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Making the case for healthcare missions: a review of Paul Hudson's *Healthcare and the Mission of God*, Genesis, 2024

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The nature of healthcare missions inevitably spurs theological reflection, for few things feel as close to replicating the ministry of Jesus as medical mission work. The work of healthcare has been an essential part of how the Church of Jesus Christ proclaims God's goodness to the world for centuries. Paul Hudson's book *Healthcare and the Mission of God* joins many others from over recent decades that looks at these interactions, honing in on the personal journey that cross-cultural Christian healthcare workers go through in order to heal the sick.

The book is organized into four different sections. Part I, "Losing the Big Picture," is bits and pieces of the author's own experiences in healthcare missions as well as some other lightly fictionalized vignettes of struggles that healthcare missionaries often face. These stories set up the themes that Hudson explores in the rest of the book, such as burnout, cross-cultural conflict, and the tension between community health and hospital care. Part II takes a tour through some of the theological and Biblical underpinnings of healthcare missions, sketching out the theoretical framework for why we ought to do healthcare missions. *Shalom*, the healing miracles of Jesus, God's plan for the redemption of the world, and the necessity of both physical and spiritual healing are the biggest points here.

Part III is more practically focused, taking on some of the questions about the implementation of all the big ideas discussed so far. Interwoven into these discussions is a great summary of Church history as it relates to healthcare work, which is perhaps the most valuable and unique contribution in the book. It unfortunately lacks any mention of PEPFAR (the President's Emergency Plan for Aids Relief), one of the most important recent stories about Christians advocating for better healthcare for the poor that has come under attack in recent years. Part IV is the shortest portion of the book, with a chapter about leadership and then a final chapter summarizing the major themes from the book.

While *Healthcare and the Mission of God* has admirably brought together many important pieces that make up a healthcare missionary's "knowledge base," there are still gaps in the material that leave the book lacking in both scope and depth. It could be very useful as a starting point for a course about healthcare missions or something to hand to interested medical students or residents who are unfamiliar with the world of healthcare missions; it makes sense that the author is an instructor for the Christian Global Health in Perspective course.[1] I have already started copying chapters out to use in some of the courses I teach to my Family Medicine residents here in Kenya.

One of the challenges here is that while the book is written in a style that is accessible to non-native English speakers, it does not seem intentionally designed with these readers in mind. The book tends to assume that its reader is a Westerner like the author, such as when he contrasts the reader with "local believers." As the book documents, there are many cross-cultural healthcare workers from former "mission fields" that are now sending nations in their own right. Writing with this audience in mind would have made it even more relevant for them.

Healthcare and the Mission of God attempts to cover a wide range of topics in a short period of time and succeeds more in some than others. The author describes his audience as "healthcare workers who serve or plan to serve in cross-cultural missions to the poor or marginalized" and "leaders responsible for integrating healthcare into their mission efforts," but I would suspect that most of the people described by these categories have already been exposed to most of the material in this book as part of their mobilization and formation as medical missionaries. It is probably most useful to someone who knows nothing about medical missions and may want to learn more, but there are many other books that address the same topics with greater breadth.

For example, Eric McLaughlin's *Promises in the Dark* is a much more robust guide to help missionaries navigate between the Scylla of burnout and the Charybdis of moral injury.[2] The gold standard for the last few decades of theological reflection on community health has been *Health, the Bible and the Church* by Dan Fountain,[3] and the best reflections on the Bible's role in healing is Willard Swartley's *Health, Healing, and the Church's Mission.*[4] *Healthcare and the Mission of God* doesn't provide enough new material to supplant or supplement either. The book raises really important questions, but it mostly recapitulates what others have written and only occasionally digs into a serious debate in the field.

For example, one of Dr. Hudson's most important arguments is that an emphasis on medical care (especially Primary Health Care) has undermined the value of spiritual care and discipleship. He also speaks about the importance of providing quality medical care and not just letting our medical mission work just be a cover for foreign visas or an opportunity for evangelism. The problem is this: if I had a friend who felt that evangelism was a liability in medical missions or knew a pastor who felt like church planting always had to take precedence over medical work, I do not think the book engages squarely with their arguments in a way that would be convincing to a skeptic on either side. It briefly criticizes Charles Fielding's popular book *Preach & Heal*, but not nearly at enough length to really rebut Dr. Fielding's claims.[5] *Healthcare and the Mission of God* tends to look at the tensions between community health, primary care, mission hospitals, specialty clinics, and other ministry modalities and pronounce them all good without addressing the imminent crises of funding, recruiting, and government opposition.

There are many other areas that need some serious thought, scholarship, and the wisdom of Dr. Hudson and others in his generation:

The rise of non-Western missionaries

It is exciting to see how missionaries from non-Western countries are aggressively working to fulfill the Great Commission in ways that seemed unthinkable a century ago. Yet questions of fairness, parity, cross-cultural teamwork, and funding are pressing. How can legacy mission organizations, particularly those that are exclusively US-based, integrate and partner with these new workers well? As the proportion of Westerners among medical missionaries shrinks, what do we need to do differently so that we do not make life harder for our brothers and sisters than it needs to be?

Funding

2026 is said to be a "cliff," 18 years after the Great Recession, that will hit Christian universities with significantly lower recruitment. Some will undoubtedly have to close. American church attendance has also rapidly declined in recent years (sometimes referred to as The Great Dechurching), and some of the largest Christian donors are getting older without any assurance that their heirs will give in the same ways. Giving to ministries and churches has decreased by an estimated $1 billion US dollars over the past decade. Medical care is only getting more expensive to provide; how should legacy mission hospitals be funded? How can we deal with the problem of rising global debt?

Advocacy

The influence of medical missionaries on Tübingen and Alma Ata made an indelible mark on the world of global health with regards to Primary Health Care. Christians were invaluable advocates when President Bush developed PEPFAR and mission hospitals now deliver a huge proportion of HIV care in Africa. Where do we belong now in the global health world? Given that it seems impossible to finance health care in any country without significant contribution from the national government, should medical missionaries be advocating for justice and equity in budgets? If so, how? What should churches be saying to grantmaking organizations that are driving global health investment, or to the US government, which has just recently reduced USAID and PEPFAR funding?

Strategies

There are more ways than ever to go about the work of medical missions, whether it is working in a private, for-profit hospital or joining the WHO as a trainer of community health workers. We need a book that evaluates contemporary strategies for healthcare missions and weighs carefully where we ought to be investing our extremely limited time, energy, and manpower. (We could probably also use a book that is addressed to people who are not already believers in the value of healthcare missions arguing that more time, energy, and manpower should be invested in healthcare missions, but that is another question for a different day!) Can we call ourselves medical missionaries if we are serving the middle class and not the poor? How should we think about the role of mission hospitals in places that are now solidly "reached" by the Gospel? What is the best way to incorporate short-term teams and workers who want to serve but cannot live full-time in another culture?

As I read *Healthcare and the Mission of God*, I was really hoping that it would be the sort of book I could buy by the armful to hand out to my colleagues and friends. It is certainly a book that I will be sharing with my students and residents, and perhaps leaving copies for medical students when I speak to them. Chapters 8 and 10 are the best summary of the Church's role in healthcare throughout history, although they could still use a little more fleshing out. I hope now that Dr. Hudson is writing more on these topics, because there is much more that needs to be said.

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