

Ministering to Body as Well as Spirit

The Transformation of Nazarene Social Ministry, 1925-1970

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The Church of the Nazarene's 1923 *Yearbook*¹ contained two sections related to social work. Under "General Orphanage Board," the *Yearbook* described that agency's guiding role in supporting "one of the latest institutions created in our movement," namely "general orphanage work." But what, exactly, was "general orphanage work?" The Fifth General Assembly (1919) had made the Orphan's Home in Peniel, Texas—an 18 year old institution—a general ministry of the church. The orphanage's change in status from district support to a "general" institution was designed to broaden the Orphan's Home's support and involve the denomination more deeply in this form of ministry. A sketch of the Nazarene Orphan's Home history followed the summary of the General Orphanage Board's fostering role. The next section of the *Yearbook*, titled "Social Welfare," contained sketches of three church-connected homes for unwed mothers: Bethany Training Home in Memphis, Tennessee; Rest Cottage in Kansas City, Missouri; and Rest Cottage in Pilot Point, Texas.² These five entities—General Orphanage Board, Nazarene Orphan's Home, and three homes for unwed mothers—represented the church's public investment in social ministry in mid-1923.

The public face of Nazarene social ministry changed rapidly, however. Within weeks of the 1923 *Yearbook*'s publication, the Sixth General Assembly voted to "abandon the plan for a general orphanage, and it was recommended that the General Orphanage Board be dissolved, and the property of this Home be transferred back to the Districts of the Southern Educational

¹ The Church of the Nazarene published yearbooks in 1923, 1924, and 1925, containing articles on each department of the General Board, each college, and on other major ministries. The only known copies are in the Office of the General Secretary Collection, Nazarene Archives. Microfilm copies can be found in the Nazarene Documentary Sources microfilm project, owned by several Nazarene college libraries.

² Rev. E. J. Fleming, ed., *Yearbook—Church of the Nazarene—1923* (Kansas City: Nazarene Publishing House, 1923), pp. 18-22, 27.

District for its conduct and support.”³ The orphanage survived for a few more years, closing in 1928. Bethany Training Home had also disappeared by 1925.⁴ These actions underscored the temporary—often transient—nature of early Nazarene social ministries.

The first Nazarenes tended to generate new social ministries continually. The Southwest, especially, was fertile ground for social ministry experiments. Orphanages, homes for unwed mothers, and urban rescue missions emerged as the three primary forms of social ministry among early Nazarenes.

Examples abound. Evangelist Oscar Hudson and wife operated an orphanage out of their home in Lamasco, Texas, for several years before transferring the children to the Peniel Orphanage, which they faithfully supported in subsequent revival work.⁵ A new resident to Texas, J. F. Spruce, accepted a number of orphans from Kentucky when they had no other place to go and provided for them for several years.⁶ Rev. Johnny Hill Jernigan’s work on behalf of Pilot Point Rest Cottage prepared her to establish the Nazarene Home for unwed mothers in Bethany shortly after her family moved there in 1908. H. D. Brown, the first district superintendent in the history of the denomination, helped establish an orphan’s home and a home for unwed mothers in the Pacific Northwest. Rev. Santos Elizondo established an orphanage in Juarez, Mexico, soon after moving there to undertake mission work among her own people. She was caring for 40 orphans when she died.⁷ At different times in early Nazarene life, homes for unwed mothers existed on the Abilene, Arkansas, Dallas, Kansas City, Louisiana, Oklahoma, San Francisco, Southern California, and Tennessee Districts, while Nazarene-sponsored orphanages could be found in India, Mexico, and Texas.

With few exceptions, nearly all were short-lived, rarely outliving their primary founder. Most existed for a decade or less. Still, their short lives speak volumes about the early denomination.

They testify, first, to the humanitarian impulse that the founders associated with the call to holy living. As general superintendent John Goodwin wrote in 1920: “Pure religion always

³ E. J. Fleming, ed., *Yearbook—Church of the Nazarene—1924* (Kansas City: Nazarene Publishing House, 1924), p. 41.

⁴ E. J. Fleming, ed., *Yearbook—Church of the Nazarene—1925* (Kansas City: Nazarene Publishing House, 1925), pp. 37-41.

⁵ *Pentecostal Messenger* (Feb. 1913): 4. For an account of Hudson’s earlier role in establishing an orphan’s home in Pilot Point that was later moved to Peniel, see his autobiography, *This I Remember: True Incidents of Pioneer Days* (Kansas City: Beacon Hill Press, 191965), pp. 39-45.

⁶ Elizabeth Woolsey Spruce, “The Story of My Family,” an edited transcript of oral history interviews, pp. 71-71.

⁷ *The Other Sheep* (May 1941): 5.

has and always will have its two sides, purity and service. To neglect service in the welfare of others is to demonstrate a lack of purity. Holiness people should be preeminent in social service. This is what chiefly characterized the Early Church—their untiring service to bless their fellowmen and care for their widows and fatherless children.”⁸

But they also testify to the fact that compassionate ministry can never be separated from the denomination’s larger story. The tides that ebb and flow in Nazarene life generally also shape the context of Nazarene social ministry. This is seen vividly in a basic aspect of early Nazarene social ministries, namely their predominant character as “family enterprises”—a pattern that paralleled the denomination’s quest to establish secure institutional footings—an ongoing process that continued up through the General Assemblies of 1923 and 1928.

To understand the compassionate ministries story, then, one of the tasks is to identify its hinges, and inquire how compassionate ministries relate to the larger Nazarene story. Historically, Nazarene social ministries have moved through three stages that overlap one another.

The “family enterprise” stage dominated until 1925 or so. In most cases, a specific couple or family initiated a social ministry and stood behind it. A good example is the Rest Cottage at Pilot Point, Texas, founded by James P. Roberts in 1902. After his death, his brother and sister-in-law—John F. and Grace Roberts—took over as superintendents. When John F. Roberts died, leadership of the ministry passed to a younger generation of the family. Geren Roberts took over and served as Rest Cottage’s superintendent until his retirement in the early 1970s. The home closed when he retired. It was the longest lived social ministry of its type in Nazarene history, and without two generations of support from the Roberts family it is doubtful that Rest Cottage would have endured as long as it did. By and large, early social ministries rarely outlived their founders, and by 1925 only a few continued in existence.

The first institutionalized compassionate ministries emerged in the 1920s, when medical work was incorporated into the cross-cultural missions program of the church. This development preserved a continuous thread of Nazarene compassionate ministries from the era of the founders down to our own day. This first phase of institutionalized social ministry was marked by the building of teaching hospitals in China, Swaziland, and India in the 1920’s and ‘30’s. It was represented in North America by the Samaritan Hospital and School of Nursing founded by Thomas E. Mangum in Nampa, Idaho.

⁸ John W. Goodwin, “Holiness Children,” *Herald of Holiness* (Nov. 10, 1920): .

The third stage was a more comprehensive institutionalization of social ministries beginning in the 1980s. This stage is represented by the development of Nazarene Compassionate Ministries International and Nazarene Compassionate Ministries USA/Canada, and the proliferation of district and congregation-based social ministries around the world.

Do these phases correspond to distinct periods in the larger Nazarene story? Historians (being opinionated folk) will not necessarily agree with one another on where to periodize Nazarene history or how to characterize each period. But I would propose the following as one scheme:

- **Period 1: The Search for Foundations, 1887-1911.** This period was dominated by the story of the parent churches and the union movement that united them into a larger whole. This was an era in which social ministries flourished on the "family enterprise" model.
- **Period 2: Consolidation and Institutionalization, 1911-1928.** In the second period, a central publishing house and paper were authorized, a missionary society and youth auxiliary were organized, and the General Board and general budget were created in 1923. An increasingly sophisticated world mission strategy developed, and medical missions became an integral part of that system. The "family enterprise" social ministry remained strong in the first decade but was dying by the end of the period. The "reform" General Assembly in 1928 marks this period's end.
- **Period 3: The Era of Frustration, 1928-1945.** Financial distress and world war thwarted the church's high ambitions and restricted its progress. Lack of money led to the policy of "retrenchment" as missionaries were called home and a number of missions were closed around the world.
- **Period 4: The Era of Evangelism, 1945-1976.** The pent-up frustrations of the previous twenty years were released in the rapid post-World War II expansion of the church. The war economy had refilled the church's treasury, and plans to enter new fields were realized. The Mid-Century Crusade for Souls at the beginning of this period is an apt symbol of the period as a whole.
- **Period 5: The Era of Internationalization, 1976-present.** The concept of an international church was embraced in the late '70's. The rediscovery of the theological significance of the city and the rebirth of compassionate ministries in North America and around the world are also over-arching themes of this period.

Within this larger context, we are faced with a set of inter-related questions pertaining to the years 1925 to 1970. Why did the proliferation of compassionate ministries on the “family enterprise” model cease in the 1920s when so many new ones had emerged in the preceding decades? Why was the institutionalization of Nazarene compassionate ministries in the 1920s limited to medical work and not institutionalized in a more comprehensive form? And why did that pattern of “limited institutionalization” persist decade after decade, well into the Era of Internationalization?

INSTITUTIONALIZED MEDICAL WORK

The institutionalization of Nazarene medical missions provides clues for answering some of these questions. Nazarene missions in Asia and Africa possessed medical components nearly from the beginning. Medical field work was preeminent, but clinics and dispensaries appeared early on. Like the “family enterprise” social ministry, the advent of teaching hospitals in the 1920's began through the auspices of key families—the Fitkins and the Kinnes—who made the building of these hospitals possible through their personal initiatives. After the hospitals were built, however, the general church assumed responsibility for their operation and maintenance.

Bresee Memorial Hospital. Bresee Memorial Hospital in China grew out of the personal vision of Rev. C. J. Kinne, a one-time Methodist minister who united with Bresee's work in Southern California in 1904. In response to Bresee's appeal, Kinne accepted leadership of the Nazarene Publishing Company of Los Angeles at a 50 percent cut in salary. There he was involved in publishing the *Nazarene Messenger*, a weekly edited by Bresee; the first Nazarene song-book, *Waves of Glory* (1905); and, after 1907, Sunday School curriculum. In 1911 the Third General Assembly called on the regional publishing houses to combine their assets and operations into a single, central publishing entity. Kinne, chosen as the first manager of the new enterprise, moved to Kansas City later that year. H. Orton Wiley summarized his role: “To Brother Kinne fell the task of establishing a new publishing house. It was a difficult task. He formed the organization, purchased the equipment and carried on the work of publication under the pressure of limited finances. He did his work well, and to him the church is indebted for the firm foundations which were laid.” Kinne resigned a few years later

and returned to the West Coast.⁹ By the time he faced the challenge of building a hospital in China, Kinne was well acquainted with many of the obstacles to establishing new institutions

As early as 1913, he indicated to missionary Peter Kiehn his strong interest in developing a credible Nazarene medical work in China. Kiehn later recalled that Kinne spent several years educating himself about medical missions before ever broaching the subject with the General Missionary Board. In his first two years back on the West Coast, Kinne served the Southern California District as district missionary evangelist. In this capacity he preached throughout the district and organized classes for the study of missionary literature. This, in turn, gave him a base constituency when he founded the Nazarene Medical Missionary Union in 1921 to advance the idea of medical missions. Among its stated aims was the ambition to establish hospitals "under the direction of the General Missionary Board."

Kinne visited China for the first time in 1923. He examined hospitals operated by the missionary boards of other denominations and decided on a location for a new Nazarene hospital: Tamingfu—already a headquarters location for the Nazarene work in northern China. After a brief return to America to secure funds, Kinne returned to China in 1924 to build the hospital in earnest, serving as on-site supervisor of construction.¹⁰

Local wars hindered progress, and the year Kinne had planned for the project lengthened into a much longer period. Financial problems also arose. The church's general treasurer had made a bad financial investment, known as the North Dakota Land Deal, which locked away assets that the church dearly needed to spend in long-term investments, where they were untouchable. The main part of the hospital was completed by 1925 and opened that October with 100 beds. But work on the rest of the hospital began grinding to a halt. Kinne's wife, who had remained in California, died in his absence early in 1926.¹¹

Bresee Memorial Hospital was the only hospital in a city of some 14,000 residents, but it was estimated that its larger population base was as large as two million people. Kinne was determined to complete the job and returned to America to raise more funds. In 1927 he married Sue Bresee, long-time acquaintance and daughter of the late general superintendent, who accompanied him to China the following year. In his absence, missionary nurse Mary Pannell initiated a program for training Chinese nurses. Kinne resumed the role of construction

⁹ *Herald of Holiness* (Nov. 16, 1932): 17-18.

¹⁰ Peter Kiehn, "Rev. Clarence J. Kinne, a Missionary," *Other Sheep* (August 1933): 11.

¹¹ "Mrs. C. J. Kinne Joins Heavenly Host," *Herald of Holiness* (Feb. 10, 1926): 20; *Herald of Holiness* (Nov. 16, 1932): 17; and L. C. Osborn, *The China Story* (Kansas City: Nazarene Publishing House, 1969), pp. 42-45.

supervisor when he returned and pastored the missionary force congregated in Tamingfu. The Kinnes remained until 1930, leaving behind a completed and equipped hospital.¹²

Bresee Memorial Hospital became the setting where dedicated physicians—including R. G. Fitz, Charles West, Hester Hayne, and Henry Wesche—worked with Chinese doctors, Chinese nurses, and missionary nurses, united by a common purpose to heal the sick. In the late 1930's, missionary accountant Catherine Flagler estimated that one-third of the general budget portion spent on missions in China supported medical work there.¹³

Raleigh Fitkin Memorial Hospital. Just as C. J. Kinne is linked indelibly with Bresee Memorial Hospital, so the personalities of Abram and Susan Fitkin—and of young Raleigh Fitkin—and that of David Hynd are linked to the Nazarene hospital built in Swaziland.

Susan Fitkin's background was in the holiness revival wing of the Society of Friends. She and Abram became holiness evangelists and united with the Association of Pentecostal Churches of America in the 1890s, where she worked closely with Hiram F. Reynolds in support of world-wide missions. Abram left evangelistic work to become a Wall Street businessman and ascended to the highest rungs of secular success. Susan remained true to her early vision and vocation. She was a key founder of the Woman's Missionary Society in 1915, which she served as first president until 1948.

The chief early leader of Nazarene missions in Africa, Harmon Schmelzenbach, wanted to see medical work there from the beginning. The General Missionary Board's resources, however, were allocated to evangelism. Funds to finance Schmelzenbach's idea were not forthcoming until a tragedy occurred in the Fitkin family—the death of ten-year-old Raleigh Fitkin during surgery in 1914. As Susan's biographer expressed it, "here began a longing in his parents' heart to do something tangible" in Raleigh's memory. And tangible it was: first, a hospital in Swaziland; later over one million dollars to build and endow a children's hospital at Yale University; and a half-million dollars to establish Raleigh Fitkin-Paul Morgan Memorial Hospital in Asbury, New Jersey, in memory of Raleigh and the son of one of Abram's business partners.¹⁴

The first hospital that the Fitkins financed in Swaziland was small, located at Pigg's Peak, where there were other missionary interests. Construction began in 1919 and was

¹² Kiehn, *op.cit.*; and *Herald of Holiness* (Nov. 16, 1932): 17; and *Yearbook*, 1925, p. 25.

¹³ L. A. Reed and H. A. Wiese, *The Challenge of China* (Kansas City: Nazarene Publishing House, 1937), p. 85.

completed the following year. The hospital had 18 beds and was placed under the direction of Lillian Cole, a nurse. Charles West, an American physician, arrived in 1921 to serve there, but West's medical credentials were never accepted by the British authorities in jurisdiction. The missions board moved him to China in 1925.

The hospital also faced another problem: it was located in an area of low population. The missionaries urged a larger hospital in a more populous area and received the support of Rev. George Sharpe, missionary superintendent in Africa in 1925 and 1926. In 1925 the Swazi government donated a tract of land for that purpose at Bremersdorp (now Manzini). It was situated on a major road leading from the Swazi capitol. The Fitkins, with Mrs. Ada Bresee, were primary donors to the project. Sharpe's son-in-law, Scottish surgeon David Hynd, supervised construction of the new hospital. Like C. J. Kinne, Hynd taught himself basic construction and then taught it to others. The hospital was completed and dedicated in 1927. With Raleigh Fitkin Memorial Hospital as its hub, other Nazarene interests were located in Manzini, which developed into the effective headquarters of the Nazarene mission in Africa.¹⁵

The hospital's subsequent history was interwoven with Hynd's determined personality. A training program for nurses began in 1928, and other developments followed. Under Hynd's long tenure the hospital added "a children's ward, maternity ward, male and female medical and surgical wards, X-ray equipment, and a modern sanitary system."¹⁶ Elizabeth Cole, assigned originally to the hospital in 1935 and later to field nursing, had a strong interest in working among patients with leprosy. Through her efforts and Hynd's, the government established a small leper colony 40 miles from Manzini that RFM Hospital operated as an extension of its own work. Called Mbuluzi Leper Hospital, Cole was the resident nurse there from 1948 on.¹⁷

Thomas Mangum and the Samaritan Hospital. Another link in the church's growing investment in medical work was Thomas E. Mangum, a native Texan whose interests in medical missions were stimulated partly by his sister, Myrtle Mangum, a Nazarene missionary in India. With the encouragement of President Wiley, Mangum built a hospital in Nampa, Idaho, adjacent to Northwest Nazarene College. Its primary purposes were to care for missionaries and to train nurses for service overseas. In 1920 the hospital opened in a house

¹⁴ Basil Miller, *Susan N. Fitkin: For God and Missions* (Kansas City: Nazarene Publishing House, n.d. [circa 1952]), p. 162.

¹⁵ J. Fred Parker, *Mission to the World: A History of Missions in the Church of the Nazarene Through 1985* (Kansas City: Nazarene Publishing House, 1988), pp. 123-128.

¹⁶ Parker, *Mission to the World*, p. 130.

¹⁷ William C. Esselstyn, *Nazarene Missions in South Africa* (Kansas City: Nazarene Publishing House, 1952), pp. 60-61.

adapted to Mangum's purposes. The first class of nurses was graduated in 1931. By 1933, a new 50-bed hospital building was completed. The Samaritan Hospital and School of Nursing trained a number of nurses who later were assigned by the Department of Foreign Missions.¹⁸

Later Medical Work. By 1930, Nazarenes had made major investments in the construction and operation of hospitals on two continents. In the 1930's, Reynolds Hospital was also constructed in Basim, India, despite the fact that the North Dakota Land Deal and the Great Depression was working great financial hardship on the church in North America.

World War II forced the close of Bresee Memorial Hospital in 1941, and the ascendancy to power of Mao's Red Army prevented Nazarenes from re-opening it again. But other hospitals were added in the post-war era. The International Holiness Mission, a British denomination, had a hospital in Acornhoek, South Africa, which became a Nazarene institution when the IHM merged with the Church of the Nazarene in the 1950's. In the 1960's, the Nazarene World Missionary Society made the building of a hospital in Papua New Guinea its 50th anniversary project.¹⁹

Each hospital was the hub of a larger network of medical healing that included smaller clinics and a network of field nurses whose ministries reached far into the countryside. From 1930 on, medical missions involved a major portion of the budget dedicated to the church's larger missionary role.

Motivations for Early Medical Ministries. What were the driving forces behind the church's attention to medical ministries? Why, for instance, did a gospel preacher like Harmon Schmelzenbach see medical work as an asset to the church's presence in Africa? At its base, the motivations that Nazarene medical personnel articulated were not fundamentally different from those that drove other types of social ministry within the church: there was a need and the means to assist it.

In 1948, F. C. Sutherland, former missionary to China, stated simply but emphatically that "missionaries believe in medical missions." He did not disavow the connection between medical missions and evangelism. In fact, he provides several accounts where medical missions opened the door to evangelistic presentation of the gospel. But Sutherland did not feel that evangelism was the sole basis of medical missions. He noted that Peter Kiehn and his

¹⁸ A summary is found in Parker, *Mission to the World*, pp. 90-92. For a biography of Mangum, see L. Alline Swann, *Song in the Night: The Story of Dr. and Mrs. Thomas E. Mangum* (Kansas City: Beacon Hill Press, 1957).

wife, the first Nazarene missionaries appointed to China, saw a need for a Nazarene hospital there early at an early date. Sutherland elaborated:

The missionary lives in the midst of disease and physical suffering. If he is not a physician, there is very little of it that he can alleviate. . . . It means much that the skilled missionary physician is at hand, equipped and wiling to take care of the sick and suffering. . . . Medical work gives testimony that the mission is interested in the people to a very deep extent. The Good Samaritan not only rescued the man who had been assaulted by the robbers, but he poured oil and wine upon his wounds, bound them up, and found an inn for him where he could rest and recover.”²⁰

Sutherland was clear: evangelism is one justification for medical missions, and compassion is also a sufficient justification. Lillian Cole echoed the note of compassionate response when she wrote to readers of *Other Sheep* magazine in 1916: “We feel that we must have a hospital as soon as possible, properly furnished to supply the needs of these poor people, and we must have a doctor for this field as soon as some one can be secured. We have very many sad cases.”²¹ No evangelistic hook was mentioned. There were only “very many sad cases.”

The editor of *Other Sheep* magazine also stressed the compassionate impulse in an editorial note that accompanied a floor plan of the proposed hospital in Swaziland. He noted:

Some may question the wisdom of investing money in a hospital in Africa, arguing that, with our limited means, it would be advisable to invest our funds in workers who devote their entire time to preaching and evangelizing. Seemingly they forget that one of the great agencies employed by our Master while on earth was through ministering to their physical needs, and surely we who have been enlightened and live in a country that enjoys the blessings not only of civilization, but the blessings of Christianity, should use every agency that can be used to reach those who live in great darkness; not only spiritual darkness, but in great darkness concerning the care of the body, which is the temple of the Holy Ghost.

The Church of the Nazarene’s turn to medical missions in the 1920’s provides compelling evidence that the compassionate impulse was not dying within the church but was being redirected. The next question is: why?

RESHAPING THE NAZARENE SOCIAL CONSCIENCE

The Compassionate Impulse from 1925-1945. The refocusing of the Nazarene compassionate impulse around medical missions was part of a larger transformation of Nazarene life occurring simultaneously in the 1920s. Looming over this transformation was the shadow of the senior general superintendent, Hiram F. Reynolds. While the early vision of

¹⁹ Parker, *Mission to the World*, p. 608-609.

²⁰ F. C. Sutherland, *China Crisis* (Kansas City: Nazarene Publishing House, 1948), pp. 86-87. Also see the remainder of the chapter, which is titled “Healing the Sick.”

Phineas Bresee centered largely around "building up centers of holy fire" in the great urban centers of America (which he also referred to as "Christianizing Christianity," perhaps more appropriately "Christianizing Christendom"), the vision that Reynolds brought to the united church was one of world evangelization. He embodied one of the dominant impulses of late 19th century American Christianity. In 1898 Reynolds sent out the first missionaries of any Nazarene parent body in his capacity as missions secretary of the Association of Pentecostal Churches of America. He brought to the united church an ability to articulate a positive basis for world-wide missions and to organize and motivate people for carrying out that purpose. During much of his quarter century as general superintendent, Reynolds simultaneously wore the hat of general missionary secretary.

Reynolds' vision of world-wide missions was widely shared within the church, even in Bresee's home base, where Southern Californians like Leslie Gay, C. J. Kinne, and Maye McReynolds were exemplary in missionary zeal. The church's mission-mindedness was augmented in 1915 by the accession of the Pentecostal Mission, headquartered in Nashville, which brought new mission fields in the Caribbean, Central America, and South America into the denomination. The institutionalization of the compassionate impulse around medical missions rather than orphanages or homes for unwed mothers reflected the priorities that the mania for cross-cultural missions was working in other ways throughout the whole denomination.

The reprioritizing of Nazarene life around missions was also shaped by the growth of the premillennialist perspective in the church. The roots of the Protestant missionary enterprise of the 19th century largely were in postmillennialism, not premillennialism. But after 1875 premillennialists seemed to bring an added sense of urgency to missions. Harold Raser has provided a useful survey of millennial perspectives within the larger American holiness movement, but no detailed study has yet been published on the growth of premillennialism among Nazarenes since 1908.²² Yet premillennialism clearly emerged as the dominant eschatological perspective. B. F. Haynes, C. W. Ruth, J. B. Chapman, and E. P. Ellyson were only a few of the early Nazarene leaders who shared that view. The general tendency of premillennialism's growth within the Church of the Nazarene was to strengthen the priority given to cross-cultural missions.

²¹ Lillian Cole, "Pigg's Peak, Africa," *Other Sheep* (December 1916): 3.

A third factor that shaped the pattern of social ministry among Nazarenes from 1925-45 was the church's worsening financial situation. The North Dakota Land Deal and the Great Depression tightened a financial noose around the church's neck. The policy of retrenchment, which closed some mission stations and brought missionaries home from the field, was a bitter blow for the church. The economic realities of the day made prioritizing a necessity.

These factors, then, helped rechannel the compassionate impulse of Nazarenes to medicine as the critical area where the church would give attention to the bodies, as well as the spirit, of men and women.

The Compassionate Impulse from 1945 to 1970. The church came out of the war years of 1940-45 in better shape than it had entered them. The war had heated the American economy, and the church treasury was stronger by 1946 than it had ever been. Why was there not a broadening out into new social ministries at this time?

There are several reasons. The New Deal had changed several features of American life by constructing social safety nets. To Nazarene leaders, the most needy areas seemed to lie outside North America. This was, of course, the view of church leaders who were—to a man—white Americans. Had they been African American, the perspective might have been different.

More importantly, the basic identity of the church had already been formed in the years before World War II. It knew itself to be a missionary church, ambitious in its yearnings and full of zeal to evangelize. As the financial frustrations of the 1930's receded, Nazarenes entered one of the most sustained periods of growth through missions. World war had not obliterated the compassionate impulse—when Hardy Powers and Australian district superintendent A. A. E. Berg first explored opening a mission field in Papua New Guinea, a hospital was very much a part of their grand scheme.²³ The pattern previously established of channeling the humanitarian impulse around medical work remained intact.

As time passed, another trait that reinforced the existing pattern was amnesia. The church eventually forgot about the broad pattern of social ministry that had characterized the era of its founders. It even forgot that it was presently undertaking social ministry under the guise of medical work. In its own mind, medical work was not “social work” but “missions.” This was illustrated when some students and faculty at Nazarene Theological Seminary published a

²² Harold Raser, “Views on Last Things in the American Holiness Movement,” in H. Ray Dunning, ed., *The Second Coming: A Wesleyan Approach to the Doctrine of Last Things* (Kansas City: Beacon Hill Press of Kansas City, 1995), pp. 161-185.

periodical in the 1977-78 school year in the interests of "evangelical social action." One of the subscribers was former missionary Wanda Knox, who told the wife of one of the student publishers that she subscribed only to remain informed about the next heresy to divide the church!²⁴ Ironically, Knox was one of the biggest supporters of the Nazarene Hospital in Papua New Guinea.

While the Church of the Nazarene in the post-war era continued down a path laid out in the 1920's, the foundations of a new consensus about Christian social ministry were being laid. Timothy L. Smith's *Revivalism and Social Reform* (1956) and *Called Unto Holiness* (1962) played roles in reminding Nazarenes about a broad tradition of social service that had characterized the broad evangelical tradition and the Church of the Nazarene in earlier years. Indeed, *Revivalism and Social Reform* was one of two or three instrumental texts that helped frame the argument for renewing evangelical social work generally, and it made Smith a leading evangelical thinker in his day.

Other roots lay outside the Nazarene door. The civil rights struggle of the 1960's shook the social complacency of Americans and reminded them of obligations yet unredeemed. Harvey Cox's *The Secular City* was not a staple on Nazarene reading lists, but increasingly American evangelicals were hearing the prophet's call and beginning to ponder the theological meaning of the city. And in the 1960's a former Nazarene named Robert Pierce was fashioning World Vision into a strong parachurch ministry that combined evangelistic and social service objectives.

In a time not yet then determined, these roots and more would eventually refashion the social style of evangelical Christians—and the Church of the Nazarene.

²³ Parker, *Mission to the World*, pp. 608-609.

²⁴ The publication was *The Epworth Pulpit*. Knox made her statement to Nancy Leth, wife of *Epworth Pulpit* editor Carl Leth.