



Western Saviours?

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Abstract

The changing cultural landscape in Europe and the United States has affected Western attitudes to race and our colonial heritage, calling into question whether we should even be engaging in cross-cultural medical mission anymore.

To understand better, Christian Medical Fellowship (CMF)'s Global Committee commissioned a working group to ask Christian health professionals around the world, as well as in the UK, for their views and experiences.

The results show that while there is still a genuine need for cross-cultural medical mission, the need for humility, cultural sensitivity, and grace to undertake this in genuine partnership is greater than ever.

Keywords: Christian medical missions, decolonialization

Introduction

In the 1980s, for many of us as young Christian healthcare professionals (CHPs) in training here in the UK, attitudes towards cross-cultural medical mission (CCMM) were largely uncomplicated, in line with a broad consensus within the UK church, as well as in keeping with values held in wider society.

Put succinctly, there was both a medical and a missional imperative; the world was hurting without access to decent healthcare, and, as Christians, we believed the world was lost without a Saviour. I remember how I, along with many others within the Christian Union at Guy's Hospital Medical School, was inspired by the biographies of missionaries of old and urged on by the present-day example of medical mission partners sharing their own up-to-the-minute experiences during deputation visits. Such was my growing sense of personal calling to the "mission field" that it was to be a key determinant in my choice of life partner and the driver behind our decision as a family to head out to Tanzania to serve as medical

missionaries with Crosslinks under the auspices of the Anglican Diocese of Central Tanganyika.

Forty years on and the world has changed. There is no longer widespread acceptance of universal truth claims arising out of a Judaeo-Christian worldview. Western political hegemony under which the Christian Church and its missions found safe shelter has ended. Power and privilege are being called out, previous readings of history have been challenged, and fundamental assumptions about ways of knowing and making sense of reality have been called into question.

Post-colonialism

No longer constrained by the same level of allegiance to the West or in the case of the Christian Church to Western missionaries and the mother church, national and local church leaders rightfully assert their desire for self-determination setting their own agenda rather than being conformed to Western constructs.

Nearer to home, the West is busy critiquing itself, seemingly not afraid to chip away at the very foundations of its dynamism and legitimacy that have meant it has arguably been the dominant world power for the last 500 years.

Postmodernism

Postmodernism and the various critical theories that have arisen in the West are seen by many to be an enlightened and progressive way of seeing the world, with their focus on dismantling objective, universal truth claims and metanarratives. In place of a universal, objective truth, “local narratives” are prioritised in particular people’s “lived experience.”

Decolonisation

Combining postmodernist and postcolonial ideas has led many to see the need to *decolonize* a whole variety of entities as imperative, including libraries, curricula, museums, academic subjects, and institutions, as well as movements such as Christian mission.¹

As missiologist Harvey Kwiyanu asserts, “God has Africans, Asians, and Latin Americans participating in God’s mission in the world.” As a result, we need new ways of understanding mission that make it possible for non-Western Christians (who largely have no imperial powers behind them) to engage in mission. Indeed, we need to decolonise mission. This will release the global body of Christians to engage in mission, bringing us closer to Jesus’s vision of disciples and missionaries (apostles and evangelists) in every nation.²

Consequently, the current cohort of CHPs from the West starting out on their careers face an altogether more complex set of questions as they consider the option of engaging in CCMM. They are caught up in a maelstrom of different ideas and influences, which increasingly call into question CCMM’s legitimacy. Such voices are often forceful and strident with more thoughtful and nuanced reflection drowned out by dogma and rhetoric. The questions being raised include:

- If, as it is argued, medical mission in the past was mired in Western imperialism as

an agent of colonialism, surely the sooner Western Christians give up on the idea of CCMM the better?

- Since Black Lives Matter has highlighted the persisting reality of structural racism, what place do “white oppressors” have in the liberation of the oppressed?³
- Surely Western CCMM is just another example of White Saviourism, where “whiteness” is inseparable from notions of power and privilege?
- How then can Western CHPs, with integrity, imitate their Saviour who came to “serve not to be served” to the ends of the Earth?

CMF Global has a remit to raise awareness among CHPs of the ongoing CCMM needs across the world. This recognizes both the ongoing physical, health needs, with huge global disparities in access to basic healthcare and the spiritual needs, with many people yet to hear the good news and come to a saving faith in Jesus Christ. While this is true and the mission imperative articulated 40 years ago remains valid, there is still an urgent need to equip CHPs as they grapple with these hugely challenging issues. Otherwise, any call to ongoing CCMM may go unheeded.

Process

In response, CMF Global set up a working group to explore these matters in more detail. As part of this exploration, the group engaged in a series of consultations with thought leaders in mission, theological education, and global health institutions. Through an iterative process, we compiled a series of statements that seem to summarize some of the dominant views we were hearing during these consultations. We then set about finding out the level of agreement with these statements by incorporating them into an opinion poll to canvas the perspectives of several groups, including CMF members in the UK and a wider group of CHPs attending the World Congress of the International Christian Medical and Dental Association (ICMDA) held between 20 and 25 June 2023 in Arusha, Tanzania. In so doing,

the prevailing views of UK CHPs could be compared with other Western and non-Western professionals, particularly those from countries that have historically been on the receiving end of CCMM from the West.

Participants were invited to rate the extent to which they agreed with each statement using a five-part Likert scale to enable the group to determine whether these assertions aligned with the actual view of CMF members.

Opinion poll statements

1. Western Saviourism, *i.e.*, the belief that Western people are here to save, help, teach, and protect their non-Western counterparts, needs to be dealt with for effective partnership in CCMM today.
2. The ongoing legacy of colonialism is harmful for the future of working across cultures in medical mission.
3. Continuing CCMM involving Western Christians reinforces a colonialist approach.
4. The Black Lives Matter (BLM) movement is making many Western Christians doubt whether it is still right to serve in CCMM.
5. There is an urgent need to change racist Western attitudes to promote the effectiveness of future CCMM.
6. By continuing to send Western Christians to Low- or Middle-Income Countries (LMIC) we risk continuing dependency and hinder the development of the local Church.
7. For as long as there are ongoing global health needs and an absence of an active Christian presence in a country, there will always be the need for culturally sensitive CCMM.
8. Continuing CCMM is an expression of the joyful diversity of God's kingdom.

Results

Statement (% who agreed or strongly agreed)	Seminar participants at CMF National Conference (n=31 & 74% 40 or over)	Global Track* participants (n=18 all of whom were under 40)	ICMDA delegates (n=249 of whom 59% were under 40 and 67% from LMIC)	Under 40s ICMDA (n= 147)	LMIC ICMDA (n=167)
Western Saviourism	53	78	70	72	71
Ongoing impact of colonialism	34	59	68	70	69
Reinforcing a colonialist approach	23	22	14	14	15
Black Lives Matter (BLM)	35	50	25	30	30
Racist western attitudes	73	83	76	82	80
Continuing dependency	7	17	21	23	19
Continued need for culturally sensitive CCMM	94	88	86	85	85
Expression of the joyful diversity	100	89	92	91	91

Note. * Global Track an 18-month programme run by CMF aimed at medics, nurses, midwives, and allied health professionals in the last three years of their course and graduates in the early stages of their career helping them explore their role in global health and mission.



In all groups, we found a broad consensus that there is an urgent need to change racist Western attitudes to promote the effectiveness of future CCMM, but that continuing CCMM does not necessarily reinforce a colonialist approach.

There was also wide agreement among ICMDA delegates that “Western Saviourism” needs to be dealt with for effective partnership in CCMM and that the ongoing impact of colonialism is harmful for the future of working across cultures in medical mission.

All groups almost uniformly agreed that there was a continued need for culturally sensitive CCMM, and that, as such, this would be an expression of the joyful diversity of God’s Kingdom.

Outstanding questions:

1. What does culturally sensitive CCMM involving Western Christians need to look like according to ICMDA delegates? The following free text comments from the ICMDA poll begin to flesh out what culturally sensitive CCMM might look like.
 - *It is essential to approach CCMM with sensitivity, humility, and respect for the local context and needs.*
 - *As long as we are serving as Christ is serving, and put others’ needs above our own, the mission will be a beautiful thing.*
 - *Yes, I feel it is still appropriate, but it needs to be done by linking arms and strongly working together bringing the LMICs into strong involvement and ownership.*
 - *Oui. C’est même une nécessité pour l’expansion et l’expression de royaume (Yes. It is even a necessity for Kingdom’s expansion and expression).*
 - *We never grow when living separated.*
 - *I believe CCMM is like a part of the family of God encouraging the other. Since we all make up the one body of Christ, the eyes help the legs as they walk and so is CCMM involving Western countries to us the low-middle-income countries.*
2. What does culturally sensitive CCMM look like through a biblical lens?

The Bible presents us with the justified power imbalance between God as Creator, and us as his created ones. At the same time, it demonstrates God’s subversive use of power, illustrated by the description of God and his exercise of power on behalf of people who are oppressed, hungry, imprisoned, blind, bowed down, fatherless, and widowed in Psalm 146, set alongside those considered powerful in human terms.

The cross demonstrates that “the Son of Man did not come to be served, but to serve, and to give his life as a ransom for many,”⁴ offering us the ultimate example of the subversive use of power as a pattern for cross-cultural mission, sometimes referred to as *cruciform mission*.⁵ Sometimes this might include the practice of “under-leading” described in the book *Global Humility* by Andy McCullough, where those with perceived power choose not to take the lead, even when invited to do so, in order to leave room for local leaders to take the initiative.⁶

Concluding thoughts

1. Christianity is, at its very heart, a “missionary religion” and “lives by crossing cultural frontier.”^{7,8} So there remains an urgent imperative for Western CHPs to be engaged in CCMM. However, when doing so, we need to shed any sense of exceptionalism on account of our status as both Western Christians and as health professionals trained in the West. As members of one body, we all have a vital part to play, but Christ alone is head of that body, and that body is global.
2. Our findings surely must engender in us a desire for Christ-like humility and an appetite for learning from, as well as contributing to, any collaborative cross-cultural mission context.
3. As Western CHPs, we would do well to adopt a non-defensive approach towards any criticism levelled at us relating to alleged persistent racist attitudes and the ongoing impact of colonialism, paying attention to residual power imbalances and our historical privileged status.



4. There is also an imperative to use any power we do have in a manner that imitates the subversive power of God, “in humility valuing others above ourselves, not looking to our own interests but each of us to the interests of the others.”⁹
5. At the same time, as Western Christians, we must not be uncritical of critical theories and their underlying assumptions.^{10,11} These underpin much current dogma, insisting we dispense with the unique claims of the Christian gospel, and ignore the universal benefits of certain insights derived from Western medicine, itself drawn from a Judeo-Christian worldview.^{12,13}

While seeking to fairly reflect some of the key conclusions arrived at by the working group set up by the CMF Global Committee, this article is inevitably written from my perspective as a Western-trained medical doctor who has spent most of his life based in the UK with a more limited period of five years serving the church in Tanzania. Consequently, CMF Global would warmly welcome other perspectives to encourage further dialogue that will shed light on these important issues. You can contact CMF Global at globalcoordinator@cmf.org.uk.

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