

# **Mennonite Medical Missions: A Distinctive History and Message**

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## **Introduction**

For most of their history Mennonites regarded the Gospel as a call to a distinctive existence marked by living simple Christianity in obedience to Scripture. This belief led Mennonites to separate themselves from society at large and embrace a life of nonconformity. However, when in late nineteenth century Mennonites began to discover the global dimension of the Gospel and actively engaged in missionary outreach<sup>1</sup>, they did so – unlike many other denominations – by providing medical assistance and health-care in places around the world. They carried out this work almost from the beginning of their active involvement in the missionary enterprise in the early 1900s.<sup>2</sup> This is a remarkable achievement as less than one third of all mission societies (or boards respectively) pursuing active missionary work at that time were offering such help; the overwhelming majority regarded it as an irrelevant and non-essential missionary task.<sup>3</sup> Even when they lacked professionally trained medical personnel, Mennonites felt responsibility for alleviating the suffering of people so strongly that they hired physicians from other denominations for the job, as was the case in

Java and the Belgian Congo (now known as the Democratic Republic of the Congo).

To be sure, there were antecedents for this linkage of faith and medicine. Already during the seventeenth and eighteenth centuries we find “a striking number of medical doctors”<sup>4</sup> among Dutch ministers, for example, some of whom held professorships in medicine at renowned universities and served as personal physicians to nobles and monarchs. Van der Zijpp, for example, lists no less than 21 Mennonite physician-preachers during these centuries, including “Govert Bidloo (1649-1713) who became professor of anatomy at the University of Leiden and chief physician to stadholder King William III; his nephew Nicolaas Bidloo (born in 1670) who became the personal physician of Tsar Peter the Great of Russia, and founder of the medical school at Moscow; and Matthias S. van Geuns (1735-1817) who was a professor in the medical faculties of the universities of Harderwijk and Utrecht.” But, as Nanne van der Zijpp has observed, “[a]fter the founding of the Amsterdam Mennonite Theological Seminary in 1735, the physician preachers gradually disappeared.”<sup>5</sup> Clearly, the conjoined minister-physician was merely a contingency in the Mennonite brotherhood; the income of the medical practice secured the livelihood of the preaching ministry which was not remunerated.

However, it is beyond doubt that early Anabaptists and Mennonites were genuinely concerned for the wellbeing and health of their members, and of their children in school in particular. In Hutterite settlements in Moravia and Slovakia<sup>6</sup>, for example, their *Schul-* and *Bader-Ordnungen* reaches back as far as the sixteenth century.<sup>7</sup> Documents show that the health-care provided was not dependent on academically qualified medical personnel. Rather it depended on the principle of simple hygienic measures (bathing, isolation of sick children, supplying clean bedding etc.), and used trusted home remedies, folk medicine (i.e., *Braucherei*, *powwow-ing*<sup>8</sup>), simple surgery (bloodletting, cupping, opening abscesses, etc.) and bone-setting (nowadays: chiropractic); midwifery was also practiced, but, like everywhere else, it was not very safe at that time, resulting in high mortality rates.<sup>9</sup>

Mennonites practiced this kind of medical care wherever they migrated: from Prussia to Imperial Russia, (Chortitza, 1788; Molotschna, 1804; Alexandertal, 1859;<sup>10</sup> and Siberia, 1897/1907)<sup>11</sup>; from Russia to North America (1874-1880; 1923-1929; 1939-1945)<sup>12</sup>; from Canada to Latin America (Mexico and Paraguay, 1922-1927); from the Soviet Union to Brazil (1930) and Uruguay (1948-1951); and from Mexico to Belize (1958) and Bolivia (1967).<sup>13</sup> With the growth of the Mennonite settlements came institutions for the care of their

sick and mentally handicapped, the first of such, a hospital, was established in late nineteenth century (1880/1889) at Muntau in the Molotschna settlement,<sup>14</sup> to which the deaconess home, Morija, for the training of nurses, was added in 1909.<sup>15</sup> The first Mennonite institution for the care of the mentally ill, Bethania, was built in 1910 in Alt-Kronsweide in Chortitza; it was the only such institution maintained by Mennonites in Europe.<sup>16</sup>

However, all these initiatives<sup>17</sup> and the particular way of caring for the sick resulted from migrants facing a variety of circumstances and not from missionary efforts.<sup>18</sup> Further, the medical and sanitary provisions focused on staying healthy within an Anabaptist minority community, with its history of secluded, autonomous, and closed settlements.<sup>19</sup> Thus these sometimes remarkable healthcare initiatives fall outside the scope of a history of Mennonite medical missions proper. Mennonite medical missions proper are a phenomenon of the twentieth century. They appear comparatively late within the context of the larger Protestant missionary movement and reflect the impact of modern rational-scientific medicine developing at that time.<sup>20</sup>

### The History of Mennonite Medical Missions

The concept of medical missions – that is: the conscious and systematic use of medical skill in the service of making the Gospel known – was first articulated in 1838 on the occasion of the establishment of the *Medical Missionary Society in China* at Canton (now: Guangzhou). The hospitals maintained by this Society – one at Macao, the other at Canton – were staffed by missionary physicians from the U.S. and Britain. These institutions provided gratuitous medical and surgical services for the Chinese, who flocked to the place even though contact with the *Fan-qui*, the “foreign devils”, was outlawed by imperial decree.<sup>21</sup> The supporters of this Society saw their enterprise as an expression of genuine disinterested benevolence and a practical demonstration of the spirit of Christianity at a time when the public preaching of the Gospel was prohibited in the Celestial Empire. They also skillfully propagated the idea in Europe and America and, finally, succeeded in making medical missions an accepted missionary strategy, described in 1900 as “the heavy artillery of the missionary army.”<sup>22</sup>

Already before the turn of the century, namely in 1888 medical missionaries from around the world gathered in London on the occasion of the Centenary Conference on the Protestant Missions of the World to clarify the nomenclature “medical missionary.” They

recommended that it be reserved for such a person who is “a legally-qualified medical practitioner, called of God, and wholly set apart to seek the advancement of Christ’s Kingdom by the twofold work of healing the sick and making known the Gospel”, and, that a “medical mission is the agency worked by” someone so “qualified.”<sup>23</sup>

With these parameters in mind, and without claiming to be comprehensive, it can be said that the first Mennonite “medical mission” event was the commissioning by the Mennonite Church (MC) of their first missionaries in 1899 to India, that is, Dr. William Page (1871-1945) with his wife Alice (1872-1951), along with Jacob Andrew Ressler (1867-1936).<sup>24</sup> They settled in Dhamtari in what was then the Central Provinces (now: Madhya Pradesh) where Dr. Page quickly took up a medical ministry. Unfortunately, bad health forced him to stop working and he returned home within the first year.<sup>25</sup> A decade later this nascent medical work was picked up by Dr. Christian Esch (1883-1931) and it began to flourish. A hospital, now known as Dhamtari Christian Hospital, was built in 1916, along with a school for basic training in nursing and several outstations; the one at Ghatula, also established in 1916 was operated by Nurse Esther Lapp (1880-1917).<sup>26</sup> In 1902 the General Conference Mennonite Mission opened the Bethesda leprosy home and hospital at Champa, now under the care of The Leprosy Mission,<sup>27</sup> as well as a general hospital in 1926, which is now part of the Emmanuel Hospital Association.<sup>28</sup>

The next noteworthy medical missions’ initiative was undertaken by the Dutch Mennonite Missionary Board (*Doopsgezinde Vereniging tot Evangelieverbreiding*, founded in 1847) when in 1907 it hired Dr. Hubertus Bervoets (1895-1933)<sup>29</sup> of the Netherlands Missionary Society (*Nederlandsch Zendeling Genootschap*) to work at their station, Margoredjo, in north-central Java. In 1894 the founder of that station, Pieter Anton Jansz (1853-1943), albeit not being professionally qualified, began operating it; it is said he “dispensed medicines and cared for the sick.”<sup>30</sup> Jansz’ assistant, Johann Klaassen (1872-1950),<sup>31</sup> who had joined him in 1899, received some kind of medical training only later.<sup>32</sup> Once the medical work at Margoredjo came under the care and oversight of a physician, and after 1910 when it was joined by two nurses from Russia (Helena Goossen 1889-1945 and Suse Richert), it expanded dramatically.<sup>33</sup> A hospital with more than 120 beds<sup>34</sup> was opened in 1915 at Kelet with an outstation at Tayu to which the huge leprosarium (later called ‘Sanatorium’) Donorodjo, was added in 1916.<sup>35</sup> Except for the Tayu hospital<sup>36</sup>, which is now managed by the Muria

Area Christian Health Board (*Yayasan Kesehatan Kristen Sekitar Muria*), all other institutions are government-run today.

In 1907 the American Mennonite Brethren (MB) Mission Union (now: Board of Foreign Missions of the Mennonite Brethren Church of North America) sent Katharina Schellenberg (1870-1945) to Mulkalet (near Hyderabad), India.<sup>37</sup> A trained nurse and homeopathic doctor, Schellenberg, “the first woman doctor in the MB Church,”<sup>38</sup> left home at the age of 34 to bolster the small group of Brethren missionaries in the Telugu mission. Among those already there was deaconess Anna Suderman Berghold (1875-1957), a trained nurse and known as the first “American Mennonite Brethren missionary to go to India (1898)”<sup>39</sup>; since nurse Suderman provided medical services some also regard her to be “the first Mennonite Brethren medical missionary,”<sup>40</sup> a claim which might be contested in light of the criteria mentioned above. Her work, however, finally resulted in what is today the MB Medical Centre Jadcherla of the Conference of the MB Churches in India.<sup>41</sup>

Mennonite missionary work in China commenced in 1901 as a private initiative by Henry Bartel (1873-1965) and his wife Nellie (1876-1946) who in 1905 founded the China Mennonite Mission Society (dissolved 1946), “an independent faith mission organization” supported, among others, by the Krimmer Mennonite Brethren.<sup>42</sup> While there is little evidence of medical activity in their Society, we do know that the Bartels assisted Henry (1879-1959) and Maria Brown (1883-1975) who since 1911<sup>43</sup> had operated “a medical dispensary”<sup>44</sup> at Kai Chow (now: Puyang, Henan Province); here Henry Bartel, despite only “limited training,”<sup>45</sup> is said to have audaciously “performed many surgical operations that went far beyond what he had learned.”<sup>46</sup> When in 1914 the Foreign Mission Board of the General Conference accepted responsibility for this work, a small hospital was built; after the arrival of “the first professional medical workers”<sup>47</sup> in 1921 it grew into an institution of 80 beds with a School of Nursing and several outstations.<sup>48</sup> The hospital known as Puyang General Hospital was nationalized once the missionaries had to leave China in the middle of the twentieth century. The same was the fate of the hospital at Zhuozishan (Chotzushan/Cho-tze-shan), Inner Mongolia, founded by Krimmer Mennonite Brethren in the 1920s. Some medical assistance was provided also by the South China MB Mission at Shanghang, Fukiens Province. This mission work began as a private initiative by Franz (1880-1942) and Agnes Wiens in about 1912 and in 1919 became a responsibility of the MB General Conference.<sup>49</sup> The same Conference also engaged in missions in West China, but nothing is known about medical work in those regions.<sup>50</sup>

The first Mennonite medical missions' initiative on African soil consisted in the recruitment in 1914 of Dr. Oscar Andersson (1886-1979) of the Swedish Baptist Church by the Congo Inland Mission (organized in 1911 by the Defenseless Mennonites and the Central Conference Mennonite Church); Anderson would serve Charlesville station (now: Djoko/Ndjoko Punda of the Africa Inter-Mennonite Mission)<sup>51</sup> in what was then the Belgian Congo.<sup>52</sup> This arrangement was, however, only a short lived affair since Andersson left the mission two years later in 1916 without having established a permanent health-care facility.<sup>53</sup> Yet, at Mukedi, founded eight years later (1922), a "large medical work was carried on with ... general and maternity hospitals for Congolese,"<sup>54</sup> a work which is still in operation today.<sup>55</sup> Another significant service in the Congo, operated by the *Communauté Mennonite au Congo* with headquarters in the mining town of Tshikapa, offers "significant medical service,"<sup>56</sup> albeit without a hospital of their own.

Two other medical missions' projects of Mennonites in Africa deserve mention here. They both began in 1924 when the Brethren in Christ Church sent a "trained nurse" to Macha in Northern Rhodesia (today's Zambia)<sup>57</sup> and two nurses to Matopo (near Bulawayo) in today's Zimbabwe (the former South Rhodesia).<sup>58</sup> The work at Macha was boosted by the arrival of a physician in 1954 and resulted in the establishment of a hospital in 1957, along with a School of Nursing. Since 2003 this hospital has become an international center for Malaria research cooperating with the Johns Hopkins Malaria Research Institute based in Baltimore, Maryland.<sup>59</sup> The 200-bed Macha hospital as well as a smaller one at Sikalongo is now administered by the Brethren in Christ Church in Zambia (*Mbungano Yabunyina Muli Kristo, Zambia*). Developments at Matopo were similar: a physician arrived there in 1951 and a first hospital was built at Mtshabezi. Soon thereafter, in 1959, it was followed by a second one at Pumula/Phumula. These facilities, including two clinics, one each at Matopo and Wanezi, now belong to the Brethren in Christ Church of Zimbabwe (*Ibandla Labazalwane Kukristu e-Zimbabwe*).<sup>60</sup>

Other Mennonite medical missions' initiatives of note are found in Tanzania (Shirati Hospital, founded 1935<sup>61</sup>), in Ethiopia, the country with the largest Anabaptist/Mennonite body in the world today<sup>62</sup> (Haile Mariam Mammo Memorial Hospital, founded 1946<sup>63</sup>; Deder Hospital, founded 1948<sup>64</sup>), in Argentina (Chaco Mennonite Mission, Saenz Pena/Nam Cum, established 1943<sup>65</sup>; closed around 1950), Somalia (since 1953<sup>66</sup>; closed when Mennonite mission was expelled from that country in the 1970s), Nigeria (Abiriba hospital, since 1959<sup>67</sup>; Mennonites had to leave this hospital during the Bia-

fra war 1967-1970), Taiwan (Hualin, Mennonite Christina Hospital, founded 1954)<sup>68</sup>, and Puerto Rico (Mennonite General Hospital and village health care program at Aibonito, since 1944).<sup>69</sup>

The establishment of hospitals and dispensaries, which for so long was a hallmark of medical missions, declined significantly in the second half of the twentieth century. This had to do with overall changes in government-run health-care services and the emergence of for-profit medical services over against which church related medical work emphasized the Primary Health Care (PHC) approach as priority (since 1968), because Primary Health Care is also concerned about just distribution of health care resources among people with a special focus on those who are deprived of medical services or cannot afford it;<sup>70</sup> in 1978 PHC even became a programmatic policy for the World Health Organization.<sup>71</sup> Today Mennonites support primary health-care programs and qualified personnel via the Mennonite Central Committee<sup>72</sup> and the Mission Network.<sup>73</sup> Several such projects are sponsored in Algeria<sup>74</sup>, the Chad<sup>75</sup>, Honduras<sup>76</sup>, and Vietnam.<sup>77</sup> Further, in the post-World War II years Mennonites, besides showing an increasing concern about health education,<sup>78</sup> discovered a peculiar dimension of medical missions, namely their mission toward medicine. Mennonite conscientious objectors assigned by the Civilian Public Service to work in institutions for the care of the insane during World War II felt challenged by the institutionalized way of caring for the mentally ill.<sup>79</sup> This not only led to groundbreaking general changes in the care and treatment of people with emotional disorders and afflictions of the mind; it also became instrumental in organizing the Mennonite (Mental) Health Services in America.<sup>80</sup>

### **The Message of Mennonite Medical Missions**

Having sketched the history and scope of Mennonite medical missions it is now possible to access their message more clearly. However, considering the vast historical, institutional, and ethnic-cultural diversity within the Mennonite body of churches, one has to be cautious not to generalize too quickly and hastily pass judgments.<sup>81</sup> Yet, certain features are more or less common across the board in Mennonite medical missions, like the position of the medical missions' personnel, the place and function of medical care in mission endeavors, and the kind of care offered.

Beginning with the nature of medical missions personnel, Mennonites, like Moravians,<sup>82</sup> regarded nurses and physicians as

regular missionaries, and not as inferior “assistant missionaries,” as became the established terminology of the American Board of Commissioners for Foreign Missions (ABCFM) at Boston.<sup>83</sup> A clear demonstration of this attitude was given by the missionaries of the Dutch Mennonite Missionary Society on Java who in 1905 asked for a physician. In their petition to the Board they stated that the physician to come “would have the same pastoral rights as the other missionaries, including the right to baptize, and would have complete spiritual jurisdiction over his hospital or clinic.”<sup>84</sup> In actuality, the missionaries had to revise this bold vision soon thereafter when Dr. Bervoets was hired; given that he was a non-Mennonite, they found “it difficult” to give him “full spiritual authority.”<sup>85</sup> Still, we find numerous ordained individuals – deaconesses and preachers – among Mennonite medical missionaries; one, Dr. Christian Esch, even became bishop<sup>86</sup>, while Bishop Mahlon Lapp (1872-1923) of the Mennonite Church was said to have made “his major contributions to India ... along medical lines,” namely through his healthcare ministry.<sup>87</sup>

The importance that women played in the development of medical missions hardly can be overstated,<sup>88</sup> and this applies to Mennonite medical missions, too. Women worked as assistants to their medically trained husbands, nursing aids, professional nurses, and midwives. But Mennonite women also served as physicians. The service of female doctors in a culture like India, where male physicians could not enter the women’s quarters (*Zenanas*) in times of need, were critical for both, the women and the young children living with them. Getting access to these quarters through the agency of women medical missionaries allowed them not only to attend to gynecological and obstetrical issues, but also to pediatrics. It is no surprise then to find that Mennonite women doctors – Ella Gabor Bauman, Florence Coopridner Friesen, Katharina Lohrenz Schellenberg, and Lillie Shenk Kaufman – all served in India.<sup>89</sup> But women also played important roles as nurses.

Oftentimes a hospital developed from unpretentious, small beginnings in makeshift dispensaries in remote rural areas where basic health-care services were provided by a missionary couple or by nurses as was the case in Macha, Zambia, and Matopo, Zimbabwe. But this did not happen always and everywhere. Outstanding individuals, including women, also made an impact in their own way. Augusta Schmidt (1894-1991) R.N. for instance, an ordained missionary of the General Conference Mennonite Church, so successfully and authentically engaged in her ministry of healing, that the locals whom she served called her ‘Sadhuni’, that is, ‘holy one.’<sup>90</sup>

Nurses, actually, were the backbone of many medical facilities, not only by providing skilled patient care in the hospitals, but also by training indigenous staff in schools of nursing. Thanks to their training as Sunday-school teachers,<sup>91</sup> which many received before voyaging abroad, Mennonites seemed almost destined to become good instructors wherever they were sent. Thus, Lena Graber (1910-2003), a missionary of the Mennonite Board of Missions sent to India, founded the school of nursing at Dhamtari Christian Hospital in 1950, which became a famous College of Nursing.<sup>92</sup> When she went to Nepal in 1957, Nurse Graber founded yet another nursing training school at Shanta Bhavan Hospital, Kathmandu.<sup>93</sup> Elizabeth D. Goertz (1892-1986) of the General Conference Mennonite Church founded the Yu Jen School of Nursing in Puyang, China, in 1930, while Anna Elsie Fischer (1923-1992) of the MB Church helped plan and implement a basic nursing course in Kaji-ji, Congo. Two remarkable Mennonite missionary nurses who worked as midwives deserve mention here, too. One was Susie Brucks Dyck (1909-1983) of the MB Board of Foreign Missions, who worked in the Congo making an impact by training Congolese women in performing safe deliveries.<sup>94</sup> The other was Elsie Cressman (1923-2012) of the Eastern Mennonite Board of Missions and Charities who, after working for 15 years in Tanzania (then Tanganyika) and three more years in Kenya, returned to Kitchener, Ontario, where she provided midwifery services for home deliveries, a service especially appreciated by many Old Order Mennonites; Elsie Cressman also successfully lobbied for midwifery to attain legal status in Ontario, a service later officially recognized by the Canadian government when she received the Order of Ontario.<sup>95</sup>

One other aspect, and not the least one, deserves attention when speaking of Mennonite women in medical missions. This aspect refers to the official and public standing Mennonite female missionaries enjoyed in general, and female nurses and women doctors in particular, something often denied them in their congregations back home. Besides, some also held an ordained status as Deaconesses; in India no less than four nurses were Deaconesses,<sup>96</sup> in China two,<sup>97</sup> and we know of at least one Mennonite Deaconess-nurse serving in the Congo.<sup>98</sup>

As mentioned already, many of the Mennonite medical missions' personnel – male as well as female – received Bible school training before they left for their overseas assignment. Such training often included Sunday school teaching and evangelistic activities. Some medical missionaries also served as pastors in the missions, as did for instance Dr. Harvey Bauman (1897-1970) of

the General Conference Mennonite Church in Champa, Madhya Pradesh, India<sup>99</sup>, while others became Assistant Pastors when returning home, like the former MB physicians, Dr. Vernon Vogt (1922-2006) of Newton, Pennsylvania,<sup>100</sup> and Dr. Henry Hildebrand (1931-2008) of Vancouver,<sup>101</sup> something which rarely happened to medical missionaries of other denominations.

Mennonites, obviously, have fewer difficulties than people of other faith traditions in accepting medical professionals as equals in the missionary enterprise. In general, Mennonites tend not to denigrate medical work as inferior to other missionary tasks, which might be interpreted as a typical expression of genuine, non-hierarchical brotherhood. By not excluding medical doctors and nurses from explicit witness and by not prioritizing word over deed Mennonites offer a distinctive message. Indeed, by including health-care professionals and their expertise as integral to the Christian witness in environments where such help was missing the distinctive Mennonite message became particularly clear. This has been true, even though at times the message has been seriously contested, especially during the first half of the twentieth century as agents of Mennonite fundamentalist orthodoxy battled advocates of the missionary cause.<sup>102</sup>

The place and function of medical care in Mennonite mission endeavors as portrayed above, has not been motivated by a general ethos of mutual aid, as some have argued.<sup>103</sup> First, mutual aid among Mennonites has tended to exist as an expression of solidarity within the wider Anabaptist community and not with indiscriminate philanthropy and benevolence to outsiders. Second, Mennonites on the whole not only had serious difficulties in accepting the missionary mandate, they had similar difficulties in accepting professions requiring college and university education; as Donald Kraybill points out, "Professions were viewed as worldly pursuits of power, prestige, and status – at the very center of the worldly social system – and thus incongruent with the quiet values of humility and separation that were the hallmark of Mennonite life."<sup>104</sup>

Since mission and professional medicine<sup>105</sup> had been off-limits for most Mennonites until the dawn of the twentieth century they first justified their medical missions' activities with strategic arguments, in similar fashion to their peers in other denominations.<sup>106</sup> For example, Dr. Florence Coopridner Friesen (1887-1985) working in India, stated in her report to the Board of Missions and Charities in 1932, that the foremost purpose of medical missions was "to open the doors for evangelism."<sup>107</sup> The same argument, even though intensely disputed by many, was also advanced back home

when in 1926 the same organization reasoned that “The only justification for a mission board to sponsor medical work” is that it affords “the Church an avenue through which she can reach the world.”<sup>108</sup> The historian of *The Mennonite Church in India*, John Lapp, also concluded that the result of the strategic approach led to great success, “Never so large nor so costly as education, medicine reached a far larger proportion of the local population [and its] influence in the community has been unrivaled by any other missionary service.”<sup>109</sup> This shows clearly that and how medicine was considered a strategic tool in mission work.

Thirty years later, however, when medical activities were discussed by the same Board again, the strategic argument did not figure at all. It was argued instead that any such activity is “a valid part of the Christian Church program.”<sup>110</sup> Such reaffirmation of the medical ministry had to do with the recovery of the “Anabaptist Vision” as articulated by Harold Bender (1897-1962) who in 1943 had identified Anabaptism as consisting of the emphases discipleship, brotherhood, love and nonresistance.<sup>111</sup> Since this vision of Anabaptist identity allowed medical services now to be perceived as expressions of the “ethic of love” and an Anabaptist “form ... of discipleship”<sup>112</sup> it did become *the* standard justification for any such work in Mennonite circles.<sup>113</sup> Yet, the justification of medical missions as witness and an act of love is not entirely new; others advanced it in the context of medical missions too.<sup>114</sup> However, what is unique in the Mennonite version of the argument is that medical missions are seen as expressions of lived discipleship and not primarily as virtuous humanitarian pursuits. This inhibits complacency and self-aggrandizement by those involved in it.

Finally, some remarks on the kind of care offered by Mennonite medical missions. Initially medical care was carried out by missionaries who had received some basic health-care training while preparing for their work overseas.<sup>115</sup> John Mosemann (1907-1989) and his wife Ruth,<sup>116</sup> the first missionaries of the Lancaster Conference (MC) to East Africa (Tanganyika/Tanzania), were sent to the National Bible Institute in New York City<sup>117</sup> for one term before going out to the mission field; their goal was “to learn first aid, to study anatomy, to learn about health in other countries, and to learn how to meet the simple health-care needs of the missionary families and African people.”<sup>118</sup> But, as John Lapp reports, even without training, once at their station, missionaries took their “own medical bag” on their “tours”<sup>119</sup> and dispensed whatever appeared to be appropriate. But it was an activity not everyone was comfortable with. As Adam Ebey, a Church of the Brethren missionary working at Dahanu (now: Thane), Maharashtra (north of Mum-

bay/Bombay) in India reported in 1914, this approach had severe limitations:

[T]he medical work has been heavy and has taken much of the missionary's time and strength. We are always getting into deep water ... . We have our limitations. We are hoping that shortly the medical work here may be placed on a better basis by having it under the supervision of our doctors. In all we had 9,994 new cases this year ... As usual, skin diseases lead ... [W]e had during the year, seven or eight cases ... for several days at a time. Some of these we put up in the bungalow, some with Christian families, and several cases we had for many days in a corner of our little dispensary. Three babies were born here ... . A hospital ... is a real need, and would be a great success at once.<sup>120</sup>

Professional medical care did come to Dahanu soon thereafter and with it a hospital, still in operation today, as are several others around the globe. These facilities serve not just the health-care needs of local communities in remote rural areas where they often-times are located; they serve also as challenging placements for medical students seeking medical electives, as for instance those sponsored by the Mobilization for Mission Fund of the Mennonite Healthcare Fellowship.<sup>121</sup>

When during the second half of the twentieth century emphasis shifted from hospital centered, curative medicine, to community based primary health care and disease prevention, Mennonites embraced this shift whole heartedly. However, they did not remain content with providing physical and material help only, but aimed at creating "Communities of Wellness,"<sup>122</sup> that is, communities in which health could be experienced comprehensively as *shalom*<sup>123</sup>, namely in all its "spiritual, mental, relational, vocational, physical, environmental, and social dimensions."<sup>124</sup> While the understanding of health as *shalom* has been held by other church bodies, too,<sup>125</sup> including associated health- and wellness programs<sup>126</sup> sometimes to such a degree that church and wellness center have become indistinguishable,<sup>127</sup> Mennonite bodies have taken a particular approach. Mennonite Congregational Health Ministries (Mennonite Church)<sup>128</sup> and programs like 'Renew' (Brethren Church),<sup>129</sup> for example, have not intended to make it their goal to enhance the athletic appearance of affluent, socially disengaged individuals. Rather, true to their Anabaptist roots they stress the communitarian aspect of health and wellbeing by maintaining that health and wellbeing can only be enjoyed in full when living in and being concerned about healthy relationships with others, relationships marked above all by justice and peace.

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## Notes

- <sup>1</sup> “Missionary activity has both divided and unified the church. Some broke away partly because they were dissatisfied with the missionary policy of the majority. For those who remained, missions were a unifying force.” Elgin S. Moyer, *Missions in the Church of the Brethren: Their Development and Effect upon the Denomination*, Elgin, IL: Brethren Publishing House 1931, p. 261. But see also Steven M. Nolt, *A History of the Amish* (Intercourse, PA: Good Books, 2003), esp. 157-192; James C. Juhnke, *A People of Mission: A History of General Conference Mennonite Overseas Missions* (Newton, KS: Faith and Life Press, 1979), esp. 6-7; John C. Wenger, “Old Order Mennonites,” *Global Anabaptist Encyclopedia Online* [hereafter GAMEO], 2002, accessed 13 May 2015, [www.gameo.org](http://www.gameo.org). See also: Stephen Scott, *An Introduction to Old Order and Conservative Mennonite Groups* (Intercourse, PA: Good Books, 1996); Theron F. Schlabach, *Gospel versus Gospel: Mission and the Mennonite Church 1863-1944* (Scottsdale, PA: Herald Press, 1980).
- <sup>2</sup> For a convenient list of important dates for the development of Mennonite and Brethren in Christ missions see Wilbert R. Shenk, *By Faith They Went Out: Mennonite Missions 1850-1999*, Occasional Papers No. 20 (Institute of Mennonite Studies, Elkhart, Indiana, 2000), 87.
- <sup>3</sup> For the respective figures see Christoffer H. Grundmann, *Sent to heal! Emergence and Development of Medical Missions* (Lanham, MD: University Press of America, 2005), 159.
- <sup>4</sup> Nanne van der Zijpp, “Medicine among the Dutch Mennonites,” *GAMEO*, 1957, accessed 14 May 2015.
- <sup>5</sup> *Ibid.*
- <sup>6</sup> “The death, near the end of the 18<sup>th</sup> century, of the one remaining physician and his apprentice within a week was taken to be a providential sign that [the Hutterites in Moravia] should get along without professional care.” H. Clair Amstutz and Bernie Wiebe, “Medicine,” *GAMEO*, 1989, accessed 14 May 2015.
- <sup>7</sup> See John L. Sommer, “Hutterite Medicine and Physicians in Moravia in the Sixteenth Century and After,” *Mennonite Quarterly Review* [hereafter *MQR*] 20 (1953): 11-127; Robert Friedmann, “Hutterite Physicians and Barber-Surgeons,” *MQR*, 20 (1953): 128-136; John D. Roth, “The Christian and Anabaptist legacy in Healthcare,” in *Healing Healthcare – A Study and Action Guide on Healthcare Access in the United States*, ed. Joseph J. Kotva Jr. (Scottsdale, PA: Anabaptist Center for Healthcare Ethics, Faith and Life Resources, 2005), 13-15.
- <sup>8</sup> See Walter Klaassen, “The Anabaptist Tradition,” in *Caring and Curing: Health and Medicine in the Western Religious Traditions*, eds., Ronald L. Numbers, Darrel W. Amundsen, (New York/London: Macmillan, 1986), 281; Graydon F. Snyder, *Health and Medicine in the Anabaptist Tradition: Care in Community* (Valley Forge, PA: Trinity Press International, 1997), 23-27, 71-73.
- <sup>9</sup> “The mortality rate was high. In the Chortitza settlement, of the 6,874 children born between 1880 and 1922, 2,008 died in infancy and childhood, a rate of nearly 30 per cent. Trained physicians were scarce and only one was reported among the 60 villages of the Molotschna settlement in 1880.” Amstutz and Wiebe, “Medicine.” See also Elaine Sommers Rich, *Mennonite Women* (Scottsdale, PA: Herald Press, 1983), esp. 168-70, and William Klasen, “Midwives,” *GAMEO*, 1989, accessed 29 May 2015.

- <sup>10</sup> See Cornelius Krahn, "Medicine among the Mennonites in Russia," *GAMEO*, 1957, accessed 14 May 2015; David G. Rempel, "The Mennonite Commonwealth in Russia: A Sketch of its Founding and Endurance, 1789-1919," *MQR* 47 (1973): 259-305; Walter Sawatsky, "Mennonite congregations in the Soviet Union today," *Mennonite Life*, 33 (1978): 12-26; John J. Friesen, ed., *Mennonites in Russia, 1788-1988: Essays in Honour of Gerhard Lorenz* (Winnipeg, MB: CMBC Publications, 1989). About the kind of medicine practiced see Helmut T. Huebert, *Mennonite Medicine in Russia 1800 to 1930* (Winnipeg, Manitoba: Springfield Publishers, 2011), *passim*.
- <sup>11</sup> "The Slavgorod settlement built a hospital in Orloff village in 1911, in which Gerhard Fast served for a while as doctor. A number of midwives did significant work; for example, Mrs. David Thielmann, Mrs. Jacob Voth, and Mrs. Franz Derksen." Cornelius Krahn, "Slavgorod Mennonite Settlement (Siberia, Russia)," *GAMEO*, 1959, accessed 20 May 2015. See also Huebert, *Mennonite Medicine*, 43-45.
- <sup>12</sup> For a full description of "powwowing" or "Braucherei" among Mennonites and Amish in North America, see Amstutz and Wiebe, "Medicine." See also Samuel L. Yoder, "Brauche," *GAMEO*, 1989, accessed 16 May 2015.
- <sup>13</sup> See Ted D. Regehr and Richard D. Thiessen, "Canada," *GAMEO*, 2011, accessed 18 May 2015.
- <sup>14</sup> See Huebert, *Mennonite Medicine*, 38-42. The year of this hospital's establishment is not fixed. Some sources speak of 1880 while others refer to 1889; see H. J. Andres and Ron Ropp, "Hospitals, Clinics and Dispensarie," *GAMEO*, 1989, accessed 15 May 2015. The hospital, which was nationalized after the Bolshevik Revolution of 1917, was begun as a private initiative by Mennonite minister Franz Wall Krahn who, inspired by Georg Müller of Bristol, founded it as an institution supported by "faith," i.e., freely given monies; see Cornelius Krahn, "Wall, Franz (d. 1906)," *GAMEO*, 1959, accessed 22 May 2015. Cornelius Krahn, "Muntau Hospital (Molotschna Mennonite Settlement, Zaporizhia Oblast, Ukraine)," *GAMEO*, 1957, accessed 15 May 2015. On the individual locations in the Molotschna settlement area see Helmut T. Huebert, *Molotschna Historical Atlas* (Winnipeg: Springfield Publishers, 2003).
- <sup>15</sup> Huebert, *Mennonite Medicine*, 35-37. J. A. Koehn, "Morija Deaconess Home (Neu-Halbstadt, Molotschna Settlement, Ukraine)," *GAMEO*, 1957, accessed 15 May 2015. This institution existed as a Mennonite one until 1927.
- <sup>16</sup> Huebert, *Mennonite Medicine*, 20-26. Bethania Mental Hospital had to close down in May 1927 due to the site being claimed by the backwater of the newly built Dneprostroy power dam; see Peter M. Friesen, *The Mennonite Brotherhood in Russia (1789-1910)*, trans. J. B. Toews, et al. (Fresno, CA: Board of Christian Literature, 1978, rev. ed. 1980); Cornelius Krahn, "Bethania Mental Hospital (Chortitza Mennonite Settlement, Zaporizhia Oblast, Ukraine)," *GAMEO*, 1953, accessed 23 May 2015. Henry A. Fast and Esther Jost, "Mental Health Facilities and Services, North America," *GAMEO*, 1987, accessed 26 May 2015.
- <sup>17</sup> The use of the term 'Mennonitism' is found in John Howard Yoder, "The recovery of the Anabaptist vision," *Concern*, 18 (July 1971): 5-23. I am availing here of the term as used by Wilbert Shenk who defines 'Mennonitism' over against 'Anabaptism' in this way. See: Wilbert Shenk, "A Traditioned Theology of Mission," in Wilbert R. Shenk, *By Faith They Went Out*, 112-113.

- <sup>18</sup> The spreading of Mennonites by migration is recorded in William Schroeder, Helmut T. Huebert, *Mennonite Historical Atlas*, 2<sup>nd</sup> ed. (Winnipeg, Manitoba: Springfield Publishers, 1996).
- <sup>19</sup> Mention should be made, however, that the first group of Hutterites immigrating to South Dakota in 1874-1877 and later to Canada did not maintain the health-care infrastructure that Mennonites used to have but relied in cases of need on physicians and drugstores in their neighborhoods. (See Amstutz and Wiebe, "Medicine.")
- <sup>20</sup> See Grundmann, *Sent to Heal!*, 45-51.
- <sup>21</sup> *Ibid.*, 51-89.
- <sup>22</sup> So the secretary for medical missions of the Church Missionary Society of the Church of England, Herbert Lankester, M. D. on occasion of a Student Volunteer Missionary Union conference in January 1900 at London. See A. F. Walls, "'The Heavy Artillery of the Missionary Army': The Domestic Importance of the Nineteenth-Century Medical Missionary," in *The Church and Healing*, ed. W. J. Sheils (Oxford, UK: Basil Blackwell, 1982), 287-297, quote 290.
- <sup>23</sup> *Medical Missions at Home and Abroad*, 2 (1887-1889), 148. See also Grundmann, *Sent to heal!*, 9 and note 58.
- <sup>24</sup> See *Fiftieth Anniversary Booklet Mennonite Board of Missions and Charities 1906-1956*, eds. Carolyn Weaver Esch and Levi C. Hartzler (Elkhardt, IN: Mennonite Board of Missions and Charities, 1956), 19; Willard M. Swartley, *Health, Healing and the Church's Mission: Biblical Perspectives and Moral Priorities* (Downers Grove, IL: IVP Academic, 2012), 236. There is an interesting parallel here with what happened some hundred plus years prior in England when the British Baptist Missionary Society, founded in 1792, sent out its first missionaries to Serampore, India, the physician Dr. John Thomas to whom was given William Carey as "assistant" in 1793. See C. B. Lewis, *The Life of John Thomas: Surgeon of the Earl of Oxford ... and First Baptist Missionary to Bengal* (London: MacMillan & Co., 1873), 219; Mary I. M. Causton, *For the Healing of the Nations: The Story of British Baptist Medical Missions 1792-1951* (London: Carey Kingsgate Press, 1951).
- <sup>25</sup> John A. Lapp. "Page, Alice Thut (1872-1951) and William B. (1871-1945)," *GAMEO*, 1987, accessed 22 May 2015. See also John Allen Lapp, *The Mennonite Church in India, 1897-1962* (Scottsdale, PA: Herold Press, 1972), 112. In the *Fiftieth Anniversary Booklet*, 20, it is stated that "W. B. Page and his wife arrived in Dhamtari on Nov. 30, 1899" and that during "the next year, 1900, Dr. Page founded the hospital which from its beginning has been known as Dhamtari Christian Hospital." This seems to overstate in hindsight what actually got achieved within the very short time of Dr. Page's stay in India.
- <sup>26</sup> Esther was married to George Jay Lapp (1879-1951); see American Mennonite MC Mission, Dhamtari, India. *Building on the Rock* (Scottsdale, PA: Mennonite Publishing House, 1926), esp. 179-80; John A. Lapp. "Lapp, Esther Ebersole (1880-1917)," *GAMEO*, 1987, accessed 24 May 2015. See also: Harold S. Bender. "Lapp, George Jay (1879-1951)," *GAMEO*, 1957, accessed 24 May 2015. While Esther could not pursue her medical work for long since she died within a year, Ghatula station had always kept a medical station; see George J. Lapp. "Ghatula (Madhya Pradesh, India)," *GAMEO*, 1956, accessed 24 May 2015.

- <sup>27</sup> “This hospital has 60 beds for inpatients and provides a wide range of services including leprosy treatment, surgery to correct physical impairments, ophthalmology, dermatology, and more. Each year, the hospital provides high quality treatment to more than 5,000 people who are affected by leprosy, or are from other disadvantaged groups.” “About Us,” The Leprosy Mission, accessed 24 May 2015, <http://www.leprosy.mission.org.uk/about-us-and-leprosy/where-we-work/india.aspx>.
- <sup>28</sup> See Harvey R. Bauman, Harold Ratzlaff, and Ruth Ratzlaff, “Champa (India),” *GAMEO*, 1987, accessed 24 May 2015. The life of the first professionally trained doctor, Indian Dr. Caroline Banwar, a graduate from Ludhiana Christian Medical College for women, is portrayed by Ruth Unrau, “Saying Yes to Need: Caroline Banwar Theodore 1901-1952,” *Encircled: Stories of Mennonite Women*, ed. Ruth Unrau (Eugene, OR: Wipf and Stock, 1986), 255-260.
- <sup>29</sup> Nanne van der Zijpp’s assumption that Dr. Bervoets “was the first doctor on the mission field” in the service of Mennonites has to be corrected accordingly. (Nanne van der Zijpp, “Bervoets, H. (d. 1933),” *GAMEO*, 1953, accessed 14 May 2015.)
- <sup>30</sup> J. Reedy, “A History of the Mennonite Medical Work in the Muria Mountain Area of Java, Indonesia, 1894-1971,” *MQR* 47 (1973): 31.
- <sup>31</sup> See “Johann Klaassen,” *Mennonitischer Gemeinde-Kalender*, 1952, 19-39; Nanne van der Zijpp. “Klaassen, Johann (1872-1950),” *GAMEO*, 1957, accessed 18 May 2015.
- <sup>32</sup> Namely while on furlough in Europe in 1905 which greatly helped him in this work when he returned to Java in 1908. See Daniel Amstutz and Jan Matthijssen, “Margoredjo Mennonite Mission (Jawa, Indonesia),” *GAMEO*, 1957, accessed 18 May 2015. That Klaassen “had taken some medical courses in Germany” as mentioned by J. Reedy (“A History,” 31-32) refers to this period, not, as insinuated by her article, to Klaassen’s earlier studies at Chrishona and Rotterdam. See Zijpp, “Johann Klaassen.” See also A. G. Hoekema, *Dutch Mennonite Mission in Indonesia: Historical Essays* (Elkhart, IN: Institute of Mennonite Studies, 2001).
- <sup>33</sup> See Reedy, “A History,” 33.
- <sup>34</sup> The figure is conflicting in reports about the hospital; see Reedy, “A History,” 34, note 15.
- <sup>35</sup> “In 1936 the number of lepers was 160 men and 40 women. One hundred and ten of them were Muslim, 90 Christians. Missionary N. Thiessen was the leader of the Christian leper population. He was ably assisted by Kandar, a native Christian and leper who bore his cross with a strong faith. The colony achieved a certain prosperity both financially and spiritually. Here the lepers, outcasts from their own island society, found a quiet place where they could live (also as married couples if they wanted to) and work, and where they were cared for. In 1940 the number of lepers reached about 300.” Nanne van der Zijpp, “Donorodjo (Java, Indonesia),” *GAMEO*, 1956, accessed 20 May 2015. See also Reedy, “A History,” 38.
- <sup>36</sup> Tayu hospital was destroyed by Muslim fanatics in 1942 but rebuilt with the help of the Mennonite Central Committee in “the late 1960 and early 1970s.” Lawrence M. Yoder, “Gereja Injili di Tanah Jawa (GITJ),” *GAMEO*, 1990, accessed 20 May 2015. See also Reedy, “A History,” 50-53; see also *The Mennonite* 9, no. 8 (April 18, 2006): 22.

- <sup>37</sup> The Mulkapet station was shut down in 1913 and the work relocated to Hughestown. For the history of the mission see H. T. Esau, *The First Sixty Years of Mennonite Brethren Foreign Missions* (Hillsboro, KS: Mennonite Brethren Publishing House, 1954); Peter Penner, *Russians, North Americans, and Telugus: The Mennonite Brethren Mission in India 1885-1975* (Hillboro, KS / Winnipeg, MB: Kindred Productions, 1997).
- <sup>38</sup> Katie Funk Wiebe and Richard D. Thiessen, "Schellenberg, Katharina Lohrenz (1870-1945)," *GAMEO*, 2006, accessed 23 May 2015.
- <sup>39</sup> Katie Funk Wiebe and Richard D. Thiessen, "Bergthold, Anna G. Suderman (1875-1957)," *GAMEO*, 2006, accessed 23 May 2015.
- <sup>40</sup> Ibid.
- <sup>41</sup> See *25 Years of Service: M.B. Medical Centre, Jadcherla, India* (Mennonite Brethren Medical Centre, M.B. Medical Centre, 1978). See also the blog "A Place of Healing," accessed 28 May 2015, <http://www.mbmission.org/news/stories/a-place-of-healing>.
- <sup>42</sup> J. H. Lohrenz, "West China Mennonite Brethren Mission," *GAMEO*, 1959, accessed 25 May 2015. See also Alice Ruth Ramseyer, "Bartel, Henry Cornelius (1873-1965) and Bartel, Nellie Schmidt (1876-1946)," *GAMEO*, 1989, accessed 25 May 2015. For the history of Mennonite missions in China see Dorothy McCammon, *We Tried to Stay* (Scottsdale, PA: Herald Press, 1953).
- <sup>43</sup> The year is given by Samuel Floyd Pannabecker, "Kai Chow (Henan Province, China)," *GAMEO*, 1957, accessed 23 May 2015.
- <sup>44</sup> Maynard Shelly, "Brown, Maria Miller (1883-1975)," *GAMEO*, 1986, accessed 23 May 2015. Jesse Brown Gaeddert, "At Home in Two Worlds: Maria Miller Brown, 1883-1975," in *Full Circle: Stories of Mennonite Women*, ed. Mary Lou Cummings (Newton, KS: Faith and Life Press, 1978), 48-58; Edmund G. Kaufman, "Henry J. Brown, 1879-1959," *General Conference Mennonite Pioneers* (North Newton, KS: Bethel College, 1973), 347-353.
- <sup>45</sup> Maynard Shelly, "Brown, Henry Jacob (1879-1959)," *GAMEO*, 1986, accessed 23 May 2015.
- <sup>46</sup> *Mennonite Life*, 35, no. 2 (1980): 16.
- <sup>47</sup> Ibid. Pages 17-19 show photographs of the Kai Chow hospital and its staff; see also *Mennonite Life*, 34, no. 2 (1979): 14.
- <sup>48</sup> This growth happened mainly during the years 1926-1941, when the hospital was under the leadership of Dr. Charles Lloyd Pannabecker (1896-1987) who succeeded Dr. Abe M. Lohrenz; see *Mennonite Life*, 35, no. 3 (1980): 16, and Reynold Sawatzky, "Goertz, Elizabeth D. (1892-1986)," *GAMEO*, 1987, accessed 23 May 2015. See also: Alice Ruth Ramseyer, "Pannabecker, Charles Lloyd (1896- 1987)," *GAMEO*, 1987, accessed 23 May 2015. It was Elizabeth D. Goertz who in 1930 founded the Yu Jen School of Nursing.
- <sup>49</sup> See J. H. Lohrenz, "South China Mennonite Brethren Mission," *GAMEO*, 1959, accessed 23 May 2015.
- <sup>50</sup> See *ibid.* and Samuel F. Pannabecker and J. Lawrence Burkholder, "China, People's Republic of," *GAMEO*, 1987, accessed 25 May 2015.
- <sup>51</sup> Dr. Andersson was recruited by deaconess Alma Doering (1878-1959) who visited Europe during the years 1912-1919 for the purpose of arousing interest in missions in Africa; see Steven R. Estes, "Doering, Alma (1878-1959)," *GAMEO*, 1990, accessed 24 May 2015.
- <sup>52</sup> Today's Democratic Republic of the Congo was administered as a Belgian colony from 1908-1960 (The Belgian Congo). After independence of the then

- called République du Congo/Republic of the Congo times of political crisis resulted in a coup d'état by the military (Colonel Mobutu) in 1965, which brought Mobutu to power who in 1971 renamed the country Zaïre. However, in 1997, after the death of the dictator, the country was renamed Democratic Republic of the Congo.
- <sup>53</sup> Still, a report of 1948 listed three "native medical helpers" over there. Raymond L. Hartzler, "Charlesville Station (Democratic Republic of the Congo)," *GAMEO*, 1953, accessed 24 May 2015.
- <sup>54</sup> H. A. Driver, "Mukedi (Democratic Republic of Congo)," *GAMEO*, 1957, accessed 24 May 2015.
- <sup>55</sup> For recent images see Clarke Fast blog, <https://clarkefast.wordpress.com/2010/07/15/a-six-stop-trip-kikwit-kanzombi-mukedi-kajjinyanga-and-vanga-june-21-july-9/>, and <https://clarkefast.wordpress.com/2009/05/04/photos-from-trip-to-kajji-mukedi-nyanga-and-kikwit/>.
- <sup>56</sup> James E. Bertsche, "Tshikapa (Democratic Republic of the Congo)," *GAMEO*, 1989, accessed 24 May 2015.
- <sup>57</sup> See Nancy R. Heisey and Richard D. Thiessen, "Mbungano Yabunyina Muli Kristo, Zambia," *GAMEO*, 2008, accessed 25 May 2015.
- <sup>58</sup> Nancy N. Kreider and Martin H. Schrag, "Ibandla Labazalwane Kukristu e-Zimbabwe," *GAMEO*, 1987, accessed 24 May 2015. See also *Brethren in Christ Church 75th Anniversary Celebration* (Bulawayo: Rhodesian Christian Press, 1973); Anna R. Engle, John A. Climenhaga, and Leoda A. Buckwalter, *There Is No Difference* (Nappanee, IN: Evangel Press, 1950).
- <sup>59</sup> The hospital collaborates with Johns Hopkins Bloomberg School of Public Health to do continuing research in malaria and related diseases via the Malaria Institute at Macha (MIAM), [www.malaria.jhsph.edu/programs/malaria\\_institute\\_macha/](http://www.malaria.jhsph.edu/programs/malaria_institute_macha/) and [www.machamalaria.org/](http://www.machamalaria.org/). The dates of the start of the institute, however, are given as 2003 and 2005 respectively. For images see "Institute for International Medicine," [www.inmed.us/service-learning/training-sites/macha-mission-hospital-zambia/](http://www.inmed.us/service-learning/training-sites/macha-mission-hospital-zambia/).
- <sup>60</sup> Kreider, Nancy N. and Martin H. Schrag, "Ibandla Labazalwane Kukristu e-Zimbabwe," *GAMEO*, 1987, accessed 25 May 2015.
- <sup>61</sup> Today's Shirati KMT [Kanisa la Mennonite Tanzania/Tanzania Mennonite Church] Hospital, is the fruit of missionary work of the Lancaster Mennonite Conference (Mennonite Church); see Elam W. Stauffer and Mahlon M. Hess, "Kanisa la Mennonite Tanzania," *GAMEO*, 1987, accessed 25 May 2015.
- <sup>62</sup> The *Meserete Kristos Church* (MKC) counted almost a quarter of a million members in 2012; see Nathan Hege and Richard D. Thiessen, "Ethiopia," *GAMEO*, 2012, accessed 25 May 2015.
- <sup>63</sup> The Haile Mariam Mammo Memorial Hospital, originally at Nazareth (now Adama) is an 80-bed general hospital and was operated by the Ethiopia Mennonite Mission under the Eastern Mennonite Board of Missions and Charities; see Harold S. Bender, "Haile Mariam Mammo Memorial Hospital (Adama, Oromia, Ethiopia)," *GAMEO*, 1959, accessed 25 May 2015. After the Derg took control of the country and in 1975 declared communism to be their political program and ideal, the hospital came under national control and remained so even after the Derg were defeated by Mengistu Haile Mariam in 1987. On the hospital then see Miriam Haile, "Mammo Memorial Hospital" and Oromia Adama, "Ethiopia," *GAMEO*, accessed 25 May 2015.

- See also [www.nazret.com/blog/index.php/2010/12/27/ethiopia-adama-hospital-to-be-upgraded-to-referral-hospital-status](http://www.nazret.com/blog/index.php/2010/12/27/ethiopia-adama-hospital-to-be-upgraded-to-referral-hospital-status) (accessed 25 May 2015).
- <sup>64</sup> See Hege and Thiessen, "Ethiopia."
- <sup>65</sup> See J. W. Shank, "Chaco Mennonite Mission (Argentina)," *GAMEO*, 1953, accessed 25 May 2015.
- <sup>66</sup> The work in Somalia was begun by the Eastern Mennonite Board of Missions and Charities Mennonite Church (EMBMC); see Harold S. Bender and Kenneth M. Nissley, "Somalia," *GAMEO*, 1989, accessed 25 May 2015.
- <sup>67</sup> See Harold S. Bender and Erma Grove, "Nigeria Mennonite Church," *GAMEO*, 1987, accessed 25 May 2015. On Mennonite medical work in Nigeria see Snyder, *Health and Medicine*, 124-128.
- <sup>68</sup> See Mennonite Christian Hospital, [www.mch.org.tw/english/introduction\\_present.shtm](http://www.mch.org.tw/english/introduction_present.shtm) and Sheldon V. Sawatzky, "Fellowship of Mennonite Churches in Taiwan," *GAMEO*, 1987, accessed 25 May 2015.
- <sup>69</sup> See Justus G. Holsinger, *The Mennonite Work in Puerto Rico, 1941-1981* (Elkhart, IN: Mennonite Board of Missions, 1981); see also Justus G. Holsinger and David W. Powell, "Puerto Rico," *GAMEO*, 2013, accessed 25 May 2015. The hospital, a legacy from the Civilian Public Service, is comparatively small (thirty-two beds), Harold S. Bender, "Mennonite General Hospital (Aibonito, Puerto Rico)," *GAMEO*, 1959, accessed 25 May 2015. Graydon F. Snyder, *Health and Medicine*, 72 mentions the Brethren hospital in Castañer, Puerto Rico, which is now closed.
- <sup>70</sup> See James McGilvray, *The Quest for Health and Wholeness* (Tübingen: German Institute for Medical Missions, 1981) and Christoffer H. Grundmann, "The Legacy of Tübingen I (1964). On Occasion of Its Fiftieth Anniversary," in *International Review of Missions* 104, no. 1 (2015), 118-133.
- <sup>71</sup> McGilvray, *The Quest*, 70-80; see also *Primary Health Care: Now More than Ever*, The World Health Report 2008 (Geneva: World Health Organization, 2008).
- <sup>72</sup> For historic policies of Mennonite Central Committee and Mennonite-related mission programs regarding involvement in health facilities and systems see H. J. Andres and Ron Ropp, "Hospitals, Clinics and Dispensaries," *GAMEO*, 1989, accessed 25 May 2015 and <http://mcc.org/learn/what/health>.
- <sup>73</sup> For the philosophy and theology underlying the health ministries of Mission Network see: <http://www.mennonitemission.Net/OurWork/Ministries/Pages/HealthCare.aspx>.
- <sup>74</sup> See Harold S. Bender and Marian Hostetler, "Algeria," *GAMEO*, 1990, accessed 25 May 2015.
- <sup>75</sup> See Justine F. Foxall and Richard D. Thiessen, "Chad," *GAMEO*, 2008, accessed 25 May 2015.
- <sup>76</sup> See Melvin Gingerich and Janet M. Breneman, "Honduras," *GAMEO*, 2013, accessed 25 May 2015.
- <sup>77</sup> See Melvin Gingerich, James E. Metzler and Richard D. Thiessen, "Vietnam," *GAMEO*, 2014, accessed 25 May 2015.
- <sup>78</sup> For the global link between medical missions and health education see: Erland Waltner, "Health Education," *GAMEO*, 1989, accessed 28 May 2015. See also *Healing Healthcare*, passim.
- <sup>79</sup> See Steven J. Taylor, *Acts of Conscience: World War II, Mental Institutions, and Religious Objectors* (Syracuse, NY: Syracuse University Press, 2009); Alex Sareyan, *The Turning Point: How Persons of Conscience Brought About*

- Major Change in the Care of America's Mentally Ill* (Scottsdale, PA/Waterloo, ON: Herald Press, 1994); Swartley, *Health, Healing*, 237-238; Snyder, *Health and Medicine*, 59-63.
- <sup>80</sup> See "Mennonite Mental Health Services (MMHS)," in *Witness and Service in North America. The Mennonite Central Committee Story*, vol. 3. Documents, ed. Cornelius J. Dyck (Scottsdale, PA/Kitchener, ON: Herald Press, 1980), 80-94; Sareyan, *The Turning Point*, esp. 189-267; Steven J. Taylor, *Acts of Conscience*, passim; Henry A. Fast and Esther Jost, "Mental Health Facilities and Services, North America," *GAMEO*, 1987, accessed 25 May 2015. In 1988 the organization's name was changed to Mennonite Health Services; see Erland Waltner, "Health Education," *GAMEO*, 1989, accessed 28 May 2015.
- <sup>81</sup> This might be one of the reasons why an article on medical missions is still missing in the otherwise impressively comprehensive *GAMEO*.
- <sup>82</sup> See Theodor Bechler, *200 Jahre ärztlicher Missionsarbeit der Herrnhuter Brüdergemeine* [200 Years of Medical Missions by Moravians] (Herrnhut: Verlag der Missionsbuchhandlung, 1932).
- <sup>83</sup> *Manual for Missionary Candidates of the Commissioners for Foreign Missions* (Boston: ABCFM, 1845), 7. See also Grundmann, *Sent to heal!*, 3-4.
- <sup>84</sup> Reedy, "A History," 32. See also Theodoor Erik Jensma, *Doopsgezinde Zending in Indonesie* (Gravenhage: Boekencentrum N.V., 1968).
- <sup>85</sup> Reedy, "A History," 32.
- <sup>86</sup> See John A Lapp, "Esch, Christian David (1883-1931)," *GAMEO*, 1990, accessed 27 May 2015.
- <sup>87</sup> John N. Kaufman, "Lapp, Mahlon Cassius (1872-1923)," *GAMEO*, 1957, accessed 27 May 2015.
- <sup>88</sup> See Grundmann, *Sent to heal!*, 153-159.
- <sup>89</sup> Lillie Shenk Kaufman (1899-1971) began her career in Tanzania in 1934 under the Eastern Mennonite Board of Missions and Charities before serving from 1945-1948 at Dhamtari Christian Hospital in India; see Elaine Sommers Rich, *Mennonite Women: A Story of God's Faithfulness, 1683-1983* (Scottsdale, PA: Herald Press, 1983), 183.
- <sup>90</sup> See Harold Ratzlaff and Ruth Ratzlaff, "Schmidt, Augusta (1894-1991)," *GAMEO*, 1989, accessed 11 Jan 2016.
- <sup>91</sup> See for instance the career of missionary nurse and midwife Susie Brucks Dyck (1909-1983) sent to the Congo by the Mennonite Brethren Church, see Mary Steegstra, "Dyck, Susie Brucks (1909-1983)," *GAMEO*, 2011, accessed 27 May 2015. Anna Rose Goertzen (1910-1994), who was sent by the same church to the Congo had a somewhat similar career (Susan Huebert, "Goertzen, Anna Rose (1910-1994)," *GAMEO*, 2014, accessed 27 May 2015) as did Anna G. Suderman Bergthold (1875-1957), who worked in India, also sent by the Mennonite Brethren church (see Katie Funk Wiebe and Richard D. Thiessen, "Bergthold, Anna G. Suderman (1875-1957)," *GAMEO*, 2006, accessed 27 May 2015).
- <sup>92</sup> See "Colleges in India," [www.icbse.com/colleges/dhamtari-nursing-college-dhamtari-christian-hospital/24720/2](http://www.icbse.com/colleges/dhamtari-nursing-college-dhamtari-christian-hospital/24720/2).
- <sup>93</sup> See the obituary in *Mennonite Weekly Review* (Feb. 3, 2003): 9.
- <sup>94</sup> Susie Brucks Dyck, *To God be the Glory! My life as God's servant in Africa* (Clearbrook, BC: S. Dyck, 1983).

- <sup>95</sup> Nancy Silcox, *Elsie Cressman: A Trailblazing Life* (Kitchener, ON: Pandora Press, 2012). Elsie also was the subject of the television documentary in 2010, *Return to Africa: The story of Elsie Cressman*.
- <sup>96</sup> Anna G. Suderman Bergthold (1875-1957), Martha Richert Penner (1881-1957), Aganetha Harder Wiens (1884-1951), and Augusta Schmidt (1894-1991).
- <sup>97</sup> Frieda Nettie Sprunger Boehr (1890-1982) and Elizabeth W. Goertz (1892-1986).
- <sup>98</sup> Namely Alma Doering (1878-1959); see Steven R. Estes, "Doering, Alma (1878-1959)," *GAMEO*, 1990, accessed 27 May 2015.
- <sup>99</sup> "He also served as pastor, deacon, and Sunday School teacher." Mary E. Bauman, "Bauman, Harvey Rosenberger (1897-1970)," *GAMEO*, 1987 accessed 27 May 2015.
- <sup>100</sup> See Susan Huebert, "Vogt, Vernon (1922-2006)," *GAMEO*, 2014, accessed 27 May 2015.
- <sup>101</sup> See Lloyd David Hildebrand, "Hildebrand, Henry D. (1931-2008)," *GAMEO*, 2010, accessed 27 May 2015.
- <sup>102</sup> See Schlabach, *Gospel versus Gospel*, 109-147.
- <sup>103</sup> See Roth, "The Christian and Anabaptist Legacy in Healthcare," *Healing Healthcare*, 13-14; Swartley, *Health, Healing*, 234-237; Snyder, *Health and Medicine*, 9, 75-78.
- <sup>104</sup> Donald B. Kraybill, "Professions," *GAMEO*, 1989, accessed 29 May 2015. "From the beginning there was a close connection between Mennonite higher education and missions. However, both higher education and missions in the early decades had to overcome the resistance to change of a conservative, German-speaking, religious-ethnic community." Juhnke, *A People of Mission*, 207.
- <sup>105</sup> For the history of Mennonites who became physicians, their relationship to the Mennonite church and the role of the Mennonite Medical Association in this regard see Amstutz and Wiebe, "Medicine."
- <sup>106</sup> See Grundmann, *Sent to heal*, 203-207.
- <sup>107</sup> "Different Phases of Mission Work – Medical," in *Twenty-sixth Report of the MBMC* (1932), 95.
- <sup>108</sup> So Allen Erb in the *Mennonite Board of Missions and Charities Annual Report 1926*, 80, as quoted in Schlabach, *Gospel versus Gospel*, 121.
- <sup>109</sup> Lapp, *The Mennonite Church in India*, 112.
- <sup>110</sup> *Fiftieth Anniversary Booklet*, 17. "Hospitals have been an effective means of witness." (*Ibid.*, 52).
- <sup>111</sup> Harold Stauffer Bender, "The Anabaptist Vision," *Church History* 13, no. 1 (1944): 3-24; quote on 14. See also *The Recovery of the Anabaptist Vision*, ed. Guy F. Hershberger (Scottsdale, PA: Herald Press, 1957); John Howard Yoder, "The Recovery of the Anabaptist Vision," *Concern*, 18 (July 1971): 5-23; John S. Oyer, "The Anabaptist Vision," *GAMEO*, 1989, accessed 29 May 2015.
- <sup>112</sup> "As one of the most dynamic professions, nursing is a natural vocation for people in a church committed to communicating Christ through caring ministries. Both in North America and around the world, nursing gives form to a theology of discipleship." Norma Jean Weldy, "Nursing," *GAMEO*, 1989, accessed 29 May 2015.
- <sup>113</sup> "The mission of pure love, most times without any pecuniary remuneration, means more to the work of the Lord in India than any one can calculate. ...

The Indian people appreciate the service.” (Lapp, *The Mennonite Church in India*, 116). “Following the Mennonite Tradition, by the side of the shrine must be a clinic, a school or a social center. The Mennonite church is a faithful believer in human dignity.” (Luis Correa, 1975, as quoted in *Mennonite Life* 35 (1980): 39). See also W. Shenk, “A Traditioned Theology of Mission,” 110-133; *Anabaptism and Mission: A Vision as Relevant to the Twenty-First Century as it was to the Sixteenth*, ed. Wilbert Shenk (Scottsdale, PA/Kitchener, ON: Herald Press, 1984); Snyder, *Health and Medicine*, 107-136.

<sup>114</sup> See Grundmann, *Sent to heal!*, 207-209.

<sup>115</sup> We know for certain that the following Mennonite missionaries received some medical education: Johann Klaassen, Susie Brucks Dyck, Jacob John Dyck, Anna Rose Goertzen, Henry Jacob Brown, John H. Mosemann, Ruth Mosemann, Albert Helser. For the references see the respective articles in *GAMEO*; for A. Helser see Snyder, *Health and Medicine*, 124.

<sup>116</sup> See Stanley C. Shenk, “Mosemann, John H. (1907-1989),” *GAMEO*, 1989, accessed 30 May 2015.

<sup>117</sup> “The National Bible Institute was founded by Dr. and Mrs. Don Odell Shelton in 1907, and publication of *The Bible Today* began that same year. The school was incorporated in 1908, and in 1916 it absorbed the activities of The Union Missionary Training Institute of Brooklyn, an institution founded by Mrs. Lucy D. Osborn in 1885.” Presbyterian Church in America, accessed 30 May 2015, [www.pcahistory.org/HCLibrary/periodicals/bible today.html](http://www.pcahistory.org/HCLibrary/periodicals/bible%20today.html).

<sup>118</sup> Julia Leatherman, “Community Health Work,” *GAMEO*, 1987, accessed 30 May 2015.

<sup>119</sup> Lapp, *The Mennonite Church in India*, 112. “In those first decades [sc. of Mennonite missionary endeavors] there was no such thing as a missionary who was assigned solely to engage in evangelism. The missionaries were teachers, linguists, medical doctors, and administrators.” (Juhnke, *A People of Mission*, 10.)

<sup>120</sup> *The Missionary Visitor* (June 1914): 47-48.

<sup>121</sup> This refers to the Student Elective Term ([www.mennohealth.org/programs/mission-fund/](http://www.mennohealth.org/programs/mission-fund/)) but applies to many other like organizations as well.

<sup>122</sup> Snyder, *Health and Medicine*, 124-136. The Church of the Brethren, for instance, took for the design of congregational wellness programs in North America the Lafia (Hausa: Are you well?) Rural Health Program of their mission hospital in northeast Nigeria as role model since this program had developed a “system of wellness self-help” that functions “in remote ... villages.” *Ibid.*, 127. For a description of the project see *ibid.*, 124-128.

<sup>123</sup> The aspect of health as *shalom* is elaborately discussed by Swartley at various places in *Health, Healing*. The Mennonite Health Association together with the Institute of Mennonite Studies of the Associated Mennonite Biblical Seminaries sponsored a major interdisciplinary seminar on *Shalom, Health, and Healing* in June 1988.

<sup>124</sup> Erland Waltner, “Health Education,” *GAMEO*, 1989, accessed 31 May 2015.

<sup>125</sup> See McGilvray, *The Quest*, 81-90, and especially the “Foreword on being concerned both about medicine and about something more” by David Jenkins, *ibid.*, ix-xiii.

<sup>126</sup> See for instance the Parish Health Ministry of the Episcopal Church, especially the National Episcopal Health Ministries. Mennonites do offer health

and wellness programs for their congregations, too, see [www.nccumc.org/connectionalministries/wellness-programs-offered/](http://www.nccumc.org/connectionalministries/wellness-programs-offered/). An interdenominational project is the Faith Health Initiative (FHI), which supports “multi-denominational bodies of faith as they seek to promote wellness within their congregations. FHI provides health screenings, resources and educational support that will enhance a church’s existing health ministry.” ([www.ecommunity.com/s/faith-health-initiative/church-congregation-wellness/](http://www.ecommunity.com/s/faith-health-initiative/church-congregation-wellness/)).

<sup>127</sup> See for instance the Church Health Center, Memphis, TN (<http://www.churchhealthcenter.org/wellness>). Critical: Leslie Leyland Fields, “The Fitness-Driven Church,” *The Christian Century* 57, no. 5 (June 21, 2013): 38.

<sup>128</sup> See *Healing Healthcare*, passim. There are several reasons for this trend to have developed in North America, some among which are inadequate and unjust health-care systems, skyrocketing costs, medicalization of life issues. “One of the factors leading to this emphasis on wellness and health education has been the rising cost of health care and the involvement of Mennonite Mutual Aid in sharing health care financial aid.” (Erland Waltner, “Health Education,” *GAMEO*, 1989, accessed 31 May 2015.) See also *Medicine and Social Justice: Essays on the Distribution of Health Care*, eds. Rosamond Rhodes, Margaret P. Battin, Anita Silvers (Oxford: Oxford University Press, 2002).

<sup>129</sup> Snyder, *Health and Medicine*, 129-132.