

MEDICAL EVANGELISM IN GHANA: A HOLISTIC APPROACH TOWARDS MISSIONS

J. Kwame Oyata

Introduction

The quest to fulfil what we have all come to accept as the Great Commission has been going on since the ascent of our Lord Jesus and the descent of the blessed Holy Spirit. The task at hand appears to be small. However, for more than 2000 years, its fulfilment has been slow and gruesome. There are several factors which contributed to the above which we may not be able to presently discuss into details in this paper. Prominent among the factors, however, is the way earlier generations approached missionary activities, something that has spilled into present generation. Here, I am referring to the notion of missions been the exclusive preserve of the ordained.

The idea of missions being the exclusive preserve of the ordained has indeed contributed greatly towards the delay in the fulfilment of the great commission. It has highly wasted the resources of the church and impoverished the world of the blessings allotted them by Christ. Many who may have been saved as a result may end up somewhere else, should the grace and mercy of the Lord be totally withheld from them.

In this article, I attempt to suggest that the only way we can fulfil the great commission is to adopt a holistic approach towards missions. I will endeavour to explain what I mean by a holistic approach and use medical evangelism as an example in the foregoing.

Approaching Missions Holistically

It is very important that in the times we find ourselves, missions do not become the exclusive preserve of some selected few in Christianity. Missionary activities must embrace all and sundry. The apostle Paul commenting on such an approach used the analogy of the body in 1 Corinthians 12 to describe how effectively the church must work to fulfil God's agenda. 1 Cor 12:14-19 reads;

Now the body is not made up of one part but of many. If the foot should say, "Because I am not a hand, I do not belong to the body," it would not for that reason cease to be part of the body. And if the ear should say, "Because I am not an eye, I do not belong to the body," it would not for that reason cease to be part of the body. If the whole body were an eye, where would the sense of hearing be? If the whole body were an ear, where would the sense of smell be? But in fact, God has arranged the parts in the body, every one of them, just as he wanted them to be.

William Carey has also intimated that we must use and deploy all available channels in reaching the lost for Christ. When we fail to identify, adopt, and use these available channels, our ability to fulfil the missionary mandate will be stunted.

Holistic missions in this sense must therefore be seen from the following angles. First, allowing all persons who have received Jesus as their Lord and Saviour to grow in Christ, develop and mature with the sense that they are missionaries. In this way, missionary work will not be thought of as the privilege of the ordained - even though ordained ministry is very important - but a call from God to all those who have received Jesus as Lord and Saviour. Hence the Christian will have a fruitful engagement with God.

Second, approaching missions holistically implies using all the available gifts, talents, and skills for the propagation of the gospel. Every gift that promotes life and wellbeing must be harnessed and used for the propagation of the Gospel. It is generally accepted that there are spiritual gifts and natural gifts. People who are said to possess spiritual gifts become better candidates when it comes to proclaiming the gospel and are mostly selected over those with natural gifts. The general assumption is that only those with spiritual gifts can proclaim the gospel. It is as though the one with natural (or physical) gift is not inspired by the Holy Spirit in its usage. However, as

Christians we all share in the same Holy Spirit, Word of God, Baptism, etc. And though our assignments, callings and giftedness are different, they are to compliment the body of Christ, demonstrating the incarnation – the union of the divine and human natures – bringing glory to our God who created us diversely and loves this diversity. Therefore, the spiritually gifted believer, must also work with his or her physical compatriots to get the gospel of our Lord Jesus Christ to the unsaved.

Hence, the ordained, thought to be the only one spiritually qualified to embark on missions, will learn not to discriminate against Christians who are called into other professions. Christians in other professions must also acknowledge that they are also being inspired by the Holy Spirit and must work as such. Such an attitude is what will get the gospel into secular atmospheres and pull the unsaved, those locked in darkness, to Christ - helping them to reflect the glory of God. Hence people in other professions like medicine, teaching, engineering, law etc., may all be engaged for the fulfilment of the great commission. We may therefore be looking at Medical Evangelism, Teaching Evangelism, etc., where Christians of different professions can use both their spiritual, physical or natural skills, talents and endowments for sharing the Gospel. Their gifts become a bridge that draws and points the people to Christ. This is part of the reason why the missionaries who brought the gospel to Ghana established schools, hospitals, and church halls. They had in mind to use all available channels to communicate the Word of God. The above therefore serves as the background for the book *Medical Evangelism in Ghana: A Holistic Approach Towards Missions*.

Medical Evangelism

This kind of evangelism may mean the use of medicine as a tool for evangelistic activities. Persons embarking on such missions, the medivangelists, use medicine as a tool for outreach and in addition proclaims the Gospel of our Lord Jesus Christ. This is a holistic kind of mission because it embraces the use of all avenues that confirms the salvation work of Christ in a human being. Salvation is a holistic activity. It is not just the saving of the spirit but the totality of the human person. This kind of evangelism is therefore an attempt to minister to the totality of the human person, who is a spirit, has a soul and lives in a body. As the word of God

reaches and ministers to the spirit and the soul and “sometimes” the body, the medical aspect reaches out to the body.

Secondly, it is a kind of mission, as outlined in the book, that embraces the gifts, talents, and callings of different Christians from varying professions. Hence, in this mission, we see the ordained reverend minister working together with psychologists, ophthalmologists, surgeons, dentists, nurses, engineers, etc. All these professionals engage the unsaved through an intricate system which makes it impossible not to hear the word because of one’s importunity, which eventually leads to his or her salvation.

Thirdly, medical evangelism becomes the bridge that attracts people to God. Health needs are common everywhere. And our health care systems are increasingly becoming expensive. Surgeries are expensive. Hence if a person receives such a ministration for free, it is a kind of deliverance that has enough power to minister and confirm the love of God to him or her. Personally, I have witnessed people who turn to Christ after receiving surgical treatment. Hence as an evangelistic tool, it confirms the love of God to the unsaved, serving as a bridge, opening their heart and allowing them to receive the gospel.

Categories of Medical Evangelism

Medical evangelism falls under two broad categories. We have the long term category, whereby clinics, hospitals are established in strategic areas for missionary purposes. Long term indicates a period 90 days and above. The Catholic Health Services, Methodist Church Ghana Hospitals and Clinics, the Presbyterian Health Services, the Church of Pentecost Hospitals and Clinics, Assemblies of God Hospitals at Nyankpaduri and Saboba, Manna Missions Inc. Hospital in Teshie, Lighthouse Missions Hospital & Fertility Center and many others, have established permanent structures for long term medical evangelistic purposes. These structures contributes more than 40% to the total Ghanaian healthcare systems and they work jointly with the government. This shows, how much the church in Ghana contributes to society.

The second category is short term missions. In this category, missionary activities contribute from one day to about 90 days. Those who engage in this

category use mobile clinics for their outreaches. The Scripture Union of Ghana, the Ghana Fellowship of Evangelical Students, the Christian Missions Resource Foundation (CMRF) are examples of agencies who employ this or fall under this category. Members found in the long term category may also use their bases as deployment centres for short terms missions. The purpose of short term medical outreaches is to reach out to strategic areas, especially places with religious strong holds, with the gospel. For the sake of this paper we shall focus our attention on the Christian Missions Resource Foundation (CMRF) and its model of Medical Evangelism.

The Christian Missions Resource Foundation (CMRF) Model

The CMRF was founded by Group Captain Sam A. Annankra in 1993 as a result of the need to practicalize the Word of God. It exists to mobilize Christians and resources worldwide to send forth God's love through God's Word and acts of good deeds. Since its inception, the foundation, together with its partners, have ministered to more than six hundred and sixty communities, which are mostly deprived and marginalized in Ghana and the world over. The Foundation has conducted over a thousand surgeries of which beneficiaries did not contribute a pesewa or cent.

The model used by the foundation, which we affectionately call the "CMRF Model" is thus a useful one, whose details cannot be dealt with in this paper. However, it is noteworthy that together with her partners, CMRF has been able to penetrate Islamic

strongholds with the word of God and medicine and through that act, several people received the gospel and their healing. Churches and fellowships eventually sprung up in these areas. Herein lies the power of medical evangelism: its ability to break through religious strongholds, unify the body of Christ towards a common goal and minister to the whole person.

Conclusion

In conclusion, we need to make it clear that medical evangelism is expensive. It is never our regular kind of mission. We must undertake careful planning, ensuring that its delicate details are well catered for before each mission.

However, it should be supported. We must give generously to bodies that embark on medical evangelism, supporting the development of health workers and institutions. Christians must endeavour to even explore various ways of generating vaccines and cures which is also part of our responsibility. We must appreciate the fact that most people who possess the gifts of healing do minister in season. However, the one who manufactures a mosquito net to deal with malaria and other insects will save more lives. Though both are inspired by God and must work together for the betterment of society, the latter's work will last longer and save more lives. However, on the mission field, the two should work together, to demonstrate the beauty of the incarnation and the love of Christ to others. The church must take medical evangelism seriously and use its tool to her advantage.