A Centenary Retrospective: Christian Medical Missions and Medical Anthropology

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This retrospective provides a brief history of Christian medical missions as the critical backdrop to understanding how missions in the 19th and 20th centuries paved the way for ethnographic work among non-Western culture groups, as well as provided insights into other cultures' health and healing practices. Medical missions also brought biomedicine into the care systems of non-Western cultures and set the stage for understanding the importance of cultural knowledge in determinants of health and disease. These endeavors cannot be discounted as motivators for anthropologists to further engage the work of health and healing as these worked to understand other cultures and their needs. This retrospective also explores how the subdiscipline/specialization of medical anthropology became formalized, applied; and how critically important it became in contributing to medical knowledge and practice cross-culturally. Examples of modern-day giants of medical anthropology bring our attention forward and underscore their lasting contributions. The retrospective ends by encouraging Christian anthropologists to consider specializing in medical anthropology. For those in practice, it asks where they 'abide' today: where they can be located, given that there is no formal organization unique to them.

In our 21st century, quasi-dystopian and self-centered global universe, we often lose sight of the value in engaging history to guide our present *and* our future. Thankfully, the *OKH Journal* has prompted us to look back into our respective academic and social histories and glean a better sightline for going forward, hopefully via renewed revelations from examining the past.

Personally, I came to cultural anthropology, and then medical anthropology not via a thought-out trajectory or set of delineated interests per se; but rather, because I felt an initial 'call' to missions after professing Christ as a young adult. This 'call' eventually transmuted to involvements with academic anthropology as a means of preparing myself for "the mission field." "The mission field," however, never happened in the traditional sense: I became enamored with knowing culture at large and individuated; saw its immense relevance to knowing that proverbial *"other,"* and thus went on to deeper involvements with the field via teaching and research.[1] Thus, what started as a preparation for "the mission field" actually *kept me out* of the mission field—until HIV became a threat in the U.S. in the early 1980's, and shortly following became a global pandemic of its own.

My rage then at the misunderstandings which circulated within Christian circles about the virus; the condemnations that floated uncensored; and the titulary epithets which the infected were given, were enough for me as a Christian anthropologist to ask significant questions about how the Church ought to be treating people with HIV. Was this treatment of the "other," and the condemnations cast on them *typical* of how Christians reacted to viral threats these deemed a consequence of sin? Did missionaries treat *their* sick

[1] I became a professor after completing a PhD (UCLA) at then–Southern California College (now Vanguard University), where I founded one of the early majors in anthropology in Christian colleges. I convinced myself I was at least preparing others with this precious commodity of knowing culture.

populations in distant lands in the same, culpatory manner?

In the middle of this mental ruckus and real HIV trauma which had beset itself on close friends and colleagues, I discovered the history of medical missions and the singularity of those Christians that treated the ill from other cultures with outstanding love and care. I also discovered *medical anthropology*.

I was hooked again; but this time, not just for my academic understanding or preparation—*but to do something about what was happening*. I completed two applied postdocs in the process.[2]

I open this retrospective with this story of how I eventually gravitated to, then became a medical anthropologist because in doing so, I've stood on the shoulders of giants, many of whom were *also* Christian—giants who were *medical missionaries*; and giants who were first to engage anthropology and medicine, anthropology and public health; who also *practiced and applied themselves* to the wellbeing of those *others.*

And it is exactly at this time, in this post-COVID pandemic moment, that a retrospective look at anthropology's involvement with health and well-being, Christians practicing within it and as medical anthropologists, ought to bring us significant reminders, encouragements, and cautions to then use in seeding future Anthro-Medical endeavors.

Medical Missions: Knowing and Serving the Other

It would be a *faux pas* to recollect about medical anthropology without acknowledging the contributions of medical missions. Christian missionaries often engaged themselves as early medical anthropologists, particularly when these had to learn about and understand the cultural health traditions of the culture they were serving when transmissible illnesses occurred. Learning local health traditions, learning how to introduce biomedicine without sacrificing local customs, treating the sick and negotiating how to do so alongside local *shamans*, all contributed to the syncretism of cultures and health practices at the local level.[3]

Moreover, these missionaries often conducted extensive *fieldwork* of their own, shedding needed understandings on non-Western cultures and demythologizing them in the process. Volumes were written to acquaint the Western mind with that of others; and much effort was put into valuing cultural differences and preserving them as best these could. Medical missions also helped enable naturopathic medicinal uses by the West; helped stave off starvation and malnutrition in many cultures served; later introduced vaccinations and treatments for such as malaria, polio; also and often deftly, integrating religious and medical engagements with local belief systems and health practices.

Some great names to remember here are such as David Livingstone (1813-1873), Scottish missionary and African explorer who emphasized the need to include *medical care* as part of any missionary work. He documented local health customs and practices to understand not only their cultural roles and significance, but also to know how to assist the integration of biomedicines into the local culture. Albert Schweitzer (1875-1965) worked in Gabon—and although not a missionary in the traditional sense, established a number of mission hospitals and schools while introducing biomedicine to areas where it was previously unknown. His holistic approach was based on a combination of medical care and a commitment to the spiritual well-being of those he served. Missionary Mary Mitchell Slessor (1848-1915), another Scott who worked in Nigeria, was first to learn local languages and dialects as a means of helping her gain trust among those she served. She went on to promote women's health (one of the first to do so in an area of West Africa where superstitions about

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[2] Thus, in my case, a postdoc in sexual medicine (via the Masters & Johnson Institute), and postdoc training in public health epidemiology with emphasis on HIV/AIDS (UCLA–SPH).

[3] Yes, I am aware that early missionization of non-Western culture groups also carried out significant destruction of many cultural traditions in the name of Christianization and 'salvation', and even atrocities. Indigenous populations, such as those in the Americas, did suffer at the hands of perhaps well-meaning, but nevertheless authoritarian forces via missionization efforts. However, by the time the more institutionalized medical missions movement occurred in the 19th century, greater respect for local customs and efforts at cultural preservation became part of missional détente. Early anthropologists of the 20th century also aided cultural preservation by signaling out those missional efforts that thwarted cultural continuity, or pressured conversions to Christianity a la cultural imperialism. See Tucker (2004).

females and evil abounded); and also championed the health of children, whom she is often credited for rescuing from the practice of twin infanticides.

Despite all these great goings-on, antagonism toward missionaries and their work by early (and then later) anthropologists has been an historical fact, well documented in Timothy Larson's article in this volume of *OKHJ*, which you should also read in context.

A more formalized medical missions movement began in the 19th century, one seeded broadly by the larger missions movement among Protestant churches. One of the best examples to remember here was *China Inland Mission*, founded by British Baptist missionary Hudson Taylor (1832-1905). In the 54 years of Taylor's leadership, CIM founded more than 300 medical workstations throughout 18 provinces in China, and 125 schools; many of which also trained student physicians in the Western medical tradition, ushering in early efforts at what we now call *integrative medicine*.[4]

By the early 20th century, a number of missions-based hospitals and even medical schools were established in developing countries. Medical missionaries played critical roles in not only introducing Western medicine to distant regions, but equally as important, addressing then intractable and contagious diseases. The work of Paul Brand (1914–2003) comes to mind here. Brand did extensive work with leprosy, developing treatments and offering compassionate care to lepers in India. As stated, these medical missionaries were also instrumental in gathering the necessary cultural-social information about other culture groups to rectify wrong Western assumptions about those *others.*

In the contemporary era, Christian medical missions has incorporated partnering with local communities, furthering in that respect developments which are not only sustainable, but culturally sensitive and appropriate for the culture at large as well as the culture of care. Local health systems are thus integrated and improved, as well as NGO's capacities through collaborative work.[5] All of these endeavors are also core features of applied medical anthropology today.

Medical Anthropology as Subdiscipline

During the 1960's and '70's, the subdiscipline of medical anthropology was becoming formalized. Its development was heavily influenced by a growing realization that health and healthcare—to be effective—requires a substantial understanding of social and cultural factors that influence health, disease, and prevention. In this respect, early work by such anthropologists as Benjamin David Paul (1911–2005), now considered the 'father' of medical anthropology, brought attention to how culture affects people's responses to health and illnesses. As well, Benjamin Paul enabled Western medicine to understand the contexts of disease governed by cultural ideologies and practices: He was instrumental in incorporating a patient's cultural and personal history into their record, enabling better disease diagnosis, treatment, and foremost, prevention efforts.

"Med Anthro" was given prominence when the American Anthropological Association incorporated the Society for Medical Anthropology (SMA–1967) into its organization in 1971. Medical anthropology also became 'institutionalized' as a subdiscipline via the creation of specialized courses and eventual academic programs training medical anthropologists outright. In tandem, the period of 1970's–1990's saw the *professionalization* of medical anthropology, both as praxis as well as a concurrent subfield of specialization in medicine.[6] This period saw a marked rise of

[4] It was during the same epoch as Taylor's work that other medical missionaries engaged with and learned from traditional Chinese medicine. Some even integrated Chinese traditional medicine into their practice, recognizing its value, albeit at the time, not knowing how these in fact operated (acupuncture comes to mind here). Such integration was part of a broader trend of mutual influence between Western and Chinese medical practices during the period. See Zhang (2023) and Feiya (2012).

[5] An example is *Project Medical Missions* (part of World Missions Alliance, www.rfwma.org). See Nungaraj (2023) as well as Cattermole (2020).

[6] The term "social medicine" is many times used in the medical profession to refer to the incorporation of sociocultural and economic factors, their impacts on health and disease, in medical training and understandings. Therefore, social medicine practice itself (causality, diagnosis, and treatment) is in kinship with medical anthropological praxis, in that both incorporate medicine and social sciences to further patient health and lessen health inequities.

publications in the subfield, as well as texts devoted to *teaching* medical anthropology. With the advent of HIV and its global spread (1981–1995), many who were in the subdiscipline crafted additional specializations to understand social-cultural variables involved in HIV transmission, giving rise as well to additional interest groups within the now formalized organizations of anthropology: one being the *AIDS and Anthropology Research Group (AARG)* of the SMA/AAA.

During this time, I had completed my postdoc preceptorship, training in public health epidemiology with emphasis on HIV/AIDS. As a Christian, applied medical anthropologist now involved in researching the sociocultural dimensions of HIV transmission among Latino/a populations to enable culturally cogent prevention programs (1990–1996), I looked for others of the Christian faith who were in Med Anthro. But these were hard to come across or identify.

I volunteered and became a member of the AARG Board; and it was in these initial gatherings of the group I was privileged to meet Paul Farmer, MD, PhD (1959–2022). I mention Paul, who became a congenial colleague and eventual comrade in arms in HIV, because I cannot think of a more singular presence advancing medical anthropology and praxis in the 20th century than Paul Farmer.

Medical Anthropology as Praxis

Paul Farmer's story is well known.[7] Here, I underscore the fact that Paul, a fledgling MD from Harvard in 1987, was overtaken and heartbroken by the misery and health issues of Haiti, where he initially served. Needing to do "more," he went on to found, with two other partners (Ophelia Dahl and Jim Yong Kim) *Partners in Health.* PIH has grown to serve millions of patients in 11 countries worldwide. At some early stage in PIH's development, Paul saw *his own necessity* to understand Haitian culture and by extension, cultural principles that underlie anyone's health beliefs and practices. He returned to Harvard to earn his PhD in anthropology, and forward, became an MD *and* medical anthropologist. He also became a stellar voice for the inclusion of cultural knowledge into healthcare. His work in Haiti, Rwanda, and other countries infused medical care with depth knowledges of local cultures, as well as knowledges of the social determinants of health.

Knowing Paul up close meant also finding *"this former Catholic,"* as he sometimes referred to himself and his faith of upbringing. I found Paul to be a 'Jesuit at heart': his strong ethic of social justice and healthcare equity became a model for medical anthropology—praxis and research—as well as medical practice itself. More than just caring, he brought a deep rooting in faith, a sacredness to patient interactions, and an awe about what possibilities there may be to save a life. He was an exemplar for those who work with and care about health equity. He also became an activist, urging for a world more equitable by focusing on the health and rights of the poor. As such a force, he embodied a moral imagination of equality. And, despite all his roles he never lost his belief or faith in the *other*—or for that matter, faith in the God of the Universe. In this and every other sense, Paul Farmer embodied medical missions/medical anthropology. He embraced the spirit of the old giants—and with his own sudden passing in 2022, bequeaths us his own shoulders to stand on.

When I refer to *praxis* in medical anthropology, I'm not focusing on *being an MD and an anthropologist*, as Paul was. I am referring to applications that may often come alongside medical practice and/or research, such that enable cultural information necessary to understand, for example, disease transmission; or how to integrate biomedicines with ethnomedicinals in particular cultural settings; or enabling a medical technology's "fit" within cultural frames that operate through different ideologies of health and illness, diagnosis, or treatment.

And yes, this work oftentimes involves—as I discovered—becoming conversant, also '*credible'*, via some formalized training in branches of medicine and/or public health. Indeed, medical anthropological

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[7] Paul's story as well as that of PIH was prominently written about by Tracy Kidder in *Mountains Beyond Mountains. The Quest of Dr. Paul Farmer, A Man Who Would Cure the World* (2008). Farmer has written copiously, but among his more well known and recent works are *In the Company of the Poor: Conversations with Dr. Paul Farmer and Fr. Gustavo Gutierrez, SJ* (2013a); *Reimagining Global Health: An Introduction* (2013b); and *To Repair the World: Paul Farmer Speaks to the Next Generation* (2013c).

praxis brings us much closer to real life applications, and these often involve us with patient care.[8]

Notable names beyond Paul Farmer today should be mentioned, albeit briefly and incompletely here: Arthur Kleinman, American psychiatrist and medical anthropologist noted for his extensive studies of culture and mental health, mental illness. He has introduced the concept of "social suffering," which has deeply impacted how we understand illness and its interactions with social life. Merrill Singer, medical anthropologist known for his work in "syndemics"—how social conditions and diseases interact. Singer has extensive praxis with substance abusers, HIV/AIDS, and has brought to the forefront the intersectionality of diseases and social conditions. He is also noted for "critical medical anthropology," blending the political economy of health, the effects of social inequalities, and people's health intersections. Among the notables, Nancy Scheper-Hughes, whose work on the impacts of social violence on health has had considerable praise. Scheper-Hughes has also brought attention to the organ trade globally. It is thus fitting to note the variegation of applications and topics being pursued by contemporary medical anthropologists.

Where Are You, *Christian Medical Anthropologist?*

In this 21st century, the dearth of Christian medical anthropologists who can be identified as such is, for me, hard to fathom.

Assuredly, there are identifiable Christian Anthropologists, psychologists, Christian MDs, dentists (who together have formed the *Christian Medical and Dental Association*—CMDA). But, short of missional anthropologists who may embrace health issues and factors while on the field . . . or be specifically in medical missions; and those linguistic anthropologists involved in the likes of SIL/Wycliffe who may also run some clinics, I have found few *Christian medical anthropologists* identifiable amongst the rank.[9]

This is not to say that "medical anthropological principles or research" are not being engaged by some Christian anthropologists; or that there is somehow a lack of enthusiasm for health knowledges or the social determinants of health themselves within the field of anthropology. *It is to say* that given the past century's historical rise of the subdiscipline of medical anthropology, shouldn't more Christian Anthropologists *be in medical anthropology today*, have such training,[10] and be identifiable as such?

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[8] As example, my work in China with HIV (1990-2007) enabled the introduction of rapid immunosorbent assays (what we now all know as 'rapid tests') to detect HIV in whole blood, which then facilitated patient testing at points of care via a finger-prick, vs. needing blood draws and sophisticated laboratory equipment. As a developing country in the early 1990's, China did not have the technology available then to rapidly detect HIV transmission in patient populations. However, China's fulminating HIV infection was spreading rapidly through IDU subgroups, rampant prostitution in large cities, and the selling of whole blood to blood banks by rural populations needing money. Rapid testing changed all that was needed to assess infections, virtually overnight, and once we had assisted in the transfer of the technology by deploying *culturally appropriate training* for health staff at key provincial hospitals. See Gil, V.E. and K.A. Peavy (2003); Gil, V.E. (2006; 2016). To understand the role prostitution played in furthering STIs and HIV in China, see Gil, V.E., M.S. Wang, A.F. Anderson, G.M. Lin, and Z.O. Wu (2003).

[9] I pause to acknowledge that "Christian" here is not used to signify solely Protestant Christians. I understand and welcome Catholics and Orthodoxs of the Christian faith to be solely monikered "Christian." For the purposes of this retrospective, I tried to sort through what denominations of Christianity are actually involved in both medical missions as well as medical anthropology. Historically, Catholic medical missions preceded the Protestant medical missions movement, and a thorough acknowledgement of this fact is hereby noted! Practitioners and academics in medical anthropology who are Christian have yet, to date, to come together and form *any* association or grouping which would identify members as sharing a Christian faith tradition. Consequently, those of us who *do identify ourselves as having a Christian faith tradition* while also being engaged in medical anthropology are often seen as outliers in the subdiscipline. I am hopeful that this retrospective may change that. If you are a Christian who is a medical anthropologist, come forward and write to me: vgil@vanguard.edu. I will assemble and publish a list of names and affiliations!

[10] We must deal with the decline in anthropology in general in the academy, and specifically in smaller, private Christian colleges. See Jenell Paris' great article on this decline in "Small is Vulnerable: Anthropology at Christian Colleges and Universities" (2023). Some medical anthropology coursework is being subsumed under public health, such as at the University of Washington, which now offers a combined degree. But in other cases, the anthropological subdisciplines which caught attention in the 20th century are evaporating in the 21st.

Moving Medical Anthropology Forward in the 21st Century

What can we learn from the past that helps us move into a preferred future in medical anthropology?

We learn a great deal from any retrospective if we care to dig through the layers. We find, foremost, that medical missions and its call to serve the poor and the sick has as its bedrock a sacred trust in the dignity of the person—no matter what creed or culture. In our present century, with its tumultuous return to egocentrism, biases and discrimination, we do well to remember that *respect for the other*, *loving the other as self*, is of paramount importance to God and to our anthropological endeavors. Christian medical anthropologists can thus demonstrate this ethos, live its truth while integrating cultural sensitivity, ethical considerations, and holistic care into our work.

This holistic approach to health figured largely among the best of the medical missionaries and is embodied in contemporary medical anthropologists like Paul Farmer. By respecting cultural practices, medical anthropologists and those in the business of health care can build stronger relationships with patients, improve communications, and assist in patient adherences to treatments and medications. Moreover, it takes cultural knowledge and applications that understand cultural contexts to be able to tailor and customize health interventions which are then acceptable and effective.[11]

In this sense, medical anthropological praxis encourages the type of interdisciplinary collaboration that moves knowledge forward and improves outcomes. This is now the gold standard.[12] When we combine insights from anthropology, medicine, public health, and theology, we are building a more comprehensive understanding of those we serve as well as the strategies for care that we need to enable *for them.* The 21st century medical anthropologist, by design, must be an encourager of problem-solving through interdisciplinary collaborations.[13]

I would be remiss not to mention yet another layer of medical anthropological work today which is highly valuable: community engagement and empowerment. The work of medical anthropologists today requires the type of openness and community involvement that enables that 'thick description', that depth understanding and inclusion which render for the persons being served a sense of being understood and heard.

In this season, we must also advocate for the social justice involved in inclusion. Empowerment *means* being included, heard, trusted to have the foundational understandings *we* seek to understand, and which enables our efforts. We must emphasize the importance of community participation and representation.

And, as Jenell Paris has aptly written about and investigated (2023), we must also address the dearth of anthropology as a discipline, *and* as a catalyst for seeing the world holistically, which is now part of the dwindling academic training in colleges and universities—Christian ones especially. Without solid programs to train the mind to think holistically, explore interdisciplinary work, understand ethnographically, engage the cultural, we recoil back to presumptions about *others* that not only affect relationships and outcomes, but in the vein of this retrospective, threatens the health of populations.

Finally, Christians who enter medical anthropological work should consider it a 'calling'—if one is

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[11] See for example, Gil (1999; 1996a; 1996b).

[12] I refer back to the Society for Medical Anthropology/AAA's international conference, "Medical Anthropology at the Intersections: Celebrating 50 years of Interdisciplinarity." New Haven: Yale University, September 24–27, 2009. This conference was pivotal in cementing key areas of disciplinary *intersections*, encouraging and working out plans for collaboration within and between key fields. See www.yale.edu/macmillan/smaconference/index.html.

On this topic, let me be one to also distinguish the differences between "multidisciplinary" collaborations, and the adoption of theoretical and praxis-imbued "interdisciplinarity." We must move beyond disciplinary methodologies and epistemologies, methodological hyper-specializations, to enable a sustained interdisciplinarity which learns to embrace means and methods, in-depth explanations, from various disciplines to adequately problem-solve.

[13] A good conversation for interdisciplinary collaborations is Rosalyn Vega's lecture, "Syndemics: Considerations for Interdisciplinary Research." *Somatosphere: Science, Medicine, and Anthropology*, September 20, 2019, at www.somatosphere.com. Combine this read with Trindle and Phillips (2024).

moved from the heart to engage it. We sometimes throw that term around meaning different things, so let me be clear: When I say a *calling*, I mean a profession of faith *to the work* and ultimately *to the God of your faith*, to render your efforts in ways and means that can have significant physical and spiritual impacts on those you seek to serve.

I started this retrospective with a short clip on my own move to anthropology and never making it to "the mission field." Here I end by telling you *my* medical anthropology was also *my entre* into missions, missions of a different and more personal sort: I never imagined the opportunities for witness that came with my working in China on HIV/AIDS for 17 years; the number of encounters that led to professions of faith by Chinese colleagues and everyday people—amazing 'conversion stories' of changes in heart and lives through the power of the shared Word. I am now the humbled 'American godfather' (*Měiguó jiáofù*) to families of Chinese who engaged Christianity and are living a vibrant faith; some now Chistian pastors of Chinese congregations; two generations of families, and counting . . . .

Christian anthropologist: Why not consider medical anthropology as your subdiscipline and possible 'calling' in this 21st century?

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