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Medical Missions--
New Day Coming

By Jim Newton
Adapted for Baptist Press

MEMPHIS (BP)--The term "medical missions" may be on the way out for Southern Baptists. Sweeping changes in medical missions have been called for by Dr. Franklin T. Fowler, medical consultant of the Southern Baptist Foreign Mission Board in Richmond.

In keeping with proposals outlined in Dr. Fowler's book, "Sick and Ye Visited Me," currently being studied by Southern Baptists across the country, the term "medical missions" must be changed to "world health care ministry," he said. (The book from Convention Press, 1975, is for adults in the Foreign Mission Graded Series)

The newer term, he argued, communicates a global concept of health care delivery, since Southern Baptists under the new concept would seek to provide total health care, not just medical treatment.

Most of Southern Baptists' medical missions efforts in the past have revolved around the "curative approach," which basically seeks to cure disease and reach people with the gospel. A lot has been accomplished through the curative approach to medical missions, Dr. Fowler said. He estimated that 12 million patients have been treated by Southern Baptist (foreign mission) medical hospitals through the years.

Last year alone, more than a million patients were treated at the 21 hospitals and 116 clinics where Southern Baptist medical missionaries serve in 28 countries.

But medical missions is changing. The current phase is a cooperative era, in which Baptist medical mission personnel cooperate with national health care agencies.

"No longer does a medical missionary enter a country to start medical work without full approval and cooperation with the proper governmental agencies," Dr. Fowler said.

Several major factors have brought intense pressures to bear on Baptist hospitals overseas in recent years, necessitating changes. Skyrocketing medical costs, increased government controls, rising tides of nationalism, world population explosion, hunger and malnutrition have increased medical needs in many countries.

Consequently, "In some areas, mission hospitals today may not be the best or most efficient way of delivering health care in the name of Christ," Dr. Fowler wrote in a recent issue of The Commission magazine.

"In other areas, the mission hospital must change its approach, providing speciality care not offered by others, such as infant and maternity care, tuberculosis treatment, or even long-range, chronic disease care and treatment," he said.

"The training of nurses, interns, residents and paramedical personnel must take on a much more important role." The strategy, he continued, must shift toward a total comprehensive approach to health care delivery that includes not only treatment but also preventive medicine, community health development, family planning, education, nutrition efforts, agricultural, economic, and vocational development.

To provide this kind of world health care ministry team will require the appointment of more "specialist" type medical missionaries, Dr. Fowler noted. These specialists would include veterinarians, agriculturalists, nutritionists, health educators and engineers, vocationists, community health directors, hygienists, prosthetists, pharmacists, physiotherapists, laboratory technologists, among others.

Some of these specialists will need to teach in government-sponsored medical schools overseas, teaching and training national physicians the concept of total health care ministries.

Others may work from the base of an existing mission hospital, developing a total community health care program in cooperation with host country's government and other members of the Baptist health care team; some may work in church-based or mobile clinics, he said.

The Southern Baptist Foreign Mission Board has taken steps to meet the challenge of changing concepts in medical missions. A subcommittee of the board's staff and trustees is currently studying the concept and is expected to recommend by next June a strategy for medical missions of the future.

The committee's recommendations will be crucial, but the final decision will be up to the board and to Southern Baptists in general, said Dr. Tim Pennell, professor at Bowman-Gray School of Medicine in Winston-Salem, N.C. Pennell, a Baptist physician and subcommittee member, has visited all of the board's mission hospitals:

"I think we've got to honestly and prayerfully decide as a denomination if we can afford to continue with a medical missions ministry. But at the same time, I think we have to decide if we can afford not to have this kind of world health care ministry."

In light of financial and economic conditions, if the health care ministry is to survive in future years, greater financial support must be provided by the board, Dr. Fowler noted. Last year, the hospitals related to Southern Baptist foreign efforts needed subsidies from the board totaling almost \$1.2 million for operating costs and almost \$320,000 for capital improvements.

Both Drs. Fowler and Pennell agreed that some institutions run by Southern Baptist in overseas areas ought to be closed, sold to the indigenous government or turned over to nationals. Neither would be specific, saying such decisions must await further study.

Some hospitals in the foreign field have already experienced such changes. In Nigeria recently, for example, when there were no funds to provide a required 200 percent increase in salaries for employees at the hospital in Ogbomoso, the Nigerian government agreed to pay the salaries, except those of the missionary staff.

In Eku, Nigeria, the Baptist mission was able to meet the ensuing crisis, of the salary increase for the hospital there. Two other Baptist hospitals there were turned over to the Nigerian government several years ago, with another turned over to the Nigerian Baptist Convention.

In August, the Foreign Mission Board voted to give control of the Baptist hospital on the San Blas Islands to the Panamanian Ministry of Health. Although the hospital will be government owned and operated, the Baptist missionary doctors there will be allowed to continue at the hospital, if they desire. And in Mexico, the Baptist mission there recently voted to phase out Southern Baptist support of their hospital in Guadalajara in the next five years.

Dr. Fowler has proposed that an association or fellowship of Baptist medical personnel in Southern Baptist churches be organized to advise and consult with the Foreign Mission Board on world health care ministries in the future.

"Such a fellowship could also organize disaster relief medical teams and volunteer projects, and would help in recruitment of medical missionaries," Dr. Fowler said.

Some non-medical missionaries have objected to the high costs of maintaining medical missions, and some protest that an international strategy for this kind of missions cannot be adequately formulated. But Dr. Fowler insists Southern Baptists "cannot abandon our responsibility without committing heresy. We may have to change our approach, but we cannot disown our obligation, if we truly preach the gospel of love."

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(BP) Photo mailed to Baptist state papers, dtd 12-1-75

Adapted from the December 1975 issue of World Mission Journal.

D'Amico Accepts Post
At South Main Church

HOUSTON (BP)--David Franklin D'Amico, assistant professor of church history at Southwestern Baptist Theological Seminary since 1968, will join South Main Baptist Church, Houston, as minister of international work and pastor of its Spanish Baptist congregation.

He will also provide advisory leadership to the Korean Church of Houston and the Mandarin Church of Houston, which share the facilities of South Main Church.

D'Amico, a native of La Plata, Argentina, is a graduate of Hardin-Simmons University and Southwestern Seminary where he received his doctor of theology degree in 1970.

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SBC Cooperative Program
Exceeds 1974-75 Pace

Baptist Press
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NASHVILLE (BP)--With \$7.1 million contributed in the first two months of the 1975-76 fiscal year, the Southern Baptist Convention's national Cooperative Program unified budget is running 12.51 percent ahead of the same period last year.

Total contributions, including Cooperative Program and designated contributions, total more than \$8 million--a 12.71 percent increase, according to figures released by John Williams, director of financial planning and assistant to the treasurer of the SBC Executive Committee.

In November, the second month of the fiscal year, more than \$3.4 million was funneled through 33 state or regional Baptist conventions, with 34,734 churches in all 50 states. That's a 6.37 percent increase over more than \$3.2 million received in November of 1974.

Designated giving in November totaled \$456,880, running total contributions for the month to \$3.87 million, a 7.66 percent increase over \$3.59 million received in November, 1974.

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CORRECTION

In Baptist Press story mailed Dec. 1, 1975, change Eddie to Ebbie in line one of graph 2, making that read: The board named Ebbie C. Smith, etc.