

The legacy of “Tübingen I”

(Presentation by Prof. Dr. Chr. H. Grundmann, Friday, June 27th, 2014, 14:20, Difäm)

Ladies and Gentlemen,

Dear Colleagues and Friends!

A – Introduction: People who do not remember are like trees with their roots cut and rivers with their feeders dried up. While there may still be water and foliage neither river nor tree can sustain life for much longer; soon both will be gone.

Humans need to remember—at least now and then—where they come from and what their calling is so to be able to stay human and act accordingly. While the day-to-day demands tend to swallow us up until nothing distinctive is left, remembrance makes us reconnect with the roots of our being and with what we have set out for to accomplish. Once we forget who we are and what we stand for we not only lose focus and orientation, we lose ourselves. Therefore, taking time out for remembrance and refocusing, as we do these couple of days, is vital for us personally as it is for the ministry we are committed to.

Our symposium is occasioned—at least in part—by remembering the consultation known as “Tübingen I” held fifty years ago and hosted by this same institution. However, “Tübingen I” was neither the first nor the biggest get-together of people working in medical missions concerned about the future of such engagement and something more; “Tübingen I”, rather, was a consultation of experts tasked to advise the Lutheran World Federation and the World Council of Churches of how best to grapple with the challenges faced by church related hospitals and health-care programs notably in Africa, Asia, and Latin America. Yet, despite the secluded weeklong deliberations of nineteen¹ consultants “Tübingen I” turned out to blaze the trail of a new understanding of the churches’ involvement in health-care and healing leading over time to

¹ James McGilvray in his account of the events (in: *The Quest for Health and Wholeness*, German Institute for Medical Missions, Tübingen 1981, pp. 9-17), speaks erroneously of “18 participants of Tübingen I” (p. 13) whereas the official documentation of the consultation lists 19 (see: *The Healing Church*, World Council of Churches Studies No. 3, World Council of Churches, Geneva 1965, p. 54-55, ‘List of Participants’). Charles H. Germany in his article ‘The Healing Ministry – Report on the Tübingen Consultation’ (in: *International Review of Missions*, 53, 212 [Oct. 1964], pp. 467-475) counted only 15 participants (p. 467) obviously discounting the four LWF and WCC staff members who were present, some of whom contributed papers, too.

significant practical changes. While the then acting Secretary of the World Council's Division of World Mission and Evangelism Charles H. Germany was confident, that the "statements of the Tübingen Consultation will surely find an echo in the thought of Christian medical people throughout the world,"² to most of the other participants this came as a total surprise. As Lesslie Newbiggin stated in the Preface of the consultation report

"In the course of the week spent together, certain common convictions were given to the group, and they felt bound to express them in a statement. Although this statement was not immediately published, the offices in Geneva began to receive very large numbers of enquiries about it. Many thousands of copies have been distributed in response to requests. ... In a way which was not expected [the statement] seems to have spoken to the condition of many who were wrestling with the problems of medical missions, and ... with the healing ministry in one form or another."³

In order to better understand the impact of and the legacy left by that very event I will, first, situate "Tübingen I" within its historical and institutional context (I) before analyzing in a second step its "Findings" (II). In the concluding section I will look at what happened to the insights gained in those days during the half century passed since (III).

B I - "Tübingen I" within the context of its time

As previously stated, "Tübingen I" was not the first nor was it the biggest consultation addressing the challenges faced by medical missions and church sponsored medical programs in the middle of the twentieth century. Already in 1948, that is three years after World War II, the Church Missionary Society in London (CMS) published an elaborate Statement on its medical policy⁴ calling for the realignment of medical missions:

"Realignment is designed to meet recurring need as circumstances alter. ... Realignment may involve the use of new methods and the abandonment or subordination of old ones."⁵

² 'The Healing Ministry', p. 475.

³ *The Healing Church*, p. 5.

⁴ *The Health of the Whole Man – A Statement on C.M.S. Medical Policy 1948*, Church Missionary Society, London 1948. This 24 page booklet deals with the subject matter in 107 numbered paragraphs.

⁵ *Ibid.*, p. 23, para. 95.

The new methods the Statement envisioned were recognized as being “of great simplicity and of outmost importance.”⁶ They anticipated nearly everything of what some thirty years later would become known as Primary Health Care (PHC) namely: to focus on “preventive medicine,” on “proper ... sanitation, working, and housing conditions,” on “food supply⁷, on child welfare⁸, on the training of nurses, midwives, and auxiliaries⁹, on refresher courses for lay workers¹⁰, on intersectoral and interdenominational cooperation¹¹, on hospital outreach¹², and, last not least, on “the compilation of regional statistics and reports.”¹³ What is even more striking than these recommendations *at that time* is the Statement’s sober realization of the basic “dilemma” as it was called of Christian medical work and how to face it. I quote from the respective paragraphs, because they express what later was of concern for the Tübingen consultation too, yet, without being articulated such succinctly.

Having analyzed the situation of Christian medical missions at that time the Statement asserts:

“(47) We seem to be faced ... with the alternatives [!] of greatly increased support for the work in the field, or greatly reducing that work. If we let the situation go by default, then a quite disorderly closing down is likely to take place, altogether irrespective of strategy.

(48) We might attempt less, much less, and do this less much better. ... We may have to be prepared to scrap much and to start again.”¹⁴

The Statement, however, did not leave matters there. It went on to appeal to the faith dimension in declaring:

“(54) The rediscovery and restatement of the nature of medical evangelism [i.e. medical missions as an expression of the healing ministry of the Church], under the conditions we face in the world to-day, is the prime urgency, whether in the realignment of the work overseas or in the re-inspiration of its home support. To act whether by retreat or by advance, until that issue is clearly understood and faced by all concerned, is to act in the

⁶ Ibid., p. 12, para. 39.

⁷ Ibid., p. 10, para. 30.

⁸ Ibid., p. 6, para 11.

⁹ Ibid., p. 13, para. 40.

¹⁰ Ibid., p. 13, para. 42.

¹¹ Ibid., p. 6f, para. 11; p. 16, para 59.

¹² Ibid., p. 13, para 42.

¹³ Ibid., p. 18, para. 72.

¹⁴ Ibid., p. 14.

realm of superficial expediency. There is a new message for the new men of this new world; we shall fail both in faith and achievement if we do not acknowledge it.”¹⁵

Reaffirmed in a like statement by the same Society in 1956¹⁶, this was said sixteen years *before* “Tübingen I”!

By far the largest conference to address issues of Christian medical missions in the post-World War II era was the International Convention on Missionary Medicine organized at Wheaton College, Wheaton, IL, in Dec. 1959 by the Christian Medical Society, a North American association of Christian physicians and dentists.¹⁷ “Far exceeding the expectations of the planners, this event brought together more than 750 furloughing missionary physicians, prospective medical missionaries, residents and interns, nurses ... executives and others ... ” from 45 mission boards and 27 countries.¹⁸ Panels dealt with practical and technical questions of medical missions in the changing global environment, while plenary presentations were either of motivational character¹⁹ or addressed matters of principle like the responsibility of the medical missionary²⁰ and the challenges of raising nationalism in countries overseas breaking free of the fetters of colonialism.²¹ Of special interest to us here is the presentation by Robert Cochrane on the “Changing functions of medical missions.”²²

“Only too often is the ministry of healing equated with modern medical missions” Cochrane said and continued,

“I suggest that *even without a mission hospital, the ministry of healing, in the New Testament sense, could still be used by the Church as a powerful factor in the restoration*

¹⁵ Ibid., p. 15f.

¹⁶ *The New Phase in Medical Mission Strategy*, Church Missionary Society, London, 1956.

¹⁷ See J. Raymond Knighton, ‘The Christian Medical Society and Medical Missions’, in: *International Convention on Missionary Medicine in Review*, Christian Medical Society, Oak Park, IL., 1960, p. 130-136. – The Convention took place December 27-30; see *ibid.*, p. 2.

¹⁸ David B. Biebel, ‘70 Years of changing hearts’, in: *Today’s Christian Doctor*, 33, 2 (Summer 2002), p. 6.

¹⁹ So the three contributions by A. W. Tozer about “The man God uses”, in: *International Convention*, pp. 53-75.

²⁰ L. Nelson Bell, “What is the responsibility of the medical missionary?”, *ibid.*, pp. 28-36.

²¹ C. Everett Koop, “Nationalism brings new challenges”, *ibid.*, pp. 37-52.

²² Robert C. Cochrane, *ibid.*, pp. 11-27.

*of health. ... If ... the Christian Church is to make its full contribution toward the ministry of healing, there must be a much clearer understanding as to what the meaning of the ministry of healing is in relation to Scripture.”*²³

To get this achieved Cochrane was convinced “that it is urgently necessary to make an appraisal of ... medical missionary institutions along two lines: (a) their contribution to the upbuilding of Christ’s Church, and the extension of His Kingdom, (b) Their denominational allegiance, as to whether this is a weakening influence rather than a source of strength to the younger Churches.”²⁴ We will hear something quite similar from “Tübingen I” five years later.

Dr. Cochrane in his address also mentioned the name of James McGilvray, with whom he got acquainted in the 1940s at the Christian Medical College and Hospital in Vellore, India.²⁵ He not only praised McGilvray’s “original” and “eminently wise” approach to Christian leadership; he also cited McGilvray’s reorganization of medical mission work in the Philippines in 1957 as a shining example of what a new approach might look like, because instead of investing in “Christian medical teaching centers” McGilvray made the Philippine churches identify their medical students in the universities and nurture them spiritually throughout the course of their studies so that these did not get estranged from the Church and could perceive of their professional work as an act of Christian witness in the world.²⁶

The CMS Statement on medical policy as well as the convention at Wheaton clearly show, that “Tübingen I” was neither an isolated affair, nor that its findings were all thus new or that people did not know of one another.²⁷ “Tübingen I”, rather, falls in line with similar events and did not come up with something entirely original; only the problems requiring a solution had aggravated. Yet, it was “Tübingen I” which made the impact; not Wheaton, nor was it the CMS Statement. Why? A closer look at how the consultation came about might give us a clue.

²³ Ibid., p. 14; original emphasis.

²⁴ Ibid., p. 17.

²⁵ Ibid., pp. 20-21.

²⁶ Ibid., p. 21.

²⁷ Actually, the CMS Statement of 1948 is listed in the ‘Brief Bibliography’ of the “Tübingen I” report, as is its sequel of 1956; see *The Healing Church*, p. 50-51.

According to the published records it all began in 1962 when the Commission on World Mission of the Lutheran World Federation invited the newly established Division of World Mission and Evangelism of the World Council of Churches²⁸ “to join ... in a study of medical missionary questions. As a first step”, recalled Lesslie Newbigin, then director of the WCC Division of World Mission and Evangelism, “it was decided to ask a small group, mainly of doctors, to advise about what were essential issues and what – if anything – the two world bodies could do about them.”²⁹ A former medical missionary of the Church of Norway, Dr. Erling Kayser, was hired as Organizing Secretary charged with the task to prepare such a consultation. During a six months period³⁰ Dr. Kayser surveyed existing documents on the topic³¹, designed a respective questionnaire and did a lot of traveling and interviewing to collect background documentation “for the purpose of sharpening issues and calling attention to written materials and reports ... available.”³² Except for the four LWF and WCC staff members, participation was on an individual basis³³ of people with experience in the field across denominational divides; however, one notices with surprise the absence of someone from the Church Missionary Society, undeniably the most articulated and most active body in the field. Future studies will have to shed light on this strange phenomenon. – Anyhow, among those present eleven were or had been medical missionaries in Asia (7) or Africa (4), while two others had expertise in medical missions’ administration; of the remaining two one was a professor of pastoral care from the United States, the

²⁸ The Division of World Mission and Evangelism of the World Council of Churches came about at the WCC General Assembly held in New Delhi 1961, when the International Missionary Council (IMC) merged with the WCC; see Max Warren, ‘The Fusion of IMC and WCC at New Delhi: Retrospective Thought after a Decade and a Half’, in: *Occasional Bulletin of Missionary Research*, 3 (July 1979), pp. 104-108.

²⁹ *The Healing Church*, p. 5.

³⁰ This is according to L. Newbigin who reports “The meeting was prepared by six months of visiting and correspondence by Dr. Erling Kayser of the Church of Norway” (*The Healing Church*, p. 5.) Charles H. Germany, however, contradicts this statement somewhat by telling that “Dr. Erling Kayser ... gave four months of full-time work as Organizing Secretary.” (‘The Healing Ministry’, p. 469.)

³¹ A sample list of the materials Dr. Kayser collected is documented in the ‘Brief Bibliography’ appended to the report of the consultation; see *The Healing Church*, pp. 50-53.

³² Charles H. Germany, ‘The Healing Ministry’, p. 469.

³³ “The participants attend as individuals ... rather than as representatives of their churches, institutions or geographical areas.” (Charles H. Germany, ‘The Healing Ministry’, p. 467).

other a physician from Tokyo, the chairman of the Japanese Christian Medical Association.³⁴ Some more theologians had been invited, but sickness prevented them from attending.³⁵

The overall frame of reference for the deliberations during the week of May 19th - 25th, 1964, was: “The Healing Ministry in the Mission of the Church.”³⁶ This was also the theme of Lesslie Newbigin’s opening keynote address, which set the stage for the subsequent discussions.³⁷ In the first part of his reflections Newbigin articulated basic questions regarding the Christian witness in a secular society, especially in the medical profession, the relation between faith and healing, and “the relation of medical work to evangelism.”³⁸ In the second section he alerted to “matters on which” the LWF and the WCC sought “guidance”³⁹ like: What is the place of healing in the mission of the church? What are the roles of congregations, institutions, and individuals in such a ministry? What is “the relationship of Christian medical work to government”?⁴⁰ “What are the priorities with regard to medical work in each major region” [of the world]? Newbigin also asked boldly: “Do we include all non-Roman missions, or have we reached the point in history when we can include Roman missions in this kind of strategic thinking?” Then, further, “How are the churches ... to become fully involved in the healing ministry?” and “What kind of machinery do we need for joint planning and mutual aid on a national and international and inter-confessional basis?”⁴¹

In closing Newbigin plainly told his audience,

“This consultation is planned only as a first step towards getting into the issues. It is not a consultation which will produce a great statement of principles. We are not competent, we are not prepared, we are not sufficiently representative. ... [W]e ought to resist the temptation to produce a manifesto, for ... we are not ready for it. ... If we are led in the

³⁴ *The Healing Church*, p. 54-55.

³⁵ “The Tübingen Consultation was weakened by the absence of the professional theologians who had taken part in the preparation and were scheduled to be present. Ironically, sickness kept them away.” (Charles H. Germany, ‘The Healing Ministry’, p. 470.)

³⁶ See ‘Editor’s Notes’ of Lessie Newbigin in *The International Review of Missions*, 53, 1964, p. 250; see also Charles H. Germany, ‘The Healing Ministry’, p. 467.

³⁷ *The Healing Church*, p. 8-15.

³⁸ *Ibid.*, p. 12.

³⁹ *Ibid.*, p. 13.

⁴⁰ *Ibid.*

⁴¹ *Ibid.*, p. 14.

providence of God to strong convictions—which may well be—we should rather embody these in the form of a document which we would send to our sponsoring bodies under the general rubric of a question, ‘Does this statement help illuminate your problems?’ If we can raise the right questions we shall have done our job.”⁴²

All what was sought was, first, raising the right, that is, the truly relevant questions with regard to medical missions and its place in the healing ministry of the Church, and, second, to give guidance as how best to accomplish this, well knowing that it “will be most difficult to achieve in respect of medical missions a real deep full spiritual integration with the Church”⁴³, as put by Newbigin. And yet, against the explicit charge not produce a document the participants felt to do just that. Above and beyond raising probing questions they—surprisingly—found some kind of an answer which they felt urged to publish. Newbigin described these dynamics as “something” that “happened ... beyond” the “plan”⁴⁴ and “the preparatory material”⁴⁵, while James McGilvray spoke of “the Holy Spirit’s guidance”⁴⁶ and Charles H. Germany in his ‘Closing Meditation’ described the experience with the phrase “We have been led ...”⁴⁷, noticing somewhere else that the “Findings” could not “have been written in advance.”⁴⁸

Having thus sketched the historical and institutional context of “Tübingen I”, we now can identify at least three major elements contributing to the consultation’s impact. These elements are (1) the convening bodies represented global denominational⁴⁹ and interdenominational networks with a critical mass of “younger” churches making their concerns heard. This was not so the case in the Wheaton Convention of 1959, organized by an association of pious individuals working in medical missions, while the CMS Statement represented more or less unilateral considerations

⁴² Ibid., pp. 14-15.

⁴³ Ibid., p. 14.

⁴⁴ Lesslie Newbigin, *ibid.*, p. 5.

⁴⁵ *Ibid.*, 6.

⁴⁶ *The Healing Church*, p. 49.

⁴⁷ *Ibid.*, pp. 44-45.

⁴⁸ H. Germany, ‘The Healing Ministry’, p. 471.

⁴⁹ What is of special interest here is the participation of Dr. W. F. Bulle, Executive Secretary for medical missions of the Lutheran Church Missouri Synod (LCMS), which is not a member church of the LWF (see *The Healing Church*, p. 54).

from the side of a sponsoring church body, albeit also a global one. (2) The topic of “Tübingen I” was not confined to medical missions only, as was the case in Wheaton and with the CMS Statement. “Tübingen I”, rather, addressed medical missions in the much the broader framework of their place in the healing ministry of the Church. (3) Relating practical and organizational issues faced by medical missions to basic questions of identity, calling, and witness as members of the Christian Church led to a unity of questioning and, consecutively, to surprising “Findings” which mark “Tübingen I” as unique. However, while giving us some clue the three elements just mentioned do not explain fully why the “Findings” did get the broad hearing they actually received by people not present at the Consultation and working in very diverse situations and places. This, certainly, has to do with the content of the “Findings”, to which we now turn.

B – II – The “Findings” of the Tübingen consultation of 1964

The unanimously adopted, unsought findings of the first Tübingen consultation cover ten booklet pages. Preceded by a “Preamble” counted as section I, the “Findings” are hierarchically arranged in eight sub-sections, proceeding from basic theological statements in sections II-IV to technical and organizational issues in sections V-IX.

The Preamble documents the self-conscious certainty of its authors writing under the impression of having been led to the insights gained. They express the conviction that their “statement” is “revolutionary to much of the Church’s ... involvement in medical work.” How so? Here is their argument:

“Mission boards ... societies and national churches are ... promoting medical work in terms of meeting physical need or providing avenues for the preaching of the Word all within a varied understanding of Christian compassion and concern. Yet the valid criticism by younger churches that such institutions are a ‘burden’ to them, and the lack of intimate involvement in medical institutions in the West points up the absence of a sufficient distinction between much Christian medical work and the service of secular agencies. It is our earnest hope that these findings may lead to the criteria by which existing and projected Christian medical work can be evaluated.”⁵⁰

This diagnosis is radical in so far as it not only declares that the conventional justifications for Christian involvement in medical care by individuals or institutions based on compassion and

⁵⁰ Ibid., p. 34.

evangelism are insufficient to sustain such work.⁵¹ Likewise radical is this diagnosis in identifying (a) the complaint by younger churches that running hospitals is a “burden” and (b) “the lack of intimate involvement in medical institutions in West” as being due to the “absence” of a distinctive Christian perception of medical work, which the “Findings” attempt to remedy. How? Instead of letting go of the Church’s medical work the consultants—to their own surprise—had to reaffirm such commitment arguing first and foremost in section II that the “Christian Church has a specific task in the field of healing” which cannot be surrendered “to other agencies” because healing is “an integral part of its witness to the Gospel” and an expression of salvation.⁵² The Church and the Christian congregation—explicitly defined in the document as “the corporate fellowship of the People of God wherever it manifests itself”⁵³—is mandated by its Lord to “exercise the healing ministry,” which “must be kept under constant review ... in each generation” to see if it lives up to its task.⁵⁴

Section III deals with “The Role of the Congregation in the Ministry of Healing.”⁵⁵ It specifies particular responsibilities of local congregations such as realizing their belonging to a body called to bring about healing in one way or another through the ministry of the Word, the Sacraments and prayer, while, besides others “healing services, laying on of hands, and anointing” may also play a part in it, provided that “proper medical means” are not discarded and that the patient is not exploited. However, the healing ministry extends beyond, namely also to the care

⁵¹ “In our search for this distinctive character of [Christian] healing we have considered compassion in response to need; we know that compassion is a part of a Christian concept of healing, but it is not distinctive. - We have recognized in much medical work a motivating sense of the dignity of man. This too in a special sense is true of Christian healing, but even a particular sense of the dignity of man is not enough. - We have noted that the disciplined practice of the medical art is a part of responsible work, but this is also not distinctive to Christian healing. - We have seen a noble dimension of the willingness of those engaged in healing to suffer. This also is fundamentally a part of Christian healing, but this too is not entirely distinctive. - We have been led to hold our search against the background of the New Testament drama of salvation.” (Charles H. Germany, ‘Closing Meditation’, in: *The Church and Healing*, p. 44.) – “So long as the basic motivation remains that of meeting physical need or of using medical practice as a means to another end, the historical pattern is likely to be repeated in the developing countries of the world.” (James McGilvray, ‘The Next Steps’, *ibid.*, p. 46.)

⁵² II – The Christian Concept of the Healing Ministry, *The Healing Church*, p. 34-36; quotes from pp. 34-35.

⁵³ *Ibid.*, p. 35, footnote 1.

⁵⁴ *Ibid.*, p. 36.

⁵⁵ *Ibid.*, pp. 36-37.

for those who work as physicians, nurses, ancillary medical staff, and it also includes the encouragement of others “to enter the healing professions.”⁵⁶

The topic of section IV, the last of the non-technical subdivisions of the “Findings”, addresses “The Healing Ministry in Theological Education.”⁵⁷ Stating that “A Christian understanding of healing is already implicit in theology” but absent from respective syllabi in theological training, the teaching of the Church’s ministry of healing in colleges and seminaries is deemed to be “imperative” and probably “most effectively” carried out in the department of “practical theology.”⁵⁸ “The theological college and seminary” it is said, “should ... train ... students to be trainers of ... laity who as members of the congregation should carry on the essential ministry of healing.”⁵⁹

The following sections, marked by a slightly different style than the preceding ones, deal with “The Training of Medical and Para-Medical Workers as a Task of the Church” (V)⁶⁰, “The Institutional Forms of a Healing Ministry” (VI)⁶¹, the relationship of a Christian Healing Ministry to secular government initiatives (VII)⁶², and the joint—ecumenical that is—planning of healing ministries across denominational lines (VIII)⁶³. The last section contains recommendations as to how to continue the quest set in motion during the consultation (IX)⁶⁴. Besides “gathering, analysing and making ... available ... the very large amount of work in survey and study” already existing, further studies and surveys of the healing ministry “at local, regional and international levels” are incited⁶⁵, as are “the carrying out of pilot and experimental projects in an integrated programme of healing.”⁶⁶ Also, “particular attention [should] be given to ... the theology of health and healing”, especially to the topic of “Health and Salvation,” to “the relationship of Church and state in the area of healing and health”, to “the Church’s ministry of healing to pri-

⁵⁶ Ibid., p. 37.

⁵⁷ Ibid., pp. 37-38.

⁵⁸ Ibid., p. 38.

⁵⁹ Ibid.

⁶⁰ Ibid., pp. 38-39.

⁶¹ Ibid., pp. 39-40.

⁶² ‘The Relationship of a Christian Healing Ministry to Government’, *ibid.*, p. 41.

⁶³ ‘Joint Planning and Use of Resources for the Healing Ministry’, *ibid.*, pp. 41-42.

⁶⁴ ‘A Continuing Programme of Study and Work’, *ibid.*, pp. 42-43.

⁶⁵ Ibid., p. 42.

⁶⁶ Ibid., p. 43.

vate practice of medicine” and to “joint action by the churches in the ministry of healing, particularly in relation to medical missions.”⁶⁷

Studying these “Findings” one is struck by their clear awareness of the Church’s responsibility for medical pursuits of healing as an integral part of the healing ministry. To bring about healing the Church cannot ignore medicine; instead, the Church has to avail of it in such a way, that medical activities and institutions become genuine expressions of the healing ministry by their “complete integration ... into the life and witness of the Church.” This “should not be taken simply as meaning that the administrative control” of hospitals and medical programs is in the hands of a church body. It, rather, was to mean, that “the congregation ... recognize(s) itself as the healing community which knows the hospital to be an essential channel of its witness to the world.”⁶⁸ Thus, the

“Consultation discovered in a quite unplanned way that to ask whether or not the time has come for the Church to surrender its work in medicine ... is to ask a theological question. One has the feeling that before Tübingen ... consultation participants leaned in the direction of the Church withdrawing from areas of healing now strongly occupied by the state. ... Even so, the Consultation was led to articulate the belief that ‘the Christian Church has a specific task in the field of healing’.”⁶⁹

And also,

The Tübingen consultation did not find it possible to say that no more ... medical institutions should be built overseas. On the contrary, increased government services do not necessarily mean that the Church should withdraw.”⁷⁰

It is precisely this call to remain engaged in and recommit to medical expressions of the ministry of healing which has “spoken to the condition of many who were wrestling with the problems of medical missions, and ... with the healing ministry in one form or another” as Lesslie Newbigin remarked in the ‘Preface’ to the Consultation report.

What has become of these insights in the fifty years since?

⁶⁷ Ibid.

⁶⁸ Ibid., p. 40.

⁶⁹ Charles H. Germany, ‘The Healing Ministry’, pp. 470-471.

⁷⁰ Ibid., p. 473. – The “assumption that the Church should now withdraw in those situations where her pioneer service in medical work has drawn a multiplicity of secular agencies simply denies any uniqueness of service which the Church by her very nature can render. ... We must ask why it is that the Church and its hospitals have developed too often into ‘separate’ entities.” (James McGilvray, ‘The Next Steps’, in: *The Healing Church*, p. 46.)

B – III – “Tübingen I” fifty years later

Appraising the Consultation one of those then present remarked shortly thereafter: “Sometimes a conference is timely enough and demanding enough in theme to serve as stimulus for a continuing programme. Tübingen was certainly of this character.”⁷¹ He was right. “Tübingen I” had an impact not just on its participants, but on the global plane as well. To keep its momentum going “a small consultation of theologians ... to discuss the subject ‘Health and Salvation’” was called to meet “at an early date, perhaps in 1965.”⁷² However, this sequel consultation—known as “Tübingen II”—came about only as late as September 1967.⁷³ It not only reaffirmed the findings of the previous one, but also expressed “the need for the creation of an ecumenical agency to assist the churches in their search for relevant styles of health care involvement.”⁷⁴ Similar concerns were raised in like events organized in other parts of the world that same year in Tanzania (Makumira, February), India (Coonoor, March), Ghana (Legon, April), and South Africa (Johannesburg, May; Mapumulo, September).⁷⁵ “Tübingen I”, further, gave rise to systematic surveys of churches’ involvement in medical and health-care programs in Africa (Cameroon, Zambia, Ghana), Indonesia, and India⁷⁶, and, led to establishing in June 1968 the Christian Medical Commission (CMC) as “an outspoken ecumenical programme”⁷⁷ with Roman Catholic participation from its very inception. James McGilvray tells why the CMC was called such:

“Some may wonder why it was called a ‘Medical’ Commission when its chief concern was to be with health. When the original proposal to create a Christian Health Commission was announced it attracted an immediate response from various spiritual and divine healing groups which felt that ... they were being

⁷¹ Charles H. Germany, ‘The Healing Ministry’, p. 474.

⁷² *The Healing Church*, p. 43.

⁷³ See James McGilvray, *The Quest for Health*, p. 28-31, with excerpts of presentations on pp. 111-115. The proceedings of this weeklong consultation (Sept. 1-8, 1967) have never been published but are available in archival copies by the title “Health – Medical – Theological Perspectives”, Tübingen 1967. For a report (in German) by one of the participants in that consultation see Gerhard Hoffmann, ‘Heilung und Heil’, in: *Ärztlicher Dienst weltweit: 25 Beiträge über Heil und Heilung in unserer Zeit*, W. Erk, M. Scheel, Hrsg., Stuttgart, J.F.Steinkopf Verlag 1974, pp. 144-152.

⁷⁴ ‘Preface’ in: *In Search of Wholeness ... Healing and Caring*, Contact – Special Series 2, June 1979, Geneva, WCC, unsigned, unpaginated.

⁷⁵ See James McGilvray, *The Quest for Health*, pp. 17-22.

⁷⁶ *Ibid.*, pp. 32-41. – Charles H. Germany mentions that “the Tübingen Consultation gave highest priority to survey and study.” (‘The Healing Ministry’, p. 474.)

⁷⁷ Ans J. van der Bent, *Vital Ecumenical Concerns: Sixteen Documentary Surveys*, Geneva, Switzerland, World Council of Churches 1986, p. 303.

provided a forum within a world-wide ecumenical body. Since the Commission was intended to assist the churches which were engaged in medical services around the world it was decided that it would be more appropriate to designate it as such. ⁷⁸

The CMC was mandated to implement what was envisioned at Tübingen in 1964, namely to “promote ... joint planning and action (a) between ... churches ... and (b) between ... other voluntary agencies and the Government,” but also to “undertake and encourage the study of the nature of the Christian ministry of healing and the problems which confront it [i.e. the healing ministry] in a changing world.”⁷⁹ The Commission existed until 1992 when in the restructuring process of the WCC the then so-called ‘CMC Churches’ Action for Health’ merged with the sub-units on Education and on World Mission and Evangelism to form Unit II labeled “Churches in Mission: Health, Education, and Witness.”⁸⁰ This, however, was bemoaned by the World Health Organization (WHO), with which the CMC had established a remarkable relationship of mutual respect that became instrumental in bringing about the ambitious 1978 Alma-Ata Declaration pronouncing “Health for All by the Year 2000.”⁸¹ Writing about “The Christian Medical Commission and the Development of the World Health Organization’s Primary Health Care Approach” in 2004, a former WHO official made the distressing remark: “Sadly, however, the

⁷⁸ James McGilvray, *The Quest for Health*, pp. 43-44.

⁷⁹ From the CMC ‘Mandate’ as given in the recorded minutes: ‘Christian Medical Commission – First meeting’, Ecumenical Centre, Geneva, Switzerland, Sept. 2-6, 1968, p. 2. – McGilvray, however, later distorted this mandate somewhat when he writes that the CMC was “charged ... with responsibility to promote the national co-ordination of church-related medical programmes and to engage in study and research into the most appropriate ways by which the churches might express their *concern for total health care*.” (in: *The Quest for Health*, p. 41; emphasis mine) For an at least partial history of the work of the CMC see *ibid.*, pp. 42-101.

⁸⁰ See G. Paterson, ‘The CMC Story 1968-1998’, in *Contact*, 161-162, June-July/August 1998, pp. 3-48. See also ‘8th Assembly and 50th Anniversary Preparatory Materials: HEARING ON UNIT II: CHURCHES IN MISSION - HEALTH, EDUCATION, WITNESS, Annotated Agenda’, World Council of Churches, online database at <http://www.wcc-coe.org/wcc/assembly/hu2wb-e.html> (accessed May 27, 2014). The CMC presented its final ‘Report’ to the Central Committee at its meeting in Moscow in 1989 (David Hilton, Manoj Kurian, ‘Healing, Health, Health Care’, in: *Dictionary of the Ecumenical Movement*, Geneva, Switzerland, WCC Publications, 2nd ed., 2002, p. 511).

⁸¹ See James McGilvray, *The Quest for Health*, pp. 70-80. – See also: G. Paterson, ‘The CMC Story 1968-1998’, pp. 13-14; J. H. Bryant, J. B. Richmond, ‘Alma Ata and Primary health Care: An Evolving Story’, in: *Health Systems Policy, Finance, and Organization*, ed. by G. Carrin, K. Buse, K. Heggenhougen, and St. R. Quah, San Diego, CA, Academic Press 2009, pp. 59-81. On the reaffirmation of the PHC approach by the WHO, see: *The World Health Report 2008 – Primary Health Care Now More Than Ever*, World Health Organization, Geneva, Switzerland 2008.

CMC will no longer be involved with whatever emerges [in WHO policies], as it was effectively disestablished in the 1990s.”⁸²

The latest reshuffle of the WCC has caused the concerns for which the CMC once stood to be further obscured by placing these under the heading “Health and Healing” in the Programme Area “Justice, Diakonia and Responsibility for Creation” with minimal staff support.⁸³ Except for the magazine ‘Contact’⁸⁴ nothing much is left of the CMC today. A lot, rather, has been lost, not only in regard to the terminology, the ecumenical, professional, and political cooperation.⁸⁵ Regrettably, what has also been lost is the great vision of “Tübingen I” that the Christian Church has a specific task in the field of healing which cannot be delegated to other agencies, since it is a genuine element of the proclamation of the Gospel.

What happens to medical concerns within the WCC now? Do these find a hearing still? It seems that the supporting churches have recoiled from challenging scientific medicine by the distinctive Christian understanding of health and healing as envisioned in Tübingen 1964. True, the CMC did conduct several regional consultations to identify a ‘Christian Understanding of Health, Healing, and Wholeness’ during the years 1979 to 1987.⁸⁶ But this initiative led hardly to anything more than the reaffirmation of what churches were already doing in PHC⁸⁷ and community based HIV/AIDS programs. These consultations did not realize that such activities represent the Christian healing ministry only in part. Focusing on care for marginalized populations these consultations sidetracked proper attention to medical concerns by broadening essential terms to such an extent that those lost their distinctive meaning and became trivialized and, thus, unsuitable for

⁸² American Journal of Public Health, vol. 94, 11 (Nov. 2004), p. 1892.

⁸³ See “World Council of Churches – What we do” at <http://www.oikoumene.org/en/waht-we-do> (accessed May 27, 2014).

⁸⁴ The first issue of ‘Contact’ appeared November 1970, counting till date 195 issues. For a complete listing of these see <http://www.oikoumene.org/en/what-we-do/health-and-healing/contact-magazine> (accessed May 27, 2014). For a history of this publication see G. Paterson, ‘The CMC Story 1968-1998’, pp. 12, 44-45.

⁸⁵ On the CMC cooperation with secular agencies see Hakan Hellberg, ‘The CMC and its Impact on Secular Organizations/Agencies’, in: *The Vision and the Future: 25 Years of CMC*, CMC – Churches’ Action for Health, World Council of Churches, Geneva, Switzerland 1995, pp. 42-44.

⁸⁶ These consultations are documented in *The Search for a Christian Understanding of Health, Healing and Wholeness. A Summary Report on the Study Programme of the Christian Medical Commission of the World Council of Churches 1976-1982*, Geneva, WCC 1982, and *Healing and Wholeness. The Churches’ Role in Health. The Report of a Study by the Christian Medical Commission World Council of Churches*, Geneva, WCC 1990.

⁸⁷ For an early and highly instructive criticism of PHC within the CMC see Charles Elliot, ‘Is Primary Health Care the New Priority? Yes, but ...’, *Contact*, no. 28, August 1975.

the qualified discourse with the scientific community. The terminology of health, healing, and wholeness might fit nicely into overall WCC concepts and concerns, but it has become irrelevant for the discourse with the medical profession in the real world.

So, what about the legacy of “Tübingen I”?

C – Closing: – What about the legacy? – Those gathered here fifty years ago were convinced that *if it is true that all healing is from God* and related to *salvation*, than the Church is tasked with making this explicit to medicine as the professional agency of healing, too. Such discourse might prove to be complex and difficult, but this does not exculpate the Church from *not* engaging in it, even though some fundamentalist Christians regard engaging with the world in this way as an indication of “the diabolical tenor of the Tübingen consultation.”⁸⁸ The Church is not indemnified from articulating the unique contribution of her healing ministry to medicine and the health-care professions. Not that the Church does know more about healing than medicine; she certainly does not. But the Church knows—thanks to the Gospel—something that is essential for putting medical and therapeutic efforts into proper perspective. What such discourse might look like has been demonstrated in an exemplary fashion by the dialogues between John Bryant and David Jenkins on “Moral Issues and Healthcare” and on “Health Care and Justice” during the annual CMC meetings 1971-1973.⁸⁹ Never again was such depth of argument and understanding reached in the attempt “to bridge the gaps between ... Church and Medicine [!]”⁹⁰ and, actually, to learn what healing has to do with salvation.⁹¹

Furthermore, “Tübingen I” defined the Church as an agency of healing in “God’s plan of salvation for mankind.”⁹² Christians have to bear witness to this. They do so *all the time* and *every-*

⁸⁸ So Pamela E. Klassen in her book *Spirits of Protestantism: Medicine, Healing, and Liberal Christianity*, Berkeley / Los Angeles, University of California Press 2011, p. 53. Here is the quote in full: “Together, they [i.e. the people at Tübingen] emphasized the need to work with scientific medicine and to be suspicious of sensational faith healing, while they also repeatedly asserted that all healing came from God and was a ‘dethroning of the powers of evil.’ Deployed in tandem with psychological concepts such as anxiety (‘a red light testifying to the abyss’) and medical approaches such as psychosomatic medicine, the diabolical tenor of the Tübingen consultation’s definition of healing grew from the discourses of both spiritual equilibrium and spiritual intervention.” While the book is presented as an anthropological study of “liberal Protestantism” (Preface, pp. xviii-xxi), its language gives it away.

⁸⁹ Documented in *In Search of Wholeness*, pp. 17-51.

⁹⁰ James McGilvray, *The Quest for Health*, p. 31.

⁹¹ For further reflections on the issue of health see David Jenkins, ‘Foreword on being concerned both about medicine and about something more’, in: McGilvray, *The Quest for Health*, pp. IX-XIII.

⁹² *The Healing Church*, 35.

where through their *living, speaking, and acting*, not just in medical or ecclesiastical environments or on topics of healing.⁹³ When referring to *this way* of authentically living the Gospel—and *to this way only*—it is appropriate to speak of the Christian congregation as a “healing community” and of the Christian Church as a “Healing Church,” phrases, which drew appropriate criticisms from early on.⁹⁴ However, the vision of the Church as a healing community is not a matter of semantics. It, rather, is a call to live up to in whatever our pursuits. That, too, is left to us as legacy from “Tübingen I.”

Thank you for your kind attention.

⁹³ Very instructive in this regard is McGilvray, *The Quest for Health*, chapter 10: ‘The Way Ahead’ (pp. 102-110).

⁹⁴ “The Tübingen I concept of ‘The healing Church’ too positively – perhaps too magically – equated the values of Health and Salvation without sufficiently accounting for the very empirical phenomena of suffering and death. This shortcoming, acknowledged by all who participated, however had directly led to further theological reflection at Tübingen II.” (Hans Florin, ‘The Role of the Church in Health and Medical Services’, in: *Christian Medical Commission – First Meeting Ecumenical Centre, Geneva, Switzerland, Sept. 2-6, 1968*, archival typescript, p. 30); see also Stanley G. Browne, *The Healing Church, an ambiguous and misleading concept*, London, Christian Medical Fellowship 1970. In German: Ulrich Bach, *Heilende Gemeinde? Versuch einen Trend zu korrigieren*, Neukirchen, Neukirchener Verlag 1988.