EVANGELICAL REVIW OF THEOLOGY

VOLUME 18

Volume 18 • Number 2 • April 1994

Evangelical Review of Theology

Articles and book reviews original and selected from publications worldwide for an international readership for the purpose of discerning the obedience of faith

EDITOR: BRUCE J. NICHOLLS

Published by
PATERNOSTER PERIODICALS

The worst qualified would be rich evangelists. Only poor believers or the voluntary poor who are Christian can have any access to the Indian poor and find an initial point of contact with them. Since the voluntary poor usually have strong theoretical reasons for their asceticism, evangelists who are theoretically well equipped would be effective.

It should be pointed out to the voluntary poor who are also lazy that they do a great harm to others in society. Producing little for survival they consume what others have produced. Their asceticism impoverishes the community and thereby forces others who are not ascetic to suffer because of them. It should be pointed out that nobody has the right to force others to suffer involuntarily. This should be also a lesson for Christian ascetics. They have the right to be poor voluntarily, p. 116 but no right to be lazy and live on what others have produced without compensation.

From the discussion so far, we can make a general conclusion that the best strategy for reaching the poor with the gospel is for evangelists to become voluntarily poor. Those who have become voluntarily poor for the sake of the involuntary poor witness to the love of Christ and to the faith which empowers them to transcend material conditions. The voluntary poor are not ascetics but become poor in order to make the poor rich and respected. This is the model which Christ and the apostle Paul have set before us. Christ suffered not because suffering itself has any intrinsic value but because through his suffering he could deliver others from their sufferings. His model is most effective in evangelizing the poor, but also the most difficult for us to follow. Are we not really wasting our time and resources trying to find some other easier ways to follow?

———————————

Dr. Bong-Ho Son is Professor of Ethics at Seoul National University in Korea. p. 117

Incarnation as Relocation Among the Poor

Dorothy Harris

Printed with permission

In moving and personal terms, the author describes the successes and failures of the Servants missionary teams in living with the squatter community, beginning ten years ago, in Manila and now in Bangkok, Dhaka and Phnom Penh. She shares the experiences of members of Servants in working out incarnational 'ultimate relocation', community building and church planting among the poor and participation with the poor in a common discipleship of suffering and problem-solving. Through word and deed, the power of the gospel is being demonstrated in the Spirit's work of healing, exorcism and spiritual warfare. While ever seeking to be faithful to Scripture, this case study describes a powerful model of what incarnational evangelism among the urban poor really means.
Editor

INTRODUCTION

Servants was born out of a dream that the gospel would truly become good news to the poor.[1] Coming from an evangelical western heritage, the early workers were primarily concerned that the vast squatter areas were largely places of missionary neglect, written off as impossible for church planting. At this stage there was little emphasis on what the Holy Spirit was doing already without a missionary presence in the slums.

The context of renewal certainly awakened the first workers to God's heart for the poor, to the need for their personal renewal to lead to mission, and to the call to make the p. 118 Kingdom of God not only a future ideal but a current reality in the slums.[2] A Filipina's resigned comment that 'Jesus can't live in the slums, but only in the nice big middle class churches' was a sufficient spur to faith, vision and commitment to prove otherwise: 'Jesus can live in the slums.' After ten years of church planting, community development, health care, non-formal education, income generation, care for prostitutes and drug addicts etc, we are more convinced that the slums are not abandoned by the Father.

The principles of incarnation, community, servanthood, simplicity and holism gradually became the guidelines for mission. These were forged not only in pre-service idealism but more in the desperate reality of slum living—trying to be authentic friends of Jesus and of poor neighbours. This involvement with the poor continues to expand the implications of these principles so they are not mere theories but continuous challenges to holistic transformation. For in the evangelism process, we westerners need continuous conversion so that the Lordship of Jesus touches every area of our lives. The poor in the slums challenge this conversion process as their needs and sin mirror our own and their joy and despair challenge the basis of ours.

Here the focus is on incarnation. I cannot speak with authority on behalf of all workers but I can give snippets of the insights of some of the meaning of incarnation. It will be clear that for all Servants workers our incarnation process in mission is a journey, sometimes painful, sometimes joyful but always limited, desperately dependent on the enriching grace[3] of the only one to whom the word accurately applies.

Our steps along the journey are punctuated not only by experiences of living with the poor but by personal and community biblical reflection on those experiences. The

---

[1] This paper draws totally on the notes and papers of Sevants' workers: Michael Duncan, Ashley and Paula Withers, Martin Auer (Manila), Patricia Green (Bangkok).

[2] Some data of Servants in Asia:

Where	When started	Number of expatriates in 1993 adult	Children	Number of Asians as associate workers in 1993
Manila	1983	19	15	2
Bangkok	1987	12	3	3
Dhaka	1990	4	3	—
Phnom Penh	1993	10	1	—

[3] 2 Cor. 8:9.

multifaceted kaleidoscope of the meaning of incarnation for us in mission reflects the hard work, the wanderings, the despair, much listening, much confession, much forgiveness blended with the yeast of failure.

I. REFLECTIONS ON INCARNATION ...

1. Not a Theological Prescription

For us in Servants, the principle of incarnation in mission means that we go and live with the poor, but we do not view this as a theological prescription. The Scriptures do not command everyone to live with the poor. We interpret incarnation in mission more as an invitation[4] than an ultimatum.

We are called first to Jesus then to p. 119 the poor. His incarnation inspires us to consider fully the implications of the choices he made for the earth, for Galilee, for the poor, for the cross. In all of these power is divested not wielded, he is submissive not controlling. It is good, indeed necessary for us to follow him where such transformations can most readily occur in our lives and ministries.

2. Incarnation Means Relocation

John Perkins says, 'The incarnation is the ultimate relocation.'[5] Servants' workers (families, singles, older and younger), relocate among the poor. In some situations of political turmoil, disaster, closed conservatism, we are not able to do this. The poor have most reason to disbelieve the gospel especially as portrayed by rich westerners making forays into their home areas. Relocation engenders 'relational and compassionate solidarity as well as accountability'.[6] When we do not separate domesticity from mission we have more opportunity to demonstrate a harmony of our words, deeds and being (and to fail miserably at this). We need to see the slums as 'a place for therapy not discharge, a place of order not just of chaos'.[7]

A relocationist methodology[8] is at the heart of that favourite passage of incarnational missioners, Phil. 2:5–11. The call is to follow Jesus in costly humility and commitment to community both in our squatter communities and for the Servants team. Physical relocation among the poor is important to us but it must always be an expression of that inner descent which reflects the spirit of our Lord.

Some Servants Workers Comment

To reach prostitutes effectively in Bangkok, a Servants worker, Patricia Green, has set up a beauty parlour right in Pat Pong, the red light district. It has become a safe haven for women, as well as a place for training, medical care, teaching and joy. 'As I apply makeup to the women' says Patricia, 'I pray for them and anoint them in the name of Jesus.'

'I've seen Jesus', said a Filipino friend of Willy Williams in a Manila slum. Visions are common among such deeply spiritual people, so Willy barely commented. Then his friend said, 'I see Jesus in you as you live among us and share our lives.'

---

[4] Michael Duncan, *Mission the Incarnational Approach*, Servants Journey Series, 1991, p. 13.

[5] *Ibid.*, p. 7.

[6] Ashley Withers, Occasional Paper, Servants, Manila, 1993.

[7] *Ibid.*

[8] Duncan, *op. cit.*, p. 9.

Land is life for a squatter, so in living in Damayan Lagi, a Manila slum, it was natural for Michael Duncan to become involved in the coalition fighting demolition and eviction—justice for the poor house owners and renters. The protest process is tedious and distressing, but there is some hope as a greater unity develops among the poor.

'I'm busy in my own squatter community,' says Shirley Howden in Bangkok, 'but when other workers need my help in sensitive negotiations, I'm there to serve them.'

3. Incarnation Means Participation

For Jesus, the incarnation meant identification. But we are under no p. 120 illusions that we can fully identify with the poor. Even our simplest lifestyle is excessive to the poor. We are temporary, even though we make long term commitments to mission. By living with the poor, we participate in the routines of life, of joy, despair as much as possible. In doing this we hope to engender in ourselves and in our poor neighbours that openness to 'radical transformation'[9] which only the Spirit can complete. In participating with the poor, we deliberately take the position of learner as well as teacher, as those ministered to as well as those ministering. We never claim to be Jesus to the poor. But we can be on the side of the oppressed as he was. We can become gradually more of an insider than a prescriber of solutions. We can learn to value the contributions of the poor rather than focus on their deficiences[10] and we challenge the trickle-down theory that influencing the mighty is the only route to liberation. Incarnation then becomes the model not only for lifestyle but for development, evangelism and training.

4. Incarnation Does Not Guarantee Evangelistic Success

After making the huge effort to live with the poor we assumed it would clearly make all the difference to evangelistic success. The key to evangelism is always repentance and faith—only the work of the Spirit. Living with the poor is not the key to evangelism. We focus more on making disciples than just making decisions. The reality of living together and of suffering the inconsistencies of one another guard against the deception of inflated results.

The key to evangelism is always repentance and faith—only the work of the Spirit. Our call is to obedience: to live and preach the gospel, to see what the Holy Spirit is already doing among the poor, to join in his stream of renewal for ourselves and for the community. As a participant in the Manila centre for mission studies recently said, 'I found that the more I was vulnerable with my neighbours then the more opportunity God had for reflection with me.'[11]

5. Incarnation Expresses Holism

The process of living and working with the poor causes questions about priorities of evangelism over social action (or vice versa) to be unnecessary. The *word* of the gospel needs to be preached. Churches are planted as evidenced by the Living Springs association of squatter churches in Manila and burgeoning slum fellowships in Bangkok. The *deeds* of the gospel express God's heart to transform the awful living conditions, to generate income, to feed the hungry, to oppose injustice, to network for resources for the poor.

---

[9] Leonardo Boff, *New Evangelization*, Orbis, 1991, p. 75.

[10] This paper draws totally on the notes and papers of Sevants' workers: Michael Duncan, Ashley and Paula Withers, Martin Auer (Manila), Patricia Green (Bangkok).

[11] Cecil Benjamin, *God's Way of Change: An Encounter in a Manila Slum for Evangelism*. 1993.

Then the *power* of the gospel is demonstrated in healing, exorcism, spiritual warfare. Further, the Holy Spirit's power needs to be broadly applied to evil systems as p. 121 well as evil persons. The call is to experience, live and demonstrate the whole of the gospel. The complexity and seriousness of life and death issues demand that we cannot have a limited mandate among the poor. In expressing holism Servants workers need to have the courage to become a people who we have never really been before [12]—'contemplatives in action'[13]—rigorously applying the Scriptures and creatively responding to the Spirit as each situation demands.

As westerners we bear the responsibility of not transposing the usual middle class, docetic message, which refuses to take sides. 'Having peeled off the social and political dimensions of the gospel, it has denatured it completely,'[14] says Bosch. The context of the particular slum determines whether the focus is justice, prayer, healing, well digging, medical care, evangelism etc.

In seeking to integrate the words, deeds and power of the gospel, Servants is one struggling attempt at a prophetic witness to the whole of the gospel.

6. Incarnation is Vital for Mutual Liberation

Living among the poor is the sure route to exposing the inadequacy of our motives. A common response among workers is, 'I came to teach but I have had to unlearn so much. I thought I knew what I believed, but now I have more questions than answers.' False securities are reluctantly divested and enemies become apparent not only without but within. Gradually we embark more unashamedly on the journal of mutual liberation, challenged by the poor to allow them to confront our poverty. An aboriginal leader is reported to have said:

> If you have come to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together.

We want partnership not prominence, community not individualism. We are always prone to focus on our own knowledge, systems and techniques. The struggle to be liberated into allowing the gospel to transform ourselves, our community development, our evangelism is painful. John McKnight is helpful in this:

> Peddling services is unchristian—even if you are hell-bent on helping people. Peddling services instead of building communities is the one way you can be sure not to help …
> Service systems teach people that their value lies in their deficiencies …
> If the church is about community—not service—it's about capacity not deficiency.[15]

Living and working together in community force us to move towards valuing people more highly as p. 122 well as repenting more thoroughly. Liberation is under way.

II. PRACTICAL STEPS TOWARDS INCARNATION

---

[12] Michael Duncan, *A Journey in Mission*, 1991.

[13] Thomas Morton, *Contemplation in a World of Action*, Doubleday, 1973.

[14] David J. Bosch, *Transforming Mission*, Orbis, 1992, p. 513.

[15] John McKnight, Why Servanthood is Bad, *The Other Side*, Vol. 25, No. 1, pp. 38–40, Feb. 1989.

How do Servants workers select a squatter area for residence? The following are some criteria.[16]

1. The community is of a size that can accommodate a Westerner. There is a danger that a Westerner may become too central, too noticeable in a slum. The bigger the slum the more this problem is minimized, though not eradicated.
2. The community is in need of a Non-Government Organization (NGO) working there.
3. The churches of the community are not in a position to assume the responsibility of reaching the people for Christ. But there are areas where churches are assuming that responsibility, where we may still move in. We will do this in the hope of bringing together representatives of the churches to form a core group to facilitate in the community.
4. The community is either considered a 'slum of hope' (ie. most people have income, the degree of poverty, vice and crime is not so extreme) or a 'slum of despair' (ie. many jobless people, a great number of very poor families, high prevalence of vice and crime). Servants families will usually move into the former and singles who are able and willing to live in very poor and hard situations into the latter.
5. The community is not too far away from a Servants retreat centre. If too far away, the workers' commitment to the Servants team becomes impractical. Servants workers join the mission with two commitments: to the urban poor and to the team.
6. The status of the land of the community is not so unsure that the Servants worker may have to leave the area after only one year or so. It usually takes up to two years for a worker just to be 'adopted' by a community.
7. The political council of the community has no real objections to a Servants worker moving into the area.
8. For Servants families with children in school age it is important that the community is quite close to a suitable school.
9. The leadership of Servants has no objections to the Servants worker moving into the particular community.

Once Servants is represented in an area it is the aim of Servants to *empower* the poor, ie. to help them to detect, develop and apply their own resources and abilities. We have come to believe that we must work from a resource-base and not from a deficiency-base. The tendency to see only problems and deficiencies in a community does not enhance community participation and development.

III. PHASES OF INCARNATION

The Manila team can, after ten years of ministry and reflection, recognize P. 123 four phases in the process of living and working with the poor. Martin Auer and Michael Duncan here outline these phases as they relate to health care (see Appendix 1).

Phase One

This phase was taken up with actually relocating into the slums. Our rationale for this move was not just theological but also contextual. The sick and the poor in these slum areas had grown disenchanted with professionals and experts coming into their

[16] Michael Duncan and Martin Auer *Incarnational and Holistic Health Care in the Slums of Asia*. 1993.

communities on a nine to five basis. They were perceived as 'outsiders' who did not know their context. 'How could the doctors treat and cure their complaints if in the first place these professionals didn't even know the people, their culture of poverty, and their physical environment?' the poor argued.

Slum dwellers, we understand, consider 'insiders' to be the best health care providers: those who live with the people, learn from the people, listen and understand the people. Insiders come not only to provide health care, but also to receive. They not only give but also receive.

In other words, the process of providing health care—or in a wider sense the restorative process—is better placed in a context of relational and compassionate solidarity with the sick and the poor.

Unfortunately, however, most professionals working with the poor in Asia live in first world suburbs in third world cities. And so from the comfort of their air-conditioned houses they go to the slums and do their ministry only to retreat again later in the day. This approach serves only to underline to the poor that yet again they are objects to be treated.

In western medicine the doctor commonly becomes the subject, the 'healing agent'. The doctor writes the 'healing story' and not the patient. But this serves only to dehumanize the poor even more. By relocating into their context and coming alongside we communicate a joint or communal dynamic in providing health care. We act together hopefully to bring restored health. Thus our commitment to radical relocation.

In the process of becoming an insider, sometimes we get sick as they do. Our falling sick does not hamper our goal to provide health care, it enhances it. When the supposed providers of health care get sick, then some will begin to believe that we now understand them. And when this happens they will begin to be more transparent and vulnerable with us. Trust begins to develop.

Phase Two

In this phase we found ourselves doing a lot for the poor. The emphasis was on curative medicine and providing free drugs. For many of us this was our first real exposure to actual poverty. It was quite different from the 'textbook poverty' that we had read about from the comfort of our living rooms at home. Living in the slums day and night intensified our deep sense of shock. Although we noted that the poor had resources and abilities, the deficiencies and urgent needs around us left a stronger input in our hearts and minds. We became deficiency-oriented. Our response was to birth p. 124 all manner of 'dole-out' mercy ministries.

We were also active in evangelism, birthing churches supporting these numerous mercy ministries. We discovered the so-called power dimension of the Holy Spirit to heal and release as well as forgive and cleanse. As the poor were often unable to buy medicines or go to hospital, we could draw on the power of the Holy Spirit to give them what they had been deprived of by others.

However we were very much like other aid organizations: motivated by compassion and in need of money, medicines and organization. It was very much our 'curing the poor', top down method. We, the professionals and experts, had come into their communities in order to do much for them. This had two results: first, it created a spirit of dependency among the sick; second, it inhibited community health. Individuals were being made whole, but the community was left untouched.

Phase Three

The third phase began with apparent failure. The poor asked us to stop our mercy ministries. They argued that much of what we were doing for them was in fact causing relational and communal breakdown. In other words, the social effect of all our programmes was proving harmful. Our individualistic approach to health care, in choosing one person over another, was creating jealousy and misunderstandings in the community. Our top down approach was alienating the poor. They did not feel an active part of the health care in the community. They were simply beneficiaries of the process, not managers of the process. They had little to do in its implementation. This demeaned their spirit. So in healing some aspects of the body we made their spirits sick. Holistic health care was not occurring.

We reflected on the consequences of our initial approach to health and health care in the slums:

1. We came into the slums with medical practitioners, medicines and money. The poor were attracted to these. The starting point in this health care delivery moved away from the people. It focused on the western medical practitioner, who defined, assessed and reacted to the health problems of the people for his or her perspective. It was not of the people nor with the people.
2. In basing health and health care on us and our resources we communicated to the poor, unintentionally, that they and their resources did not count for much. Not only did this deal another blow to their already fragile self-esteem but it also reinforced in their minds that foreign and white were superior; local and brown, inferior. Unwittingly we aligned ourselves with the media bombardment of multinational drug companies. Our holistic approach was being subverted by our own best efforts.
3. The medical practitioners became the élite of the slum, the patrons, the upper class of the community. Through being the providers we were elevated to the status of the benefactors. The poor became p. 125 the inevitable beneficiaries, reduced to being just patients.
4. Our money made it possible to do much immediately for the sick. We were so swept along by what our western money could do that we paid less attention to the suffering. The sick began to disappear behind the piles of aid funds. Again, all of this was unintentional and was not noticed at first! We had not spent the necessary time just sitting with the sick so as to get an insider's view of community health. We had not considered carefully which approaches were the most appropriate options. We did not think through the consequences of our approaches, nor learn about folk medical practices.
5. We did not take the time to discover their worldview and values. Instead, as medical practitioners, we communicated the primacy of physical well-being through western medicine. We devalued spiritual values and the spiritual component to health and thus our gospel message. Having set this expectation in place the poor then discovered that they could not afford the medicines. Thus they became victims of the promised fulfilment gap. What was promised could not be delivered.
6. These starting points not only affected the poor but they also caused some damage in us the medical practitioners. We became tired servants, all 'stressed out'. It stands to reason that if we become the focus, the providers, the 'healers', the experts, then, something had to give under the strain of being all those things. We couldn't cope with not helping everybody. We were trying to be saviours.

Having realized the consequences of our approaches of phase two, we engaged ourselves in community development and preventive health care. It was a shift away from 'one to one' relief projects to projects that would benefit the whole community. We finally took to heart what we had already noticed while in phase one, namely that the poor are able to contribute a lot. We shifted from being deficiency-oriented to being resource-oriented. Ministries were now developed *with* the poor and not so much *for* the poor.

Before we started a new programme we asked the poor to discuss it among themselves. They had to own it, contribute towards it or ultimately it would not usher in community health. They struggled to integrate their faith with medicine and care for the sick. Programmes arose incorporating preventive health care, health education and spiritual renewal in the communities. An example is the 'child to child' health clubs in Manila.

Phase Four

Now we aim for a more integrative approach. The emphasis on preventive health care does not mean that we are no longer interested in curative health care. The context has to be taken into account. For example, we are running a hospital in Cambodia using it as a base for community health. This country has been ravaged by war for about twenty years. There is a high deathrate and the existing health services p. 126 are not sufficient. Curative health care is vital. Furthermore, factionalism and fragmentation plague its communities. With so much distrust and fear, we have to demonstrate that our communal preventive health schemes have no racial or political agenda. The location of our workers among the poor is beneficial to this process.

Moving towards holistic ministry is not a matter of mercy ministries or community development, learning from the health professional or learning from the sick, working for the poor or with the poor, curative or preventive health care, western or folk medicine, secular or spiritual approaches. Rather, we have to make room for all these emphases when delivering health care. Each has its own particular contribution to make. It is a question of 'both and', not 'either or'. The context determines the sequence, timing and emphasis as the needs and resources of the community should direct in this matter. But this study cannot be done from a distance. It must be done in the community. We have to have eyes to see and ears to hear in order to determine communal priorities. We have to become insiders. This must also be done in coordination with the people themselves and in relocating with others in the wider community. We then become advocates for the poor working for justice and more equitable health care systems. Only then can the Spirit invade all processes and truly achieve the fruits of the Kingdom.

CONCLUSION

Our mission is multidimensional, multi-mandated. The incarnation is our inspiration. But we need to go on to reflect the whole ministry of Jesus. His incarnation led to the cross. This is 'the only place where it is ever safe'[17] for mission says Bosch—death to self and evil. But the cross leads to resurrection, renewal in the Spirit which in turn energizes further incarnation. For the sake of the poor, for our own sake, we continue to attempt to walk the path Jesus walked. P. 127

[17] Bosch, *op. cit.*, p. 519.

APPENDIX 1

The four phases of the ministry of Servants in urban poor communities in Manila

Phase and time	*Main features*	*Activities/Approach*	*Lessons learnt*
Phase I 1983 to 1987	Adjustment to slum life	Move into slum	Slum inhabitants have much to offer and teach
	Acceptance into community	Listen to the people Share daily struggles (e.g. power and water shortages)	First world medicine and practice often divorced from slum life
			The slum inhabitants are alienated by outside professionals
Phase II 1987 to 1989	Work FOR the poor	Dole out	Dependency created
		Focus on curative medicine	Dole out and top-down enhances the slum inhabitant's sense of weakness and creates new power structures under the control of benefactor
		Top-down; we are the professionals	Does not effect long term changes or address the reasons for ill-health
			Money does not solve everything
			Sickness not only physical but also social and spiritual
Phase III 1989 to 1992	Evaluate the past	Consult with the people	The slum inhabitants want to participate
	Work WITH the people	Community development	They have many skills in community development and health

			Preventive health care	Preventive health care not sufficient in itself (curative also needed)
Phase IV Onwards	1992	Integration of above into holistic model of health care and mission	Community health focus	Approach used in health care dependent on stated needs of community
			Integration of spiritual and physical	Timing of approach also important
			Clinics with partial payments for medicines	
			Cooperative drug stores that are community based and initiated	
			Networking with other agencies	

———————————

Dr. Dorothy Harris is Australian Director for Servants in Asia. p. 128

Christ as Saviour from Sin and Death and as Liberator from Socio-Economic and Political Oppression

Chris Sugden

Printed with permission

How do Christian evangelism and social concern help rather than hinder the poor in overcoming their poverty? The author of this perceptive article argues that both freedom from sin, death and evil and liberation from poverty and oppression have their source in a