

recognize that prayer builds bridges and helps to communicate with others, was sounded to the women.

Joyce Danforth, prayer chairman for Sri Lanka, spoke of what God had done personally through prayer in her life. She declared emphatically that, contrary to women's liberationists, women do not need to take over but rather are to work side by side with men. This can only happen as we learn to sacrificially spend time with the Lord.

In the final analysis it is evident that there is no final limit to what God can do through a woman totally submitted to the will of God. God is on the move and he is most surely using women.

## MEDICAL MISSIONS GROUP REPORT

*Secretary: Morgan Derham*

*Several strategy groups were arranged spontaneously by participants at the Congress. This report is from one of those groups.*

The group met on Monday and Tuesday afternoons, July 22 and 23. Those who attended included doctors, nurses and paramedical staff from Angola, Bahrein, Berlin, Egypt, Gambia, India, Indonesia, Italy, Kuwait, Nepal, Oman, Pakistan, the Philippines, Sudan, Thailand, USA, and Yugoslavia.

Most of the first session was taken up with participants introducing themselves, describing their work, and stating their special concerns. Topics for further discussion were suggested. At the second session, Mr. Ray Knighton, of M.A.P., introduced the subject chosen for discussion: The role of medical ministries in relation to government health schemes. His impression was that many Christian hospitals had yet to take this matter seriously. He described different patterns of relationship — (a) Total separation; (b) Mission hospitals receiving government support; (c) Mission hospitals recognized by governments; (d) Those taken over by government but retaining staff. He expressed his own beliefs that in general:

- i. Christian institutions should have closer relationships with governments.
- ii. Medical ministries should increasingly develop community and rural health schemes.

Relationships with churches were often unsatisfactory; he commended the Indian Emmanuel Hospitals Association, the Inter-church activities in rural health programs, and the international, inter-agency concept as illustrated by the United Mission to Nepal, and ACROSS.

Subsequent discussion mainly emphasized the same points, and included a report of an evangelical hospital run by a group of churches in Naples, Italy.

The meeting then commissioned its chairman and secretary to detail its findings in the form of a statement as follows: This meeting of participants involved in medical ministries wishes to emphasize the following points:

1. Medical ministries are a legitimate part of the communication of the Gospel of Jesus Christ (Matthew 9:35). They are not to be regarded merely as a means to an end, since they are in their own right a manifestation of the love of God.
2. Not only is there a continuing place for medical ministries, but new areas of opportunity are opening up.
3. Community health schemes, reaching out from existing institutions, are to be encouraged by all means; medical ministries should give a lead in these matters to other authorities, and in training paramedical and similar workers.

- 4. Medical ministries should cooperate wherever possible with government health services, and help to set standards of compassionate and fully integrated care.
- 5. In view of the new opportunities, medical personnel of every kind should be encouraged to offer their services to needy areas, long-term or short-term, in general medicine or specialized fields.

*Section VII:  
Theology of Evangelization  
Papers and Reports*

