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Edward May Concordia Seminary, St. Louis

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Another Anniversary

EDWARD MAY

This article was prepared at the invitation of the editor for inclusion in the April anniversary issue. It has appeared in abbreviated form in the Spring issue of the Cross and Caduceus with our permission.

It will be another 73 years before it will be possible to write about 125 years of medical mission work in The Lutheran Church — Missouri Synod.¹ Mother Synod, like Elizabeth, conceived this child in her old age, years after her sisters (if I may be so bold) in the faith had given birth to their medical mission work. The older hospitals in foreign lands were started by Roman Catholics, Presbyterians, Anglicans, Baptists, Methodists, and "other Lutherans." Missouri is a late comer, and after 52 years, her child still does not have much to show and tell.

Of all the reasons for the Synod's insignificant progress in implementing the ministry of Him who is known as the Great Physician, one was not a lack of dedication on the part of the medical workers. The witness offered by the life and work of such people as Angela Rehwinkel, Heddie Gronbach, Gertrude Simon, Martha Boss, and Wolfgang Bulle, to name a few, speaks more eloquently than any wordy description. It is a tragedy that their work has always been given something less than a high priority by the church which sent them out.

The chief factor in relegating medical work to the realm of optional activities is

theological. The Lutheran Church - Missouri Synod has always been so fearful that social services would lead to a social gospel that, for all practical purposes, it has neglected giving a positive expression to the Second Table of the Law. It has been so word-oriented in its approach to people that it conceives of the body of Christ as having only a larynx and a mouth. Missouri seems to forget that even God gave up on communicating only through words. In these latter days He has spoken by a Son, the Word made flesh, who not only talked but healed the sick, fed the hungry, wept with mourners, and washed the feet of His followers. This is not a tirade against preaching; it is rather an indictment of an incomplete expression of God's gracious intent for His people.

This generalization, of course, like all generalizations, is an oversimplification. There are other theological dimensions to the problem. One of them certainly grows out of a neglect of Old Testament studies. Even today the "theological discussion" (if it can be called that) relating to Old Testament studies centers not around the message of the Book of Isaiah, for instance, but whether there was one or more authors of the book! We are more concerned about the fish in Jonah than we are about the salvation of Nineveh (temporary though it may have been). Moreover, he who ventures to apply the teachings of the minor prophets, so called, to the ills of today's

¹ Hospital work of The Lutheran Church — Missouri Synod is older. John Frederick Buenger, the founder of Lutheran Hospital in St. Louis, bought the first property for a hospital in 1864.

society has bought himself a peck of trouble in the church as well as in the very society he seeks to salvage. And to our knowledge no one has even approached the vivid parable acted out by Hosea. The point of it all is that God communicates eloquently His insistence on justice-His ethical mandate - in the Old Testament. Service activities of God's people rest, first of all, on this foundation. God's requirement, according to Micah, is that we "do justly." In any setting where the basic needs of people are not being met, justice - not mercy or sympathy or love - requires action. When God created a people who would act for Him, who would be His body, who would express His intention, it was a basic assumption that justice would prevail.

The Old Testament, moreover, becomes more explicit than the New (although it is implicit there) when it works with the holistic understanding of man. The interdependence of human life with all of nature and a view of health which embraces not only the physical soundness of a person but also his spiritual, mental, and social dimensions, are posited in many places, but especially in the Psalms.

When we lack understanding of the Old Testament (because we utilized time which could have been devoted to studying it in order to recite Hebrew vocables and conjugate verbs?), it is no wonder that we are bewildered by the challenges that face us. Sometimes we even seek an easy escape from the responsibility by assigning healing functions and social welfare concerns to government.

New Testament theology affirms and then goes beyond the Old Testament prescriptions, but we fail to grasp the urgency

of its appeal also. Leslie Newbigen, bishop of Madras, Church of South India, in an address at the Consultation of Love and Justice in the World of Tomorrow (October 1970),2 reexamined the sufficiency of the confessional answer to the question "Where Is the Church?" Newbigen affirmed the answer "Where the Word is truly preached and the Sacraments are duly administered," but he insisted that at least another expression must be added, namely, "Where the poor are served in Christ's name." This addition removes things like "medical missions" from the realm of the optional and identifies them with the very nature of the church. After all, in Matthew 25 our Lord says that He is present in the hungry, thirsty, sick, homeless, naked, and imprisoned. In other places He says He is present in Word and Sacrament, but by what right do we arbitrarily ignore Him in one arena of His existence when faced with budgetary priorities? That has been our practice in the past, and continues to be, to a greater or lesser degree, to this very day.

There have been a few bright spots, of course. Social ministry, broadly defined, and medical missions as an expression of social concern are not being completely ignored.

Bright Spot Number 1. The formation of the Lutheran Medical Mission Association in 1942.³ Out of a deep concern for

² Why is it that topics like these never seem to appear in major convocations or conferences of The Lutheran Church — Missouri Synod?

³ The Lutheran Women's Missionary League should be recognized for its work, too. The emergence of these auxiliary groups as supporters of medical mission work is hailed here as "bright spots." This may be challenged. Few mission programs, if any, have been so dependent for their continued existence on nonbudget support as has medical missions.

suffering humanity, this largely lay movement gave encouragement and support to struggling mission hospitals of the Synod's foreign work. Today it is attempting to address itself to domestic concerns as well.

Bright Spot Number 2. The decision of Wheat Ridge Foundation in 1954 to expand its work to include innovative health and welfare activities overseas.

Bright Spot Number 3. The creation of the Medical Mission Council (now Council on Christian Medical Work) and the office of Secretary of Medical Missions by The Lutheran Church — Missouri Synod in 1959.

Bright Spot Number 4. The Mission Affirmations of 1965 with their bold statements and challenges rooted in the commissions of Christ to serve the whole world, the whole church, the whole man, and the whole society.

Bright Spot Number 5. The Coonoor Conference of 1967, which articulated a theology of healing on the basis of Scriptural teachings regarding unity and diversity.

The Mission Affirmations, the Findings of the Coonoor Conference, and the more recent Social Ministry Affirmations of 1971 should have removed any misgivings regarding social gospel, diesseits theology. and the like. These statements are profoundly salvific, beginning with a recognition of the pervasive character of man's predicament and ending with an acknowledgment that his salvation, in all its dimensions, depends on the gracious work of God in Christ. All of them free God's people from ulterior motives for service by calling them to offer at all times and to all people whatever God has given them to share. At no time in the history of The Lutheran Church — Missouri Synod has there been a richer theology of grace available to God's healing ministers than there is today.

So Christian medical work has a lot going for it, at least a lot of words—and a lot of challenges. It also has a corps of dedicated and competent personnel, both expatriate and national. Their work is limited only by the failure of their mother Synod to recruit professional leaders for them, to offer more than token support, and to validate their ministry as an essential expression of God's mission to the people of His world.

Evanston, Ill.