A NEW PARADIGM IN GLOBAL HEALTH CARE

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The old ‘Medical Missions’ Paradigm

- Is out of date – 20th century
- Does not fit into other cultures well
- Does not follow the “Jesus paradigm”
- Mission hospitals do not bring change or transformation
Think **outside** the box
How we usually think
How we MUST think NOW
The Old Medical Mission Paradigm

- A mission hospital on a compound
- Missionary doctors and nurses from overseas
- Missionaries and mission in full control
- Many medical missionaries today continue to just “do doing”
Problems of the Old Paradigm

- Orientation almost exclusively curative
- Institution centered
- Paternalistic
- Heavy dependence on foreign resources
- Does not improve the health of people or communities
- Reflects the split between sacred and secular, physical and spiritual
The Beginning of Medical Missions: 

The ‘DOING’ paradigm

- Medical missionaries cared for sick people around them
- They opened the doors to some countries through compassionate care of sick people
- They established hospitals, clinics, leprosariums and other care facilities in medically unserved areas
- Primary emphasis on caring for the poor
- Major impact on spreading the Gospel
The **TRAINING** Paradigm

- Beginning of twentieth century
- Nursing schools
- Even a few medical schools – India, Korea
The **EMPOWERING Paradigm**

- Mid twentieth century
- Working alongside host-country colleagues to enable them to do more
- Partnership is the operating mode
- Sharing conceptual resources
- Helping with planning, organizing, mentoring
Proposed New General Paradigm

Christian Intercultural Health Care
**Principles of New Paradigm**

- **Basic goal:** Health
  - Promoting health of people and communities
  - Restoring health to sick persons

- **Those served:**
  - The whole person
  - The whole community
  - In every nation

- **Operating mode:** Partnership

- **Control:** by the Holy Spirit through the Body of Christ
Operational strategies

- Good quality curative care
- Training paramedical health personnel
- Decentralization of health care
- Primary health care
- Promoting health of communities
- Care for the whole person
- Christian approach to HIV/AIDS
- Residencies for national physicians
- Research and modeling
- Networking
- Cultural transformation
Our Goals in the Congo

- To help people **improve their own health**
- To **restore health and wholeness** to those who are sick
- To **train competent health workers** on all levels
- To **make health care accessible** to people
1. Good Quality Curative Care

- Appropriate to the needs of the people
- Appropriate to the economic and cultural contexts
- Special concern for the poor and underserved
- Enormous needs yet limited resources requires constant priority decisions
- IT CAN BE DONE!
Jesus at the center of curative care because he healed the sick

- As a sign of his identity – John 14:11
- To make people whole
- To bring glory to God
- Does our curative care bring glory to us, to medical science, or to Jesus?
- Does it demonstrate who Jesus is?
2. Training Paramedical Health Personnel

- The vast majority of sick persons will never have access to a physician.
- Well-trained nurse practitioners can treat 90+% of illnesses and refer the others.
- Training on diploma and auxiliary levels.
- Marvelous opportunity for discipleship.
- Multiplication of knowledge and skills.
- Essential to assure sustainability.
Training Implications

- Every missionary doctor and nurse should be a trainer
- We need to learn how to train
- We must teach all health personnel on all levels to be educators
- Every health facility should have a training component
3. Promoting Health of Communities

- Mobilizing the participation of people in activities to improve their own health and the health conditions of their community.
- CH is what people themselves do to improve their own health.
- Our role: catalysis, through:
  - building relationships
  - dialogue – “conscientization”
COMMUNITY DIALOGUE
4. Decentralization of Health Care

- Health for all has not been achieved
- Most people still have no access to basic health care, especially poor people
- Health resources are concentrated in institutions far removed geographically and/or economically from the people
This Can Redress Radical Imbalances in Health care

- India: 80% of health resources serve 20% of the population
- 80% of the population have little or no care at all
- Africa: > 75% of the population have no health care at all
- Here is where we must intervene with our overseas partners
5. Primary Health Care (PHC)

- Interventions by trained health staff to prevent disease and improve health
- What we do for the people
  - Preschool clinics
  - Antenatal care
  - Enlarged program of vaccinations (EPV)
  - Family planning education and services
Our Role as Professional Partners in Primary Health Care

- Training of PHC personnel
- Organization of services
- Supervision and evaluation of programs
- Encouragement and ongoing training
6. Care for the **Whole Person**

- Jesus did this and so should we.
- Integrating medicine, pastoral care-giving, prayer, and Christ’s power to heal body, mind, soul, spirit
- Training of all staff in biblical and scientific principles of wholeness
- Adding Spirit-led pastoral care-givers to staff for the purpose of healing
- All need to learn how to work as a team
7. Christian Approach to HIV/AIDS

- Almost all efforts to date have not slowed the rate of infection, except in Uganda.
- HIV/AIDS is an STD transmitted by sexual activity and blood.
- The slowness of the church to respond to this challenge is shameful.
Care for Persons with HIV

- Hope and Life are essential ingredients
- Healing of mind, soul, and spirit strengthens the immune system
- It often results in significant remission
- Care requires compassion, hope, medical treatment, and good nutrition
Education to Prevent Spread of HIV

- We must educate people effectively in how to live in God’s way
- Base the education on world view questions
  - Who am I?
  - What has gone wrong?
  - How am I to live?
- Make it culturally appropriate
- Key target groups:
  - Parents of young children – helping them know how to educate their children at home
  - Youth – showing them how to live in God’s way
8. Residencies For National Physicians

- Family medicine residencies exist in some Christian hospitals in Africa and India.
- Residencies in other specialty areas are possible – surgery in Gabon.
- Marvelous opportunities for making disciples and preparing leaders for the future.
- Residencies should include training in community health, leadership, pedagogy, and how to care for the whole person.
9. Research and Modeling

- We are in the private sector and so have certain liberties to experiment.
- Developing new approaches to health problems and education.
- Being a model to government health service and to other private services.
- Research: operational, medical, health.
10. Cultural Transformation

- Use a biblical base in culturally appropriate ways to bring about changes in beliefs and practices
- Teaching God’s Word changes culture
- Genesis – crucial cultural values
- Exodus – Deuteronomy: Hebrew culture → shalom, prosperity, health
- Dialogue with church and community leaders
- Dialogue with government and official agencies
TRUST

- Trust – promotes health & development
- Requires integrity, responsibility, hard work, foresight, and other values
- How do we transmit trust?
  - By our example
  - By teaching about God who is trustworthy
FIGURE 7.3  Interpersonal Trust by Cultural Tradition and Level of Economic Development and Religious Tradition

Trust by GNP/capita: r = .60 p < .000

From: Inglehart, in Culture Matters, Harrison & Huntington, Basic Books 2000
11. Networking

- With other health programs in Christian Health Associations
- With government health ministry
- With church and local churches
- With Bible and Pastor’s training schools
- With other development programs – agriculture, environment, education, community development ……
Jesus at the center of all of this

- **Health** - Jesus, the foundation and center
- **Healing** - Jesus is the healer
- **Training** - making disciples of Jesus
- **Decentralizing** - Jesus did it (Mark 1:39)
- **Partnership** - The Body of Christ, with Jesus as the head
Are health missionaries needed today?

- YES!
- To serve poor people everywhere
- To bring cultural transformation
- To bring Christ-centered healing
- We have conceptual resources of our biblically-based western culture that are needed everywhere