

Striking the Right Balance

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EDITORIAL

The battle has raged for over 100 years. It has split denominations and mission agencies. It has hindered the spread of the gospel to every tribe and tongue. People across the theological spectrum have wrestled with the question: “Should the mission of the Church include ministering to the physical needs of people, or should we focus largely on proclaiming the great news of the gospel of Jesus Christ?” Typical of human beings in general, we have tended to go to one extreme or the other. Either people focus exclusively on proclaiming the gospel, or they focus exclusively on carrying for the physical needs of people. This issue of *MF* seeks to help answer this question as it relates to the fostering of movements to Christ within every unreached or frontier people group. As we go out to foster these movements in every people, should we make it common practice to care for the physical needs of people?

One thing is very clear from the ministry of Jesus. He not only cared for the spiritual needs of people but also their physical needs. Wherever He went, He healed the sick, cast out demons and proclaimed the gospel of the kingdom. If Jesus is our model for the ongoing mission of the Church, then we have no excuse for not seeking to heal the sick as well. Not only did Jesus model a ministry of caring for physical needs, He told His disciples to go and do likewise.

In Matt: 10:7-8, Jesus sent out the 12 disciples with the following instructions: “As you go, proclaim this message: ‘The kingdom of heaven has come near.’⁸ Heal the sick, raise the dead, cleanse those who have leprosy,^[a] drive out demons.” We see this emphasis again in Luke 9:1-2, “When Jesus had called the Twelve together, He gave them power and authority to drive out all demons and to cure

diseases, and he sent them out to proclaim the kingdom of God and to heal the sick.” Clearly, in the ministry of Jesus and His instructions to His disciples, we can see the dual emphasis on both proclaiming the message of the kingdom of God and healing the sick. From the clear and plain reading of these Scriptures, it is not possible to say that Jesus cared only for the spiritual condition of people nor that He cared only for their health. Either extreme is not biblically supportable. Jesus cared for the whole person: mind, body and spirit. So, it seems clear that as we seek to foster movements to Jesus in all peoples, we need to figure out a way to incorporate ministry to both the physical and spiritual needs of the people we seek to disciple. Separating off the spiritual from the physical is not what Jesus modeled for us. The question then becomes, what and how much do we do to care for the physical or medical needs of those we seek to reach?

We’ve Been Here Before

Going forth in the name of Jesus to heal the sick is nothing new. Evangelicals have been doing it for over 150 years. Hospitals across the world have been started by Evangelical mission workers. What Evangelicals have not done well is striking the essential balance that Jesus did of both proclaiming the gospel *and* healing the sick. Typically, those mission workers who have gone out to do medical work have most often not done a good job of sharing the gospel and making disciples who go on to make more disciples. They have done great good for people, but not sharing the gospel will ultimately lead to tragedy.

Historically, the local people are unable to sustain or reproduce this level of medical care that the outsiders are providing. The medical care is usually

not indigenously led or managed and can lead to an unhealthy level of dependency where the local people neither learn how to care for themselves nor combine medical care with Disciple Making Movement methodologies. A new paradigm is needed.

A New Holistic Paradigm

If we are to see movements to Jesus in every people, we need to rethink the way we have typically done missions. This includes medical missions. The basic rule is that whatever we do in missions needs to be infinitely reproducible by the people we seek to reach and disciple. Just as everything in nature reproduces according to an established DNA code, we need to establish a good DNA code of ministry right at the start of our outreach to an unreached people. The ministry DNA we start with is the DNA that will be reproduced generation after generation of disciple making. Bad DNA leads to bad results. If we are to include a holistic approach to ministry that cares for both body and spirit, then we must have a good DNA for medical care that is indigenously led and infinitely reproducible one disciple-making generation after another.

As movements to Jesus spread to all the unreached peoples, so also should a reproducible and scalable system of indigenous health care, hygiene and nutritional training. The spread of the gospel has typically led to better health as people are saved and rid themselves of unhealthy things like tobacco, alcohol and drugs. But much more is possible if along with the gospel we teach basic first aid, good hygiene and nutrition. Many of the health problems we suffer with could be prevented through good health and hygiene training and taking every thought captive to Christ. Self-control is a fruit of the Spirit. Many health problems result from bad thinking, and bad thinking can be dealt with through good discipleship and the power of the Holy Spirit. Throughout this issue we present the idea of church-based health care and nursing which should spread as churches multiply in a Disciple Making Movement.

One thing that should not be overlooked in this discussion is the power of prayer for healing.

Prayer for healing should be a regular practice in all churches in all movements. In Scripture, healings go along with the proclamation of the gospel. The Disciple Making Movements we see spreading across the world today are propelled by prayer and the evidence of healings, signs and wonders. Movements are a supernatural event and are propelled by God's divine power.

Indigenous Medical Care

A holistic approach to reaching the unreached peoples needs to center around equipping them to care for their own medical needs rather than becoming dependent upon outsiders.

In our May June 1998 issue of *MF*, we featured the wonderful story of Steve Saint and his ministry to the Waorani (Auca) people of Ecuador. It is a great example of how an outsider can equip the indigenous people to care for and share the gospel with their own people. Through his ITEC ministry, Steve Saint taught the Waorani to care for their own dental needs and to use ultralight aircraft to travel to the remote areas of their territory. This was what the Waorani themselves wanted to do. They were in charge of the whole process, not Steve. Steve was there to help the Waorani accomplish their goals. The outsider was the servant to the needs and desires of the indigenous people—just the way it should be. This is an example for us to follow today as we seek to bring a holistic approach to ministry to the unreached peoples.

What we do not need is a top-down authoritarian approach by outsiders dictating to the indigenous people how things are going to be done. The people we want to reach with the gospel must be given the respect and dignity of being in control of the process. This is how movements work. They are indigenously led.

If we can finally strike the right balance and employ a holistic approach to fostering movements that involves ministry to the whole person, mind, body and spirit; it could be exactly what we need to fuel movements to Jesus in every tribe, tongue, people and nation. 