

Medical Work as Whole Person Transformation

Mans Ramstad

Overseas medical work has a rich history of heroic foreign surgeons and doctors flying solo in a small clinic, serving as the sole caregiver for the entire community. This situation has changed significantly over the years. Local health systems have improved, and Westerners have seen the value of integrating their work into the community and of training local health workers. This transition has actually enhanced the spiritual and social impact of the medical work and made it more enduring and sustainable. This article will introduce a holistic concept of health care. How this works in the China context will be illustrated. Finally examples will be given of how medical work in China has an impact on individuals and society in a way that exceeds treating illness alone.

Whole Health

The theme of this issue is "Serving the Whole Person." What is meant by the "whole person?" The Bible teaches the concept of an integrated body, soul and spirit, each essential to defining personhood. Therefore, to serve the whole person means to serve each person in their entirety—body, soul and spirit, with attention to their role in their family and community.

Spiritual health is the foundation of health, and the church as a whole is God's chosen channel for healing, for restoration and for the transformation of society. For the believer, sanctification involves body, soul and spirit (1 Thess. 5:23). When asked

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what the greatest commandment was, Jesus replied, "To love the Lord with all your heart, soul, mind and strength" (Mark 12:30). So, God values persons in their entirety and longs for healthy and whole persons to love and worship Him with their entire being. Even the World Health Organization recognizes the holistic nature of health, defining health as "A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity."

Daoism and Buddhism make up the core of Chinese religious beliefs and healing is integral to these beliefs. Therefore, to Chinese people, healing is a

normal component of any legitimate religious belief. Chinese people are prone to look to Jesus for healing and, in fact, the majority of converts in China come to Christ because of personal illness or illness in the family where prayer in Jesus' name brings healing (Yip 1999:136).

Jesus' ministry included physical healing, but it occurred within His broader ministry of bringing the kingdom of God into people's lives through other forms of spiritual and emotional blessing as well as healing (Mark 1:14-45). From Jesus' example, we are reminded to preach the truth even as we heal, and to preach forgiveness of sins and reconciliation of broken relationships as part of the healing process (John 4).

Medical Work as Ministry

There are many ways medical work impacts individuals and society. By loving and caring for people at the point of their immediate need, doctors can be a blessing to them. Physical healing can enhance our spiritual and emotional health beyond just the healing itself (Prov. 3:8; 4:20-23). In the same way, good medical work realizes that our physical bodies are in decay and not all illnesses will be cured; however, our spiritual lives can still be in regular renewal (2 Cor. 4:16-18). Therefore, it is important not to reduce medicine to the simplistic healing of illness, as if the same effect could have been achieved impersonally, or over the internet, or by simply prescribing a medicine.

An example from work in a Chinese clinic illustrates this point. Mr. Nai first appeared in the clinic with an ill daughter. During the long course of his daughter's treatment, he was invited to participate in an economic development training session. During these interactions he was able to hear and see the gospel demonstrated

to him in many ways, impacting several facets of his life. He accepted the gospel and has become a faithful servant of Christ. He has also improved his livelihood as a farmer and is a powerful witness in his community. This started with a simple clinical encounter.

Medical work as it is being promoted in this article assumes that people will be cared for more broadly than just the physical treatment of illness. In addition to their health needs, they have the opportunity to consider their life situation more broadly. Physicians are limited in what they can offer patients. A foreign physician in China shared his feelings while treating a young girl with aplastic anemia (a terminal illness). "...the tears start coming involuntarily into her mother's eyes. What do I say to her? I know the blood transfusions are really a waste of the family's money, but wouldn't I do the same thing for my little girl? I try to point her to the true God, but that's not what she came to hear. Yet, He alone really is their only hope. Lord, please make this clear to her somehow." He is aware that treating her illness is not the family's only need.

"Medicine" as an end unto itself has limited spiritual or social impact and there are forms of blessing outside of the physical healing that can actually feed back into and enhance physical healing. Illness treated today will often recur tomorrow if attention is not paid to the contextual and personal factors that contributed to the illness. We encounter many cases of fatigue and dizziness in young mothers; however, no illness can be diagnosed. For some we find it is their life and their family that has fallen out of balance, and this sense of instability manifests itself as a neurological imbalance. In many cases counseling and spiri-

tual support have proven to bring healing and restored balance.

From another perspective, medical work also allows us to have outreach into the medical community we serve. This outreach includes medical colleagues, patients and medical students. Medical work that involves training, health education and other programs and is connected to services beyond the clinical setting can have multiplied effectiveness. For example, a young nursing student on her way home from work at the hospital stopped by one day. Learning about our club for young professionals, she decided to join. From there she enrolled to be a medical student intern with us which improved her medical knowledge and skills while in a Christian environment. Through this process she was able to come to know Christ.

By working within the local medical system we find ourselves able to model best practices and integrity. This form of cooperation allows for learning together as we work. It also allows for a natural Christian witness within those professional contexts. A work in infectious disease control was started with the local department responsible for this. During this time we discovered that one of the young men in the department was a young believer. However, his previous training had taught him that his line of work was unspiritual unless he used it to evangelize patients and colleagues. He felt quite uncomfortable in his role, and when we met he was not satisfied with either his work performance or the nature of his spiritual life in that context. Through working together, he has learned to integrate witness into his work and has become a model employee and a winsome witness for Christ in that context.

Medical work can be effectively linked to something larger and integrated into a

Brent Fulton, Editor Julia Grosser, Managing Editor Dona Diehl, Layout and Design

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broad community development program. Many doctors are busy and focused. They need and welcome a broader program around their clinical medicine. Here is the experience of one American doctor practicing in China:

Then one of our regular patients arrives, so I try to work her in amid the new patients as I can see her more quickly. She's a forty-year old woman with TB of the hip and spine who could hardly walk when we first saw her; now she's walking great but still has trouble squatting. After I see her and write the prescriptions to refill her TB meds, she then goes to see Mrs. Wei, the head of our Medical Assistance Fund, in order to get her refills paid for. I'm happy because I know Mrs. Wei will have time to chat and will be sure to bring Jesus into the conversation.

There are many examples of ways in which medical work and medical programs can exist within a broader community outreach. If one is able to develop a team of local and expatriate workers with a range of skills, then the community can be served in a variety of areas that connect to a medical work. For example, I am familiar with a situation where a medical work is one aspect of a community outreach involving agriculture, poverty elimination and a community center for young people. This is very effective. In another setting, a group of foreign medical workers has begun a fellowship with local Christians working in health care. This is a source of support for people who find it very difficult to live and work as Christians in their hospital settings. In another setting, health education is provided to families in rural areas whose children were assisted back to school through a scholarship program.

The holistic approach to health and ministry that has been introduced here can even become a framework for training and discipleship. We disciple young people to think about their lives as a body-soul-spirit entirety that God wants to transform and renew through and through. This often neglected biblical teaching has proven to be a good fit with Chinese health concepts and beliefs. It has helped young believers to more broadly appreciate the lordship of Christ over their entire lives and communities and His desire to be glorified in all ways, not just in the so-called spiritual activities of fellowship, worship and Bible study.

Health education programs that are aimed at the community in general can also be offered to the church. As mentioned above, in China many people's first encounter with the gospel is through illness, so it is natural to provide clinical services and health education to the believers, many of whom are in poor health and lacking resources to pay for health care. Healing as a part of the life of the Christian church in China is surely evidence of the work of the Holy Spirit who gifts people to heal. It also reflects the social nature of the church as

moting the establishment of health care services within the local church so that believers can access reliable and low cost primary health care. This is an example of coupling work to serve society with supporting the local church. Pray that it may be successful.

Conclusion

Jesus' ministry involved preaching the kingdom of God, which involved healing of body, soul and spirit. Medical work in China is able to follow Jesus' example by

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described in James 5:13-16, where the elders are expected to assemble together to pray for healing. There is scientific evidence to show how social support of the church coupled with faith and prayer is a powerful health-promoting force (Levin 2001).

In China, where the Christian church has been stigmatized for a long time, churches are slowly beginning to emerge as participants in society and beginning to expand the scope of their ministries. There are a few examples of clinics being run by Christians but most are small private clinics. China is now burdened with the problem of many common people being unable to afford health care. There is a group seeking to assist the Ministry of Health with this problem by pro-

both ministering to the whole person and ministering to that person in their community context. Together, this is able to have a transforming impact on both the individual and society that transcends healing of physical illness alone.

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Mans Ramstad is a long-time worker in China. 卍



Hope for HIV/AIDS in China

Paul Hudson, M.D., M.P.H.

I was speaking to a Chinese doctor who trains Three Self Church members to minister to those affected by AIDS in their villages. He works in central China where unscrupulous and unsanitary blood collection practices in the 1990s left thousands infected with the virus; whole villages now are informally called "AIDS villages."

"In the beginning people wouldn't even buy cabbages from these AIDS villages," the doctor explained. "There was so much fear and stigma." The Christians were no different from anyone else, but now that is all changed. It is the believers who care for the dying, show compassion and give good information, he explained. The village people trust them implicitly.

My own experience with Christian AIDS programs has been in Africa, so I was keen to find out how long it had taken for attitudes to change. "Two years," he said, "and now so many are coming to Christ."

In Africa, I have personally watched the Lord mobilize believers for HIV/AIDS ministries of compassion and prevention. I have seen many who have begun to hope again in this life and have received the promise of redemption. This Chinese doctor was also describing the Lord's

powerful work, reviving and motivating His people for holistic ministry.

I began to dream of the potential of a vast array of Chinese believers—believers from various backgrounds, classes and cultures, sent by the Lord of the harvest to bring His grace to those suffering from this disease and to those who are yet-to-be infected. It was not long after that we were introduced by the doctor to a man in his fifties who had already lost his wife and child from HIV infection and is himself infected. Now he has turned to Christ and works full time training others for this ministry. He said, "I only wish I had trusted Christ earlier in my life."

Where we are today and why it is not too early

HIV/AIDS is a plague of biblical proportions, and we have just begun to experience its fury in Asia. Of 39 million people infected with HIV in the world, China officially has an estimated one million people with the virus; this amounts to only one-tenth percent of the population of China. However, Asian countries, including China, are now home to some of the fastest growing AIDS epidemics in the world. UNAIDS projects that China may have ten million people infected by 2010 (or one percent of the population). Dr. Eberstadt of Harvard University's Center for Population Studies predicts that

five percent of China's people will be infected in 20 years. In the coming decades, we will likely be measuring worldwide AIDS deaths not in the tens of millions but the hundreds of millions with a shift from Africa to Asia.

HIV/AIDS is a disease of broken relationships. The pathway of its entrance into China tells a tale about these relationships. Intravenous drug abuse, especially in Yunnan and Xinjiang provinces, was an early "infection pump." In its wake, many drug users—up to fifty percent or more—are infected with HIV.

Sex for money is big business in Asia, and China is no exception. Many women are infected with the virus, both commercial sex workers as well as wives who stay back home. The HIV which started from China's western borders and minorities has now made its way to the central parts of China. It is now breaking out from the high risk groups to become a more "generalized" epidemic, fueled by multiple heterosexual (and perhaps occasional homosexual) relationships. Since 1979 for instance, sexually transmitted diseases in China have increased by fifteen to twenty percent per year! Seventy percent of young people in Shanghai in 1999 approved of premarital sex. Broken relationships are deadly, both in the physical and spiritual realms. Nevertheless, our good God restores broken relationships. That is why HIV/AIDS work is ministry.

Now is the time to begin to think about what God may be doing in allowing this scourge of AIDS in China. We must not wait until five percent of China is infected. We can act now to diminish the impact of the epidemic and see believers mobilized to go out into the cultures of China with God's healing power and grace. It is not too late, and it certainly is not too early.

What is being done in China?

Since World AIDS Day in 2003, China's government has shifted its official stance about AIDS. Perhaps based in part on experience with SARS, we now can find AIDS posters and school campaigns more visible. Now much central government financing goes to AIDS prevention and treatment efforts. The blood supply has been cleaned up significantly. AIDS patients, at least in some areas, are getting antiretroviral drugs.

In July 2004, China's prime minister announced the official figure of one million people infected and called for international help. One Chinese health information specialist I met told me that this official "turnaround" in attitude towards HIV has reached the provincial level but has hardly touched the stigma and shame found at many county and local levels.

Not long ago, a man infected with HIV was admitted with AIDS to an infectious disease hospital in China. When other patients eventually discovered the cause of the man's problems, most of them fled the hospital. There is so much fear, even among the professionals. The solution? It will be people who have the courage to confront the fear and stigma and show compassion to the infected while speaking truth about sex, relationships and forgiveness. What a calling for God's people!

Dr. Ted Green, a Harvard consultant, has written persuasively about the grass-roots efforts by ordinary people which turned around the HIV epidemic in Uganda in the 1990s. The success factors he identifies in his research include government commitment and a multisectorial response which incorporates emphasis on "primary behavior change," that is, abstinence and faithfulness. In Uganda, everyone got involved, including the church.¹ Experts estimate that the effect of this primary behavior change in Uganda was the equivalent of a "social vaccine" which was eighty percent effective!

Thus, while recent China government efforts on AIDS have been commendable, these efforts by themselves will fall short if "grass-roots" Chinese people are not mobilized to live out healthy lifestyles and give themselves in sacrificial service to others. This is where I believe the Lord is calling His church to be.

Susan Hunter in her book *AIDS in Asia* says that the HIV/AIDS epidemic has broken the illusion of medicine's control over epidemics. Condoms and antiretroviral medication have their place, but we will not catch the wave in China without preventing new cases. This means we need to do what we can to help mobilize Chinese believers, volunteers, Christian and not-for-profit ministries—and even businesses to become leaders in Christian HIV/AIDS ministries.

One Christian group has taught its Chi-

nese staff to train others in HIV/AIDS prevention. They use participatory methods to change not just "head information" but attitudes. They are getting various invitations from their province and beyond to train both in English and Chinese.

Another Chinese not-for-profit agency has developed its ability to train registered church members in HIV prevention and care. They are now also caring for drug addicts. They have seen the need to balance care and prevention. The words (prevention messages) become more believable when they are fleshed out in practice (care). According to James 1:27, "True religion is to visit orphans and widows."

An international Christian agency has partnered with the official church to produce home-based care manuals for teaching believers the basics about caring—physically, emotionally and spiritually—for those dying with AIDS.

Bible Societies are developing some resource materials for those with HIV/AIDS, including youth-friendly Scripture which addresses the underlying issues of relationships, sex, dating and marriage. Another group is planning to add HIV/AIDS issues to their youth-friendly Chinese website. Still others are in the thinking stages of how to create contextualized local programs in China which deal with the same issues—not just as lectures but as dramatic presentations and stories.

Some materials such as the "True Love Waits" program have been translated into Mandarin and are available in China. However, over the long term, my experience in Africa would say that the most effective programs will be created by Chinese. This means we must work to disciple, mentor and develop leaders.

While this vision has barely been caught by believers in China, changes in law this year have made it possible for officially registered groups of Christians to serve in the social sector. This is a time of opportunity if the vision can be fanned into flame. China will need counselors to deal with broken family relationships; Bible teachers who develop materials that address marriage, families, youth and children; writers, Christian dramatists and more.

Where to begin

What advice might we gather from lessons believers in Africa are learning? Start

with God, not HIV/AIDS. Seek His understanding and make HIV/AIDS a prayer priority. The problems underneath HIV—corruption, sexual sin, oppression, injustice and stigma—are "ready-made" for the gospel. Only God is big enough for HIV/AIDS.

Become informed and keep others within your agency informed. Pray for champions for AIDS ministries. Help the leadership of your organization to understand what God is saying to you. The Christian expatriate doctors in China have been talking together about AIDS; a similar network among readers of this publication is also beginning.

Look for ways of building on the strengths of your organization, developing an HIV focus with your current activities rather than starting something entirely new. The solutions are relationship-rich, not technical (as in money, condoms and even medicine). They involve ministry, passion, volunteerism and the hands and feet of Jesus.

Medical people have an important role to play in this disease in China, but eventually you need a multi-disciplinary team. Use creative people like artists and gifted communicators, as well as social workers, counselors, leadership trainers, teachers and theologians. We have found that people with skills in project planning, management and evaluation are invaluable. All of these will encourage Chinese believers to bring a holistic approach to this ministry.

Christians in Africa would say to us, "Don't wait!" Let us make it our prayer that we will be able to hear the voice of the Lord as He strengthens His church, exalts the gospel of grace and reaches out to the suffering and marginalized peoples of China through HIV/AIDS ministries.

Endnote

1. See *Rethinking AIDS Prevention; Learning from Successes in Developing Countries* by Edward C. Green, (Praeger Publishers, 2003), ISBN 0-86569-316-1.

Paul Hudson, M.D., M.P.H. is a physician consultant for HIV/AIDS for China. Based in Thailand, he and his wife have served in medicine and public health in Ethiopia and Nepal. He has helped to develop partnerships for Christian HIV/AIDS ministries in a number of countries in Africa. ☩



Holistic Development in Yunnan Province

Hjalmar Boe

“Your training courses changed my life,” said Ms. Long. *“I would not exchange your training course with anything, not even if you gave me 100 RMB a month.” Ms. Long is a village doctor in Lengjiaping village—a village deep in Yunnan’s mountains that requires a three hour walk in high altitude. This village doctor had faithfully carried out her duties for many years but had found little or no support for her job. Many villagers thought she was a spy sent by the government to count how many children they had. However, community development training equipped her to communicate with the people, and she gained respect in the village. Ms. Long has now been trained in Community, Health, Education and Development (CHED) and has become a key person in the local training team instructing other people in community development as part of the Zhaotong Community Development Program.*

Zhaotong Community Development Program

Zhaotong Community Development Program (ZTCDP) is a grant program funded by the Norwegian Agency for Development Cooperation (NORAD) and the Norwegian Lutheran Mission (NLM). ZTCDP is a pilot project and focuses on improving living conditions in poor townships and villages in Zhaotong Prefecture located in the mountainous north-east of Yunnan Province. The program also acts as a model for development in other

areas of the Prefecture, and experiences from the program are influencing a greater area and other projects. The first phase of ZTCDP was a three year program with implementation starting in the spring of 2002. A second plan was developed for a new three year period to expand the project into new areas from 2005 to 2007. The total six year grant from Norway is five and a half million RMB, but with local matching funds, the total investment is close to eight million RMB.

The Zhaotong Poverty Alleviation Of-

fice (PAO) is a local partner in the project and legally responsible for implementing the program. NLM has appointed the China office of Xin-Consulting Ltd. (a consulting company located in Kunming) to represent them in the daily running of the project. This company has a section with both Chinese and foreign experts trained in community development.

Zhaotong is a poor prefecture, bordering Guizhou, with a population of 5.1 million. Tobacco is the main industry in addition to some cement manufacturing. The area is among the poorest in China and most people are farmers. The authorities encourage the young people to migrate to eastern and southern China to find work. They also run education programs which are supposed to improve these farmers’ chances of obtaining work in the cities. These migrant workers increase the income of the local and regional economies; however, it also adds strain to the lives of the women who are left in charge of farming as well as taking care of children and the old. In addition, there are immense challenges relating to HIV/AIDS as some men bring home these diseases from the bigger cities.

Objectives and Results

In close connection with the local people and government, some key infrastructure projects have been identified in the target villages. ZTCDP, with the local government, has invested in a primary school (grades 1-6); a 12 kilometer village road; an electrical power line that supplies one village; a water project with five water storage tanks, two flood prevention walls and five water supply tanks in several villages; the equipping of several primary and middle schools; agricultural projects to improve husbandry and farming; equipping two clinics and circulating capital for medicine that is provided; a small microcredit program; and in many biogas units and building energy-saving stoves.

The school project has significantly improved the educational situation of the village. School attendance increased from 98 to 166 students; from sixty-three percent to ninety percent of school age children. The number of teachers at the school has also increased from two to eight.

Biogas research started in China in the 1950s. The technique has matured during

this past half century of application. At present, the Chinese government highly recommends the use of the system in rural areas which have the conditions suitable for it. Biogas is an environmentally friendly technique with many different functions. However, even though the local government encourages farmers to use biogas generating systems, its success is limited due to a lack of financial resources. The farmers do not have enough money to build both biogas systems and systems to gather animal and human waste, and, therefore, the effects of biogas systems are not maximized. The aim of the ZTCDP BioGas Generating Systems project is to build some complete biogas generating systems which can show the farmers how this can improve their living situation. The project will give valuable experience in building and operating biogas systems but will also function as a model to demonstrate the effects of complete biogas generating systems to the local people and the government. The aim is to raise the local people's awareness of hygiene, environmental protection and the opportunities for development by using new technology.

Training Courses

Community Based Development Training is the key part of ZTCDP. A core value for NLM and the program is that people are the most important resources for social development. Therefore, ZTCDP attempts to meet the local communities on their terms by focusing on equipping and developing human resources. To form a basis for such development, one must first meet basic needs with respect to welfare, food, health and education. This will release considerable human resources, which can then be channeled toward organized interaction in the civil community and in turn work for the interests of the local population. In this way, the people themselves are enabled to continue the process of improving the quality of their life and achieving social equality.

The NLM's main approach to development cooperation will be district integrated development programs whereby the local populace defines its own problems, proposes solutions, decides priorities and is in charge of executing planned activities. The priority areas will vary from



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country to country and region to region depending on local needs and priorities but will fall mainly under the following categories: health, education, agriculture, environment and natural resource management, technology and infrastructure. Although the NLM stresses long-term cooperative relations, the basis for all their development cooperation is their wish to contribute to sustainable development and the principle that their presence is only temporary in nature.

ZTCDP wants to equip and develop local people and has conducted many different training courses such as Village Teacher Training, Village Doctor Training, Agricultural Training, Vocational Training for young girls from the countryside and Aids/HIV Training. However, the Community Based Development Training based on CHED has been incorporated into almost every training course in addition to the many CHED trainings that are conducted. CHED's focus on holistic service and care for the whole individual, family and community has gained respect in Zhaotong. In the beginning, government officials wanted investment in infrastructural projects and did not see how the Community Based Development Training could lead to sustainable development. One Chinese co-worker in the project used to say, "Infrastructural projects are just the water to take the medi-

cine; community development training is the medicine." ZTCDP has experienced a change in attitude among the government officials from the village level to the prefecture, and they are starting to adopt some of the CHED ideas into their own governmental training courses.

Projects and trainings can be implemented infinitely with numerous "chained" projects/trainings that can naturally follow the previous ones as the community continues to develop and upgrade previous developments. Based on our experience, we encourage projects to be introduced only when accompanied by training to increase sustainability, transference of concepts and increased relational time. Today, this attitude is also supported by the local partner and many of the government officials.

ZTCDP seeks to indigenize programs and develop local leadership. This is particularly enhanced by the use of the "participatory method" or style of input sharing. We also encourage the investment of local resources and efforts from the community and the government to ensure ownership and ongoing commitment to sustaining the developments. Several local CHED training teams have been established. These teams are conducting training courses in the selected project villages and are also being invited to neighboring villages. These Training of

Trainers teams (TOT) are important when the project moves into new areas, and they have even been involved in training courses in other projects in the province.

An evaluation carried out in March 2004 points out that "The Community Development Training Program and the other trainings have shown the people that they can participate in their own development and are able to perpetuate the learning to others in community" (*Zhaotong CDP 2004 Evaluation Report*).

Choosing a Partner

In China, formal programs must be approved by the government and connected to at least one supervisory government bureau. NLM has cooperated with different governmental bureaus in China as partners for programs, projects and trainings. Our overall experience is positive and we have found this partnership to be important when it comes to local ownership and sustainability. However,

there are some challenges, and in CHED we have difficulty in establishing "committees" as these are not welcomed by the government. Also, it is difficult to acquire unpaid volunteers for such programs. To overcome these barriers we have built relationships with official local partners and are operating as joint ventures. Instead of establishing new committees, we have avoided the name but have local decision makers meet on a regular basis for discussions about program direction. The training teams at the village level serve as the health promoters/trainers who then bring special trainings to the village at arranged times.

ZTCDP has trained many people who have attended training courses in CHE/CHED both in China and overseas. Kunming Medical College is offering courses in CHED for Chinese and the TOT level 1 participants are introduced to a modified version of the "classical CHE-model." Consultant for Medical Ambassadors In-

ternational (MAI), Douglas Flowers (dflowers@canada.com), is also a resource person to contact for CHE projects and training courses.

ZTCDP is not a classical CHE project but is tailored to the situation in Zhaotong. As many as possible of the good components and principles of holistic development found in CHE are utilized in the program.

At the end of the day, most important is not the model but that lives are being changed and communities are being transformed. Village Doctor Long and many villagers have had their lives changed, and one teacher said goodbye by declaring, "You have given us hope."

Holistic development is about seeing the whole person and community; it is about giving people a future and hope.

Hjalmar Boe is currently based in Norway. He has lived many years in China and been involved in development work. 译

CHE in China

Hjalmar Boe with Doug Flowers

A dear child may have many names, and that is also the case with CHE in China. I have come across each of these: Community Health Education (CHE); Community Health Education Development (CHED); and Community Development Education (CDE). All are built around the core principles of traditional CHE and desire to focus on holistic development. The following are the main components that compose CHE's philosophical approach to community development: holistic approach, incarnational approach, relevant social need programs, integrated approach, community ownership and multiplication.

The traditional (or classic) CHE Model championed the establishment of a "training team" that entered a community and through the use of a Vision Seminar, and possibly a School Screening followed by an Awareness Meeting for the community, helped the community see its need for holistic health education. The "training team" then assisted the community to establish a local supervisory committee to oversee the general program, projects, trainings and the volunteer trainers (CHEs) who then multiplied the preventative health lessons from door to door.

The CDE (Community Development Education) model is by far the most common design used in countries like China. It basically champions the same overall procedure, but the entry project/training may not be preventative health lessons but may address another relevant developmental need.

CHE is organized around equipping and training people in holistic development through the Training of Trainers (TOT) levels 1, 2 and 3. The TOTs teach one how to select a community, enter a community, hold a Vision Seminar, hold an Awareness Seminar, and train a committee and a training team in supervisory skills. It introduces main techniques, principles and various concepts. It also employs a number of educationally related principles on how to teach community-based development in a participatory way.



A person needs a variety of qualities to survive well in contemporary society. He or she must acquire knowledge, moral principles, courtesy, marketable skills and, most importantly, a heart capable of loving and willing to follow God in faith. People with such qualities are positive elements for a society that maintains its peaceful progress.

China has a large population that does not believe in God, with hearts that cannot love others. Christian servants have long been in China promoting the gospel to save the hearts and lives of the Chinese. Their work has helped in the ongoing increase in the number of Christian believers and the expansion of churches. I recognize that soul-saving efforts in China have been unexpectedly fruitful and that success has won worldwide praise.

However, as created beings living in a fallen world, humans are vulnerable to all kinds of risks. They are not shielded from sickness, illness, accidents, injuries, paralysis, sudden loss of health or death. A person may have a loving heart and be a positive force in his community, but when he becomes the victim of poor physical health or suffers an injury that is not properly treated, the community will become unstable. Physical health is the necessary base for all good services within communities; it affects the well-being of each family, the strength of social groups, the stability of the community and therefore of the government.

Unfortunately, we live in a country where millions of people die every year going into eternal darkness. While it is assumed that hospitals are everywhere people reside, and normally that is true, nevertheless, before dying, millions suffer physically. Christians, therefore, need to spend time considering the physical needs as well as the spiritual needs of those who might eventually be eternally lost. By doing this, they demonstrate concern and care for humanity.

China has enjoyed great growth in its economy; its economic reform has been successful. However, in July, 2005, the Chinese government for the first time, in

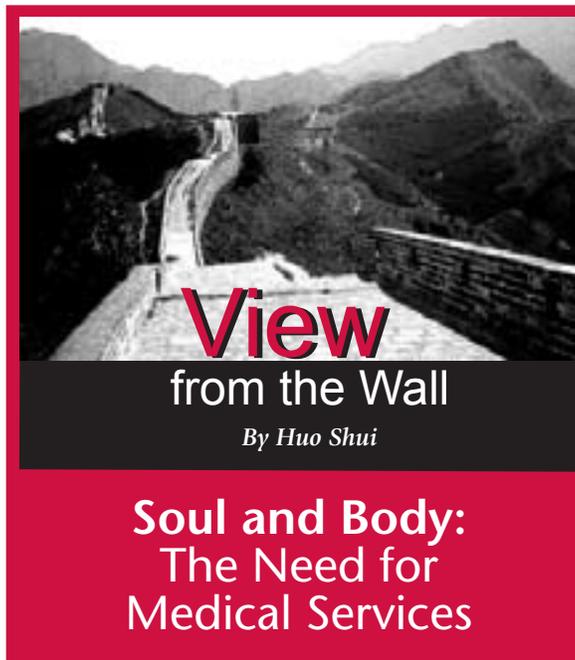
a widely distributed report, disclosed the general lack of success of China's medical services reform. In 2000, China started its medical care reform. A report released by the Development and Research Center of the State Council at that time claimed that "China's medical reform has so far been an unsuccessful one" because it has increased the charges paid by patients to such an unbearable level that some patients cannot go to a hospital when they fall ill.¹ Indeed, there are hospitals in most towns with large populations, but many patients cannot benefit from their services due to the expense. It is not unusual for a person to spend 1000 *yuan* on a common cold while many city workers earn only about 2,000

ternative cure methods that are risky or go against social norms—but receiving the costly treatments found in regular hospitals is not an option.

Prior to the Cultural Revolution of the 1960s, city dwellers generally were covered by a safety net through government sponsored medical care, even though the net was barely competent. The vast countryside, however, was basically abandoned under this urban-centered arrangement with the exception of the "barefoot doctor" program that Mao instigated. This program attempted to provide national coverage to peasants who had no easy access to hospitals or clinics and hoped to establish a medical service network in China similar to that in Western nations. The program hoped that a fully accountable rural medical system would function using the manpower of inspired volunteers, both trained and untrained, from the Communist Party or Communist Youth League. These volunteers would give of their energy and time requiring virtually no government spending.

After the 1980s Reform leading China toward a market economy, money became the new source of inspiration. Hospitals are now rapidly "impressing" society with their desire to make large profits with doctors the willing tools of these money-making machines. As a result, both city and rural medical coverage is shrinking because patients are less able to use services due to declining buying power in the over-priced medical service market. According to *The Third National*

Report on the State of Health Care in China, citizens' access to medical services has declined in 2003. The report shows that only 30.2% of city residents have employer sponsored medical insurance, another 4% have government paid medical services, another 4.6% have labor protection medical insurance, another 5.6% are insured by private companies and 44.8% have absolutely no medical insurance. In rural areas, 9.5% have cooperative medical insurance, 3.1% have other social insurance, 8.3% are privately insured and an astonishing 79.1% are completely without insurance. We may infer that the majority of the Chinese will have difficulties if the costs for medical services continue to rise.



View from the Wall

By Huo Shui

Soul and Body: The Need for Medical Services

yuan a month. In addition, at times it is too difficult to get an appointment because there are always more patients than the maximum number a doctor can see. The only possibility for an appointment pass is that a patient gets in line at the hospital lobby as early as 5 or 6 am.

Difficulty in acquiring medical care is one of the new "three big mountains" oppressing the people. (Education and elder care are the other two.) Every individual and family is affected by the difficulties in acquiring medical care; for many, all they can do is pretend nothing is wrong with their health and wish for the best. Some may choose not to know about their conditions; others, when forced to deal with them, choose to entrust their bodies to al-

Kelly Thue



For low income people, a major illness means loss of position at work, loss of job, and then, even the loss of life.

Unacceptable practices push the cost of medicine even higher. Doctors, especially surgeons, routinely accept large gifts from worried patients or their relatives who, prior to critical surgeries, are fearful of the loss of life. Even worse, this practice of a “gift for life” becomes an expectation. Thus, a major medical problem can bankrupt many people. Fully aware of their limited options, many individuals have chosen to steer away from hospitals and let their body’s own mechanisms work until death overtakes them.

Crooks and quacks have also emerged and acted quickly after smelling the bloody shortage of affordable medical services. They have started private clinics and hospitals that they claim have the same capabilities as the regular ones. People with medical conditions, under financial stress, are prone to choose these private medical services; many have found they lose even more money at them. However, more deadly, they lose the precious initial response time needed to save their lives and health.

The cold fact is that for low income people, a major illness means loss of position at work, loss of job, and then, even the loss of life. This fact is becoming the biggest obstacle that separates the average people from life of hope—and it is not responsive to academic counter measures or governmental efforts to overcome it.

What can non-profit organizations and service oriented people do to address this

issue? They need to rearrange priorities and become involved in saving the physical lives of those who suffer, Christians and non-Christians alike. The idea that the church should concentrate only on direct evangelistic work needs to be balanced with a concern for the whole person. Christians throughout all history have been inspired to provide medical services to needy people. For many years, there was not a better hospital in China than the Peking Union Medical College Hospital (www.pumch.ac.cn). It is no surprise that the college was founded as a missionary school in 1906. Today, located in the heart of Beijing, it is still the source of the most desired physicians in China. Now a government owned entity, there is no way of knowing whether this hospital is also becoming merely a money-making machine.

However, new hospitals and clinics can be established, detached from government ownership though by no means free of its control. Foreign entities can probably enter the Chinese medical service field and have much influence. The medical services of missionary entities have left their beautiful footprints in the history of China. Many people still remember their contributions to the progress of China as a country. The generosity from Christians in the U.S. and the West should not cease merely because there are government and private medical services now in place in China; rather, they need to re-enter China. They often provide bet-

ter services and equipment along with a clear presentation of the Christian message. There are millions of needy people who do not expect to be helped by any means other than their own luck and local deities; this makes Christian medical services meaningful and worthy.

When an entire nation is plagued by a lack of medical facilities and quality care, and when even the government doubts its ability to provide good care, needy people flock to truly caring and qualified servants. There is no need to search out the needy when you want to share something with them! The great lack of good medical care in China, and the newly opened door for friendly intervention together can produce a double benefit for medical mission investment: God-pleasing gains of both a saved body and a saved soul. It is not profitable for a person to gain a healthy body while losing his soul; likewise, it is unprofitable to gain a soul while ignoring the loss of physical health or life. Western agencies can do both in China, gaining both body and soul.

One clinic at a time, one small hospital at a time—these can provide hope in despair. While there are a few charitable medical service stations in the large cities, China’s interior is full of the under-served and un-served. Contemporary China has few volunteers, volunteers who will go to the suffering millions living in the interior. However, my impression is that more Christians in China would dedicate their time—and even their lives—to volunteer medical services if this service was seen as compatible with the grand picture of God’s purposes in China. If these volunteers are asked to provide tangible services such as assisting in the medical care of children, the elderly and truly needy people, the only other thing China would need is the same leadership and practical skills of Western Christians as they have given in the past. In conclusion, we need the Bible, we need pastoral care, and we need medical clinics and hospitals that serve.

Endnote

1. See http://english.peopledaily.com.cn/200508/04/eng20050804_200205.html.

Huo Shui is a former government political analyst who writes from outside China. Translation is by Ping Dong. 译

Peoples of China

HIS Hands Reaching Out to Those Affected by Disability in China

Amy Lewis

Xiao Chen's emotions are a rollercoaster of excitement and dread. "Tomorrow is my first day back to school! What will it be like?" It has been eight years since he last wore a school uniform and answered questions in class. Xiao Chen first noticed it in second grade. He could only read the board if he did not look directly at it. As the patch of blackness spread across his visual field, he was no longer able to pretend. His world of light and color was becoming one of taste, sound and touch. Luckily, Xiao Chen already had a basis for many learning concepts before he became blind. Students being accepted into the Chinese government schools for the visually impaired must already be able to live independently in the dormitory. This often rules out children who were born blind, whose parents did not have the skills to train them properly, who are dependant on others for assistance or have other learning issues.

The purpose of school is to teach the children Braille, music and other subjects appropriate for blind persons. Xiao Chen has already been told that he will study to be a masseuse. Why the eight year wait? Although government schools for the disabled are tuition free, the cost of traveling nine hours by train as well as room and board are beyond what his parents can afford. A businessman in his city heard of his plight and agreed to sponsor Xiao Chen for the first year. If he proves to be a good student, the financial support will continue. Why, in a country where relationships are strictly utilitarian, would a businessman "invest" in someone with no *guanxi* or connections? The

accept and companies to hire disabled persons. Wheelchair ramps make rolling through the Forbidden City possible. However, laws and ramps are only part of the solution.

Zhang Qi Long used to have a dream of one day visiting the Forbidden City. Now it is just one of the many dreams he let die. Since he broke his back as a teen, he has only left his home twice for medical emergencies. His level of injury is L2 meaning he can use his arms to lift himself out of bed and onto a stool with

Amy Lewis



Mentally disabled young adults are part of a community based daily life skills program that teaches them social skills as well as to care for themselves.

businessman studied overseas where his life was transformed. Sponsoring Xiao Chen is an example of how one lives when he or she understands that all people have intrinsic value regardless of their ability or disability.

When considering a country as large and diverse as China, one must expect to see a wide variety in the situations of persons with disabilities. Some, like Xiao Chen have hope. Others have less fortunate circumstances. International pressures have propelled China policy towards providing services for their disabled. There are laws requiring schools to

wheels which he uses to pull himself around his apartment. There is a wheelchair folded up in the corner. It was donated by a Western NGO, but his apartment is so small that once it is opened he is unable to move about. That is not even mentioning the four flights of stairs followed by 80 meters of uneven sidewalk he would need to travel just to get to his front gate. Life has simply stopped for Zhang. No hope for a job outside his home. No more dreams of a wife and family unless he marries a woman who is also disabled. Isolation. What a different story this would be if only peo-

ple who really cared chose to enter into his life; people who could creatively bring relationship and meaning back into the four walls that Zhang considers his prison.

These societal reactions, though disappointing, actually closely resemble reactions of persons in the West only thirty years ago. Most Chinese people have never seen a disabled person in any other role than that of beggar. True, they see Deng Pu Fang on TV. The son of Deng Xiao Ping, the younger Deng is the primary statesman for disabled persons and their rights in China from his wheelchair. Television may touch the mind, but it takes a lot more to change an attitude or belief. That is why so many children with physical deformities including missing digits, large birth marks, cataracts or webbed toes are abandoned to orphanages every year.

Ma Xiao Chun, affectionately called Chun Chun, has bilateral clubbed feet. It only took one look from his birth father to seal Chun Chun's fate. *IT* would bring bad luck on their home and their crops. Even a rumor of *IT*'s existence would destroy any chance that *IT*'s cousins could get married. He did not care how *IT* was disposed of, as long as no one saw *IT*. Chun Chun's mother had never cried so much in all her life. Carefully she fed him all that evening, dressed him in the new clothes she had prepared for him, wrapped him in a warm blanket and just before daybreak left Chun Chun on the doorstep of the local police station. The police brought Chun Chun to the orphanage.

That same month they also delivered to the orphanage Wang Yuan, affectionately called Yuan Yuan. She was born with a cleft lip and palate. If it had not



Physically disabled students in a privately started classroom color a poster they made to encourage children affected by the December 2004 Tsunami.

been for a Western English teacher who volunteered at the orphanage, Yuan Yuan would not have survived. This teacher, along with some of her Chinese students, came every day to feed her. Once she had gained enough weight, Yuan Yuan was able to get a lip repair surgery at the local hospital. A couple of years later, she traveled for two days by train for her palate repair surgery. Chun Chun traveled with her, but the doctors in the big city said they did not have any surgery that could help straighten his legs. Soon afterward, the teacher returned to her home country, but some of her students keep visiting the children. They sing happy songs about

love and a Father. Chun Chun knows he is loved by these students but also knows that if he becomes too close to them they will probably go away. Need proof? Yuan Yuan left only a few months ago with her new parents from Australia. The caregivers say that Yuan Yuan will have a chance at real life. "What is real life?" wonders Chun Chun.

The impact of disability on a family is difficult no matter what country they live in. Guilt, anger, and hopelessness are just a few issues that are compounded by superstition and social isolation. Add to this mix some very real problems and you are looking at a family in distress. Gone is

the future university graduate who will support them in their old age. With no brothers or sisters, who will care for this child once the parents are too old? The only answer held out to these desperate parents is to find a cure, no matter what the cost. Running from one hospital to another, they become prey to unethical physicians willing to do unnecessary surgery to pad their salary. Others honestly, but erroneously,



Preschool children in a privately started classroom learn how to make friends.



Two students from a privately started classroom enjoy a community outing to Tiananmen Square.



Parents learning sign language so they can communicate with their children.

believe that the medications and treatments prescribed will benefit the child.

Li Meng Lin is one such parent. When her son could not sit up on his first birthday, the doctors said it was cerebral palsy. As they advised, she quit her job to seek a cure. Two years later, all the family savings are now depleted, her son still cannot sit up but has an acute fear of strangers, and her husband has a mistress. One day, Mrs. Li, carrying her son, pushes onto a crowded bus after a long morning at Children's Hospital. A woman on the bus gets up and gives her a seat. Sitting down Mrs. Li braces herself for the usual barrage of hurtful questions about her son. Instead, the woman simply makes casual small talk. Looking up past her own lap, Mrs. Li notices that the woman's son is rocking back and forth and making twittering noises. "My son is autistic," is the response to her questioning look. Mrs. Li discovers that this woman is on her way to a parent support group. It is

being held in the home of a mother who gave birth to a daughter with Down's syndrome while she and her husband were working in Hong Kong. There they had experienced acceptance and love from a similar parent support group. Now that they are back in their home town, she is helping other parents of disabled children find friendship, encouragement and life changing hope.

China is building a good groundwork of policy and structure to serve the needs of its disabled population. Although an important first step, without the transformation of societal attitudes, there will be no significant change in individual lives. The answer? People with a vision of "how it can be" need to model these new concepts to the people around them. Individuals with hope should actively build relationships and transform lives no matter what position they find themselves in. Perhaps they can use their Western education to influence the ethics and practices

in everything from medicine and education to architecture and city planning. Others may choose to visit "that family with the weird child" in their apartment complex and provide a listening ear to the mother. Volunteering? Counseling? Becoming the bridge between persons with funds and worthy causes in need of support? Reaching out to meet felt needs until you are given permission to start dealing with real inner needs? For every disabled person in China there is a unique need and situation. People with hope need to creatively and lovingly seek to be His hands and His feet to those whose hands and feet may not work so well.

For a list of agencies presently working in China with disabled persons please email ChinaSource at info@chsourc.org.

Amy Lewis has been volunteering with disabled children in northern China for more than five years. 译

Book Review

Living as Ambassadors of Christ

Reviewed by Daniel Eyster

Walking with the poor: Principles and Practices of Transformational Development by Bryant Myers. Maryknoll, NY, Orbis Books, 1999. 279 pages with index; soft cover; ISBN: 1570752753; \$22.00.

At the Lausanne Congress in 1974, John Stott and others reset the global missions agenda by calling evangelicals to broaden their view of missions to embrace concern for the whole person as a part of what it means to make disciples of all nations and to be representatives of the kingdom of God on earth. Evangelical missions have come a long way since that time. While some esteemed mission leaders, such as David Hesselgrave, rile against the concept of holistic missions, it has been broadly embraced.

World Vision has been a leader in this

Myers puts witness and proclamation in the broader context of what it means to live in the world as ambassadors of Christ in all aspects of community life.

area. As Vice President for International Program Strategy at World Vision International where he has worked for over 25 years, Bryant Myers has been actively involved in developing the theology and practice of evangelical community development. *Walking with the Poor* comes from these many years of faithful service and rich experience.

Walking with the Poor follows the example of Charles Kraft (*Christianity in Cul-*

ture, 1979, also published by Orbis) in integrating bold, yet evangelical biblical exegesis with the best social science research. The book contains eight chapters, moving from a definition of poverty to biblical and theological bases for development, to models of development including how to assess community development work, and concluding with a chapter on the integration of witness into development work.

Myers describes the community as living a story. The development worker comes into the community with his or her own story. Development is not the development worker imposing his story on the community; rather, he or she is to understand the local story and become a part of it. The person then becomes an agent of change from within and as a part of the community's ongoing story—not in competition with it. Both the development

worker's story and the community's story will be influenced by each other.

Although this book is thoroughly evangelical, Myers definition of witness as "doing development in a way that evokes questions to which the gospel is the answer," would feel weak to people with the gift of proclamation evangelism. Myers puts witness and proclamation in the broader context of what it means to live in the world as ambassadors of Christ in

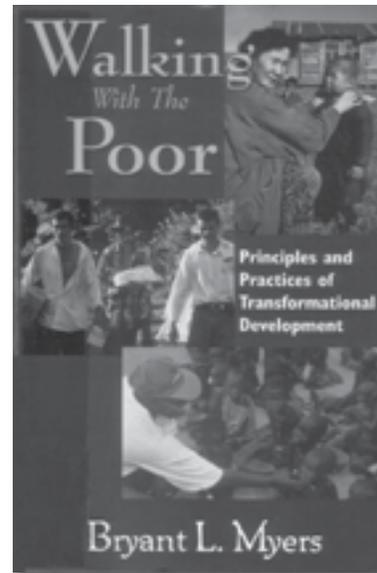
all aspects of community life. He has attempted to steer us clearly down the path of how to understand poverty, how to improve the lives of the poor, and how to engage in sustainable community development in a way in which the gospel is also boldly proclaimed. This he has accomplished very well.

Myers is critical of a "management by objectives" approach. He considers it to be too easily driven by the objectives rather than by the process of growth and transformation that is

taking place in the community. This sounds ideal, and I can report from experience that without a set of goals or objectives, the development worker may grind to a standstill. Overwhelmed by the inertia of the community, or lack thereof, he or she has no influence at all. I have known of a few workers who eventually left at that point as they felt their presence had no positive impact and was not worth the investment of life and resources.

Having said that, Myers has struck a sweet and important chord in his commitment to real participation in the community as the key to successful community development and transformation. He describes the process as one of "learning our way toward development." This humble and realistic approach is a needed antidote to the current euphoria over short-term missions as a cheaper and easier way to bring the gospel to the world.

Myers devotes an entire chapter to the causes of poverty, including several sociological and biblical models. His contention is that poverty is ultimately because



relationships do not work right, people's relationships with self (illness), with God (spiritual), with others and with the community (social) and with the environment (pollution, overused land). He argues convincingly that there are many causes of poverty and no magic bullet to solve it.

"Appreciative Inquiry" is an approach to analyzing a community that assumes the community members' own perspectives and descriptions of their community are the most accurate and the necessary starting point for working in the community. The development worker is expected to help the poor describe their systems and survival strategy using their own categories, not trying to fit their descriptions to the theoretical categories introduced from the outside. The process of development then involves building on what is good and successful rather than on solving problems. The goal is to achieve lasting outcomes, not to accomplish program objectives, which while accomplished, may not bring lasting change to the community.

One helpful comment in this book that caught my attention was, "Church planting is not the final objective of mission, it is the beginning." I am familiar with many churches worldwide, which although they have been "planted," are not thriving or healthy, and they certainly are not testifying to the fullness of God's kingdom in their community. While this book's main purpose is evangelical community development, it has implications much broader including issues of what it means to be the church in the community.

This book is rich in resources. It contains 57 figures and tables, any of which could be used for a group discussion on a team working in community development, which we have done. There are eight appendices well placed throughout the book, two of which list biblical texts pertinent to development work. It has a bibliography and index as well.

The book is somewhat idealistic. Having worked in this area, I am aware of how difficult it is to apply theory to the real context and get the kind of results one is hoping for. In particular, the level of interest of members of the community in participating in the process of improving their community varies greatly. In some cases, desire for individual gain

Resource Corner

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and four books, the "Communicate in Chinese" text is built upon a total of 36 life scenarios. Each volume (6 VCDs, 6 tapes and a book) comprises ten lessons, the last one being a review lesson of the nine topics covered in the previous lessons. The teaching material concentrates on spoken Chinese through the actors' life activities as presented in the situational dialogs. Language context is reflected and students will find their interest growing as they gradually grasp the ability to communicate in Chinese.

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takes precedent over any interest in bringing benefit to neighbor, the community or even the environment.

Increasingly mission is being accomplished in the world through nontraditional means. However, missions' literature and strategies for mission have not kept up so old models are being imposed on new contexts. This book is truly a book on missions and is a necessary tool for the thousands of workers around the world whose stated purpose in their host country is to engage in some form of development or assistance work. I also recommend that readers interested in this

area consider subscribing to the journal *Transformation* which comes out of the Oxford Centre for Missions Studies in the UK (www.RegnumBooks.com).

Myers' book has raised the bar for what can be considered truly Christian community development. *Walking with the Poor* is must reading for anyone working overseas in the areas of health care, agriculture or community development. I highly recommend it for both personal reading and group discussion.

Daniel Eyer has been involved in community development work in China for many years. 卞

A Larger Purpose

Christ's healing of the man born blind,

recorded in chapter nine of John's gospel, was an act of compassion that touched both the man's physical and spiritual being. Yet it was much more. When His disciples asked why the man had been born blind, Christ said, in effect, "You're asking the wrong question." As was the case throughout His earthly ministry, Christ saw in this man's physical condition an opportunity to do God's work, with implications that extended far beyond the healing of one individual.

In China today, ministering to the physical or emotional needs of an individual touches lives on at least three levels.

First is the life of the person directly assisted by the act of mercy. The fundamental life change he or she experiences becomes an irrefutable apologetic for the agent which brought about that change. The man born blind, when asked to offer a theological assessment of the One who healed him, said simply, "One thing I do know. I was blind but now I see" (John 9:25). We cannot improve upon Christ's proven practice of meeting people where they are and engag-



Brent Fulton

ing with them at their point of deepest need.

Secondly, ministering to the whole person touches the lives of those close to him or her. Mans Ramsted's cover story in this issue mentions Mr. Nai, whose economic and spiritual life was transformed as a result of seeking medical help for his daughter. Meeting the needs of one person can profoundly im-

act family members and others within that person's network of relationships.

Finally, demonstrating concern for individuals' physical, emotional and economic needs sends a clear message to the society at large that the church cares about the important matters facing China as a nation and, in fact, has a role to play in addressing these issues. The result is often appreciation and acceptance of Christians for their positive contribution to society. In a city paralyzed by the SARS epidemic, Beijing officials could not help but notice that Christians were one of the few groups actively reaching out to the hundreds afflicted by the disease.

Such courage and compassion are demonstrated wherever God's people respond to the felt needs of those in their midst.

China offers no shortage of opportunities to follow Christ's example in ministering to the whole person. Figures from

the early 1990s put the number of people with disabilities in China at 60 million; the total is probably much greater today. A growing elderly population and a shrinking number of younger relatives to care for them portend a serious social crisis in the years to come. If the current spread of HIV and AIDS cannot be slowed significantly, China may have 10 million cases by the year 2010. Of more immediate concern is the specter of an avian flu pandemic that would endanger millions of lives not only in China but throughout the world. These impending crises loom large against the backdrop of a medical infrastructure that is itself in crisis as the laws of the market take hold, leaving many without access to even the most basic medical care.

We can, like the disciples, look at these gaping areas of need and ask, "Why?" Or we can recognize God's larger purpose and get busy. Jesus said, "As long as it is day, we must do the work of Him who sent me" (John 9:4).

Brent Fulton, Ph.D., is the president of ChinaSource and the editor of the ChinaSource journal.

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