both experienced the many sources of daily stress for medical workers, including the workload, scarcity of resources, staffing shortages and inadequate training, relationship challenges, leadership gaps, and local worldviews and practices that may

contribute to illness. The world in which we live today is increasingly complex. Economic and political crises mean that security has become a significant issue in many of the places where medical missionaries are needed most. The pressures of the work continue to undermine the longevity, joy, and capacity to thrive for many medical missionaries. It is no surprise that these challenges can result in burnout and premature return from the place of ministry.

And yet, the main thing and the “why” of medical mission is the restoration of human beings to wholeness in their relationship with the living God (a vertical relationship) and with those around them (a horizontal relationship) and with themselves, their community and their environment (a circular relationship). It is to restore people to dignity and *shalom*, the fullness of which is only possible in Christ. The medical mission worker is a bearer of the good news of joy (Luke 1:14).

This book provides an excellent overview of the biblical basis for bringing *shalom* to individuals and their communities as well as the historical roots of medical ministry, reaching back to the early Church’s radical practices of compassion towards the poor and sick in the pattern of Jesus. It continues through the founding of hospitals and over the centuries until the age of modern missions, including shifts in the last 50 years towards public health.

Medical missions remains one of the most impactful types of mission services, and perhaps one of the key openings into many communities that are otherwise closed or hostile to the gospel. Medical missions has repeatedly been shown to change attitudes to the gospel. Yet many missionaries do not thrive in their work, while others return home prematurely and burnt out. However, what if there were ways to equip the medical worker to flourish?

In this book readers will learn some of the mindset transformations that hold the key to reclaiming our true identities in Christ and functioning from a different paradigm in ministry. Such transformation is achieved only through the life-long journey of being a disciple and making disciples. Paul writes, “Making disciples is the core ministry goal of both healthcare ministry and mission. I pray you will grow in your passion for making disciples, not as a program but as a lifestyle.”

With decades of experience in diverse cultures, and in the varied contexts of both hospital ministry and preventative community healthcare, Paul is a guide we can trust. He writes from the perspectives of a practitioner, mentor, consultant, and leader. I believe this book has the potential to inspire a generative discourse among mission healthcare workers, mission leaders, and church leaders, who must come together to understand the realities and collaboratively seek wise responses to the challenges, for the sake of both the lost and the called.

Paul’s call to the reader to consider the ministry of leadership within the ministry of healthcare could not be more timely. Like the author, I am a mission physician who went on to serve in leadership roles. I believe that rightly oriented leaders are acutely needed – leaders of medical institutions, community health programs, and entire organizations – who can shepherd ministries towards a clearer vision of healthcare fully integrated with other ministries for God’s Kingdom purposes.

Whether you are a medical professional or an informal church-based health worker, whether you are flourishing or struggling in your ministry, this practical book will help to ground you in the biblical and historical foundations of health ministry. It will also help

you to avoid the false dichotomies of physical “versus” spiritual care, and it will refresh your vision and hope for the enormous capacity of health ministries to partner with the church for the growth and flourishing of the Kingdom everywhere.

Dr. Joshua Bogunjoko

SIM International Director, 2013-2024

Jan 16, 2024



# Dedication

Clare, you are a loving wife and faithful helper.  
I could not have done this book without you.  
I am thankful to God for our journey together.  
You are my treasure.



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# Introduction

**A**fter more than thirty years of experience as a medical missionary in three countries, I have experienced both the joys and frustrations of medical mission service. I've had the privilege of helping fellow physicians and nurses align their efforts with the mission of God. I have also seen some of the pitfalls of ministry as a healthcare professional. I have faced (in myself and others) the tragedy of losing the path, being overwhelmed with work, and the pressure of the lack of resources.

Healthcare ministry can be a crucible – a vessel made to endure intense heat. A crucible tests and transforms its contents into something new. What if the crucible of ministry is also an invitation to joy? Jesus invites us as healthcare workers to be transformed with joy even as He works through us to heal others.

So, I am writing this book with a burden on my heart. I have felt the frustration of being overwhelmed trying to do healthcare and ministry together. I want to encourage others in the same work who may also be overwhelmed with fatigue, burnout, or confusion. As a physician, I am writing mainly for healthcare workers who serve or plan to serve in cross-cultural missions to the poor or marginalized.

Although I am an American, I hope that any modern healthcare provider around the globe will find something useful here. I am also an epidemiologist and believe that the gospel calls us to the healing of communities. This book may also help leaders responsible for integrating healthcare into their mission efforts.

I am writing to start a conversation, not simply about *what* we do but *why* we do it. Aligning healthcare ministry and the mission of God means aligning our purposes with God's. Healthcare involves care of individual patients as well as care for the community. I invite you to consider not just the activities of healthcare, but how these activities fit into God's plan for the world—the mission of God. It's easy to lose track of how our story fits into God's bigger story.

God's Word does not leave us in the dark about “why” we serve and how it impacts the building of His Kingdom. Scripture provides us with a clear narrative that integrates healthcare and the mission of God. Our modern culture and worldview distort that narrative, causing confusion and uncertainty about our role in that mission. We will see that healthcare can sometimes become an idol and overwhelm us by contending for God's place in our lives.

The rod of Asclepius is the image of the Greek god of healing and a symbol of rational medicine. We see the rod and serpent of Asclepius on everything from pharmaceutical products to medical society emblems. But the image of God's healing is a more ancient serpent, the one Moses raised onto a pole in the wilderness, foreshadowing the cross. (See Numbers 21:3-10). Medicine can become an idol, like the rod of Asclepius, if it captures our imagination apart from God. But, from the right perspective, it can lead us to the cross.

These pages will not only challenge our modern thinking about healthcare. They will also challenge our understanding of the gospel itself! Like one of my missionary colleagues, you may have experienced churches that see ministry to the body as a lure for the “real” ministry to the soul. Ministry to the body can become divorced from ministry to the soul, moving us away from God’s purpose. We will discover that the Great Commission brings them together.

We must not allow healthcare to go in one direction while evangelism and church planting head off in another. Scripture gives us the foundation to integrate the whole person, body and soul. It also connects ministry to the individual with ministry to the community, including church planting. I believe God has given all that in the story of salvation, rightly understood.

Medical care of individuals has opened many hearts to the good news of salvation, as it demonstrates God’s heart for the whole person. I saw this first very clearly as a young Christian and a medical student on a short-term mission trip in Kenya. My mentor, Dr. Bill Barnett, showed me how medical and spiritual conversations were natural partners. And while the hospital was the source of healing for many, it could not address root causes of illness, related to culture and poverty. But should the issues of culture and poverty be part of the agenda of healthcare or medical missions? We need God’s perspective on the ministry of healthcare itself.

We will begin in **Part I (Losing the Big Picture)** with the story of my own medical mission journey in Ethiopia. In Chapter Two, we will meet other healthcare missionaries on their journeys. **Part II (Discovering God’s Purpose)** will consider the broader story of what God has done in Christ, so Scripture becomes our framework for understanding healthcare and God’s purpose (Chapters Three

to Six). **Part III (Aligning God’s Purpose with Healthcare)** will unpack the concept of “ministry,” and how it relates to discipleship and the church. Ministries of compassion through the church throughout history have shaped the world (Chapters Seven and Eight). Chapter Nine will highlight the concept of “mission” and how healthcare ministry aligns with mission, the broader story of the work of God in the world. In Chapter Ten, we will look at ways this alignment of ministry and mission has been challenged over the past two centuries of medical missions. In **Part IV (Serving with God’s Purpose)** we will consider leadership, with the prayer that the Lord will continue to raise leaders who will enable the church to better reach out to the world’s suffering with the gospel.

By necessity, this book is a very brief starter. Please take it as an appetizer, raising issues and asking questions to discuss further with medical colleagues and mission leadership.

While your journey will not be the same as mine, I hope that by reading this book you will:

- Gain a clearer picture of healthcare ministry to people in need.
- Discover that healthcare and God’s mission are not driven by separate agendas but flow from an integrated center, the heart of Jesus.
- Understand the importance of defining success by biblical values rather than cultural notions.
- See how the ministry of healthcare integrates with the Great Commission.
- Appreciate how to respond when the healthcare ministry itself is broken.



- Develop a closer walk with Jesus Christ and love for sharing the good news of salvation.
- Experience more confidence and less anxiety in ministry.
- Find hope and joy restored through better work boundaries, and thus experience less burnout and frustration.

My prayer is that the whole enterprise of medical missions (or healthcare missions) will be reinvigorated. Jesus cares about the suffering of this world, especially among the poor, marginalized, or oppressed. Christians around the globe are increasingly involved in healthcare ministry to address that suffering. Jesus is advancing His Kingdom through disciples renewed by a better grasp of the integration of healthcare and the gospel.

If you are not a follower of Jesus, I'd like to invite you to consider how the story of God's work in history might provide purpose for your own life and service in healthcare. I am so grateful for what I have learned from the Lord through many believers in Ethiopia, Nepal, and Thailand over the past three decades. I look forward to sharing some of my story with you. I trust this will connect with your story and ultimately with God's.

So, what is your story? Do you feel overwhelmed by the needs in your area? Are you frustrated by broken systems that prevent you from helping people? Are you feeling burned out? I know what that's like. All these challenges are maddening and can cause us to lose hope, even as we do our best to serve and obey God. In these pages, I pray you will find a safe place to sort out your frustrations and pain as we take a fresh look at our loving God and His plan for the nations—and for us.



PART I

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# Losing the Big Picture



## CHAPTER 1

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# The Challenging Journey in Healthcare Missions

The tires on my Land Cruiser kicked up dust and gravel as I roared out the iron gates heading to the hospital in our town in southern Ethiopia. My wife, Clare, saw the commotion at the gate.

“What was that all about?” she asked me later that day.

“What do you mean?” I asked.

“Well, you are usually calm and collected. Are you mad? Frustrated? Is there something going on at work?” she replied.

My frustration was obvious to her but not to me. God used her comments to begin to stir my awareness. I was experiencing disappointment in ministry and a critical spirit. I felt all I was doing was just a drop in the ocean. My medical and mission training had not prepared me for the challenges I was facing. I was thrilled to be serving the Lord using medicine but felt overwhelmed and undervalued. I was not fun to be with.

From this beginning in Ethiopia, I discovered that the source of my frustration was not in my circumstances or performance, but in an unlikely place—myself! I struggled with unmet expectations. My ambitions were unrealistic. Although I didn't want to admit it at the time, I was angry that the changes needed were too daunting. I was frustrated with the work, the politics, and the culture. I wondered if the Lord had led us to the right place.

Our first overseas placement was in Ethiopia with SIM<sup>1</sup>, a church-planting mission. The mid-1980s found my wife and me in Addis Ababa, green missionaries embarking on a year of formal Amharic language study before moving “down country” to the southernmost province bordering Kenya. In Arba Minch, the provincial capital, we hoped to come alongside our SIM-related churches, just emerging from a decade of communist oppression during which many believers had been imprisoned.

The local communist governor decreed we would not be permitted as foreigners to attend church services (it was hard to explain to the supporters at home that we didn't attend church on Sundays!). We were, however, allowed to meet for discipleship and prayer in our own home with local believers.

As an internist and epidemiologist, my official work permit was to provide support for the local Ministry of Health staff and practice clinical medicine in the local mission hospital. Unofficially, the mission understood I would work with local churches to address basic health needs in the community, such as better nutrition,

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<sup>1</sup> SIM is an international, interdenominational mission called to make disciples of the Lord Jesus Christ in communities where He is least known. Our founders journeyed to difficult places to share the gospel since 1893. Today we serve on six continents and over 70 countries in multicultural teams. See <https://www.sim.org/home>

sanitation, and the treatment of simple problems. I was eager to see the church grow strong and be salt and light in its own community.

## **Longing for a wider impact**

While I counted it a privilege to treat patients and even share my faith at the hospital, I wanted to see deeper changes in the community and culture, changes that would have prevented diseases in the first place. For example, traditional healers in the community commonly treated pharyngitis in children by cutting the uvula (the soft flap of tissue hanging down from the back roof of the mouth), which was often done with a dirty instrument. The sepsis which followed often ended in the child's death. Such tragedies could be prevented if behavior and culture were different.

At the same time, poverty, inadequate nutrition, and lack of access to healthcare contributed to disease mortality. Most of the families in the region lived far from modern healthcare, and women had nowhere to go for complicated labor. These systemic issues were entrenched in the culture since they went beyond individual behavior. The agreement SIM had with the government allowed me to address these sorts of community health problems, and I was eager to do it.

I hit the ground, ready to roll with a full toolbox of ideas. I had trained in international community health at Johns Hopkins under Dr. Carl Taylor, a pioneer in the field. I had also become an epidemiologist at the CDC in Atlanta and the State Health Department in Vermont, gaining practical "shoe-leather" approaches to the health of communities. In Ethiopia, I investigated community outbreaks, studied patterns of malnutrition and death in children, and trained health officers in disease control.

It may seem painfully obvious that I would not get far in changing behavior, but at that time, there was great enthusiasm for “Primary Health Care.” WHO’s Alma-Ata declaration in 1978 set a goal for global “health for all by the year 2000.” It was the heyday of community or primary health, while hospitals were often accused of being “disease palaces,” not making a community-wide impact. Mission organizations like SIM were getting on board with this focus on the community. My idealism went far beyond preventing disease. I learned about God’s care for the poor in a Bible school course named “Theology of Poverty.” I wanted to see communities move towards the *shalom* of God’s Kingdom.

I believed the changes needed would come through believers and churches, so I spent time training and discipling believers. The Old Testament is clear about God’s heart for the needy. “He pled the cause of the afflicted and needy; then it was well. Is not that what it means to know Me?’ declares the Lord.”<sup>2</sup> I believed that God wanted his church to have a wider impact on Ethiopia. Ultimately, that meant changing culture, “the distinctive ideas, customs, social behavior, products, or way of life of a particular nation, society, people, or period.”<sup>3</sup> In my case, it was the culture in and around Arba Minch, Ethiopia.

There were five local SIM-related house churches in our town. When we first arrived, the leaders asked us NOT to come to their house church meetings, since our presence would put believers at risk from communist authorities. For years, they had met secretly, if at all, singing quietly, leaving meetings separately; as a result,

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<sup>2</sup> Jeremiah 22:16

<sup>3</sup> *Culture*, Oxford English Dictionary, [https://www.oed.com/dictionary/culture\\_n?tab=factsheet#eid](https://www.oed.com/dictionary/culture_n?tab=factsheet#eid). (2023, September).



relationships among churches were few. Trust relationships among the house leaders were tenuous. As an outsider and newcomer, I slowly formed good relationships with these leaders, which led to invitations to preach or teach the Bible to their flock.

Despite building good relationships, however, I made little progress in moving the church toward meeting health needs in the community. I spent hours and days training believers, but there was little visible progress and seemingly little motivation for community change. Since churches were just beginning to meet after a decade of being scattered, priorities were on rebuilding basic trust and security and beginning to preach and baptize again. New initiatives in preventive health were definitely not on the top of their agenda. Despite all my efforts and training, I saw little progress.

Some believers told me that “development” work (like nutrition or healthcare) was a waste of time, like “throwing money into a river,” compared to gospel preaching. Rather than reaching out to others, the church seemed embroiled in its own issues. While I was able to share the gospel with individuals, it seemed unlikely to make much impact. I believed God wanted to bring about changes in society through the church, and yet the church itself seemed resistant to change. What could I do to further God’s Kingdom and righteousness on earth?

## **Dis-integration**

My initial response to this dilemma was to work harder. Having successfully navigated multiple degrees and training programs, I was a high achiever. I had prepared for the more obvious challenges of medical missions, such as scarce resources, time limitations, tropical diseases, and a new language. With all this preparation, I thought I

should have more answers than I had. I pushed myself hard, seeing patients in the hospital, training local public health workers, supervising nurses, and working in the community. I felt driven to meet the demands around me.

Despite all my efforts, I was frustrated by the task. Meeting the physical demands of medicine is tiring, but trying to change people and culture is overwhelming. I was unable to meet my own expectation of having all the right answers. My training and my efforts were not successful, and I didn't know why. I could only see the impossibility of the task. After several years of ministry, I grew discouraged and began to question my calling to medical missions. I even remarked to our U.S. mission director, "I am not sure I even believe in community health anymore!"

At the time, I did not understand that my drivenness was a symptom of a deeper problem: my need to be valued and accepted. I wanted to be seen as competent, a good doctor, and a good missionary! In trying to change the world, I didn't see that the Lord first had to change me. Rather than rely on my own technical ability or competence, I had to first rely on His love and acceptance. He wouldn't allow me to proceed in my own strength.

In response to my ministry concerns, one of the Ethiopian Christian leaders, a dear brother in Christ and a pharmacist, said, "Dr. Paul, you must *think* but not *overthink*!" I laughed, but his words spoke the truth. Another Christian Ethiopian anthropologist helped to reset my expectations. I had told him, "It will take five years even to begin to know where to start to change the church and community." He replied, "It's worth it!" He repeated this three times during our conversation, knowing I was hoping for an easy

way forward, not a slow, patient learning process. The Lord began to shape me through the faith of the Ethiopian people.

I began to learn that frustrations are normal. The path to ministry fruitfulness is often long and winding. Sometimes we feel stuck and must adjust expectations. Rather than blame my frustration on our mission leaders, church leaders, or government, I had to deal with my own blind spots, sin, and even idolatry. I was there for Jesus' ministry, not my own. I started to accept my own pride and idealism. I began to understand the Apostle Paul's admonition that God's grace is sufficient "for power is perfected in weakness." (2 Cor 12:9). Healthcare missions is a wonderful place to discover our weaknesses and blind spots!

I started to see, through the eyes of Ethiopian believers, that the foundation of my idealism was fractured. My understanding of cultural change and the Kingdom needed to mature. My assumptions about what "I" could do were self-oriented and prideful. I had to see the changes I needed in myself before I could change others. But God, by His grace, was patiently working in me.

## **Becoming a learner again**

Although working with the church was frustrating, it was the believers in the church who helped me identify my unrealistic expectations and gave me hope. I had to learn in the crucible of ministry. Becoming a change agent in the world takes more than pre-field training. The patience of local believers and friends encouraged me to see how patient God is in changing us from the inside out.

The key to changing the world, I discovered, was not in my work or plans but in relationships. God, as Trinity, is relational, and He has made us for relationships. He heals us through relationships. It

was through others that I began to experience healing. Gradually, I gained a perspective of God's sovereign control of everything—my circumstances, the ministry, my family—and my work towards His good purpose.

During our time in Ethiopia, I was able to disciple a group of six Christian young people who met with me weekly to discuss the Bible and health. Some were health professionals and some not. We encouraged one another as we considered what God's Word says about life, health, and salvation. Together, we dreamed of ways God could use the growing church to share the love of Christ with those suffering in communities around the churches.

One day, an Ethiopian evangelist visited our home in Arba Minch. We commiserated with each other over the lack of gospel witness in the hills surrounding us and the lack of unity in the house churches in our town. I shared some of my frustration with the church's inward focus. He said, "What are you doing next Tuesday? I'll come, and we will pray and fast for twenty-four hours." My first honest but silent reaction was to hope I had something else to do on Tuesday. I wanted to work *hard*, not sit and pray for a full day. But he and a friend did come. We alternated reading Scripture for an hour and then praying for an hour (in Amharic) all night. This was a new experience for me, but not for him!

Amazing! Within a week, the elders from the churches in town who had been in the conflict were confessing their sins to one another and begging for forgiveness. Forgiveness led to healing and God's blessings. Some time later, evangelists were sent to those hills with the gospel. Not only did the believers eventually establish new churches and a Bible school, but community health and HIV

and AIDS ministries as well. It was the beginning of a work of God outward from the churches to communities in need.

Being disciples means being learners. Becoming learners again can be challenging, especially for those of us who already have impressive educations and a powerful drive to work hard. It is easy to assume we've "arrived" when we have become healthcare professionals. But I see now that we will never really "finish" learning from the Lord, especially during a challenging ministry. He makes us His disciples—His learners—by giving us people to learn from in the midst of ministry. We will discover that being and making disciples is fundamental to His purpose for us.

## **Handmade health ministry**

Over the five years we spent in Ethiopia, my wife and I served faithfully but never saw many of the changes in the community that we dreamed of. Because of an escalating civil war, we were forced to leave the country in the spring of 1991. Yet, the churches continued to thrive and brought glory to God through Kingdom-transformed lives and communities. This progress became especially true after communism was toppled that same year. Today, the church denomination trains believers both in the Bible and in health, addressing the physical and spiritual needs of the district through hundreds of churches. Those churches today have gone far beyond what I could have done with my community health program, meeting both physical and spiritual needs. This initiative is helping to improve the health of the nation and even change the culture for God's glory.

The seeds planted in the original small group of trainees began to bear much fruit, too; some attended Bible school and years later matured to become regional and national leaders in the church. Our

work was one small catalyst in a ministry that the Lord brought to fullness in His time. During that time of fullness, we were no longer living and working in Ethiopia.

I remain in awe that the Lord uses ordinary people like doctors and nurses to build His Kingdom and transform cultures. He uses us not because we are professionals, but because we trust Him. The blessings of the Kingdom are not based on “*our*” abilities but on God’s love and faithfulness. We plan our activities, but His purposes will prevail.<sup>4</sup> When we are determined to trust Him, He delights to use us to demonstrate His character. Love is caught more than it is taught.

Frustrations and feelings of being overwhelmed are plentiful in cross-cultural healthcare missions. The Lord doesn’t waste any of them. I hope you will begin to see that He has much in store for us to learn in the crucible of ministry, especially from local believers who know and understand the culture. God’s mission is wide and glorious, as wide as His Kingdom; that wide and glorious mission begins with solid, Christ-honoring relationships. We have a small and important part to play, whether in the operating room or in homes in the community.

I traveled to a medical conference in Asia just after Clare and I had to leave Ethiopia. I found myself describing our experiences in Ethiopia to a Japanese physician I met on the plane.

“I don’t know how many times I drank coffee with local believers, sharing Scripture and health principles,” I explained. But change was not forthcoming. Despite my failings and shortcomings, the Lord heard our prayers. I told him the bigger story about how the Lord eventually used Ethiopian believers to bring about change.

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<sup>4</sup> Proverbs 16:9

After a long pause, he mused, “Oh, I understand now, you are saying that community health is ‘handmade!’” By this remark, he was saying that community health does not come from a program or set of activities, but by the hand of God working through our relationships. The

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underlying rhythm of ministry is not mechanical but personal. I suggest that *all* healthcare ministries are “handmade.” We have wonderful programs, some of which we use in a clinic or hospital and others in the community. But the Lord works personally with us in the midst of our programs and sometimes even without them. He sets the ministry pathway for us. Hebrews 12:1 tells us, “Let us run with endurance the race that is set before us.” He personally sets the course for the race.

Healthcare mission does not stand alone but is part of a bigger design, *God’s mission*. The mission of God is His work in the world, and in history, centered on God the Father, Son, and Holy Spirit. The mission of God can involve many different types of activities, like an orchestra with percussion, strings, and brass instruments. Christ calls us as healthcare professionals to join a symphony. The musical score is framed by Scripture, beginning with God’s original design in creation and progressing to a new creation in Christ. We need to anchor healthcare ministry within this larger design.

As followers of Jesus Christ, we can expect to experience frustration and even suffering as we care for the health needs of others. I hope this book will help you put that suffering in the context of

the mission of God in the world, giving it a larger perspective. It is important to see the value of our healthcare work; with Christ, the work has meaning in the light of His mission to make disciples of the nations.

My prayer is that God will use something of my own story to help you on your journey toward wholeness and integration, enabling you to connect your story to the larger story of God's work in the world.

**Questions for reflection:**

What is your story? What challenges have you found in your journey in healthcare ministry?

When does the ministry of healthcare feel broken to you? What is your inward response?