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Heather Long McDaniel
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THE HEALING BODY:

RECOVERING THE CHURCH'S MISSION OF *SHALOM*

"The Healing Body"

HEATHER LONG MCDANIEL, MPH

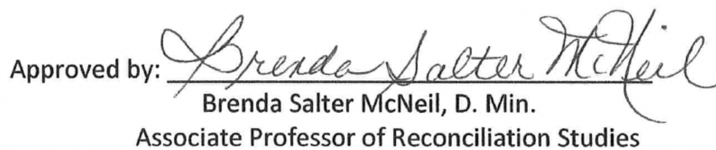
SEATTLE PACIFIC SEMINARY

THE HEALING BODY:
RECOVERING THE CHURCH'S MISSION OF *SHALOM*

HEATHER LONG MCDANIEL, MPH

A PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE DEGREE REQUIREMENTS OF
MASTERS OF ARTS IN RECONCILIATION AND INTERCULTURAL STUDIES
AT SEATTLE PACIFIC SEMINARY

2022

Approved by:  Date: 6/8/2022
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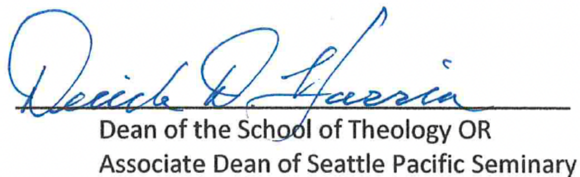
PROGRAM AUTHORIZED TO OFFER DEGREE: SEATTLE PACIFIC SEMINARY

 Date: 06/08/2022
Dean of the School of Theology OR
Associate Dean of Seattle Pacific Seminary

DEDICATION

To the women who have so generously mentored me on my journey:

Côte d'Ivoire, 1997:
Minata, Aoua, Madiara, Robin

Chapel Hill, NC 2000-2002:
Dr. Carolyn Parks

Seattle, WA 2019-2022:
Dr. Brenda Salter McNeil

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ABSTRACT

Christianity is an embodied faith. God shaped human beings from the dust of the earth in God's own image, in relationship with God, each other, and creation, and called us "good". Our bodies, souls, and relationships are inextricably intertwined, and full health can be defined as a state of *shalom,* the flourishing of our whole selves in the context of our relationships and environment. Alienation, sickness, injustice, and suffering are experienced as brokenness in our bodies, souls, relationships, institutions, and environment. Restoration of health involves identifying and healing what is broken. God affirmed the goodness and worth of our bodies by becoming incarnate as Jesus, the son of man, while also entering and sharing our brokenness. Through his life, ministry, death, and resurrection, Jesus revealed what salvation, restoration, and *shalom* look like. His proclamation of salvation was embodied and demonstrated through healing the sick, cleansing the lepers, freeing the captives, proclaiming good news to the poor, and letting the oppressed go free (Luke 4:18-19; 7:22). His bodily resurrection ensures the redemption and healing of our own bodies. Not only does Jesus offer this salvation and *shalom* to us as individuals; as his church, we are also sent as he was sent (John 20:20), called and empowered by the Holy Spirit to participate in Jesus' work of reconciliation and healing. When we become communities of health and healing, we proclaim Jesus' salvation in the same way that he did and help to establish *shalom* in our own context.

The early church took this mission seriously. Even as they endured persecution, they became known as a community of healing, both for their own members and for those outside

of it.[1] In a radical departure from the social ethics of the surrounding culture (which were centered on reciprocity), Christians extended healing love and care to the poor and needy, to their neighbors, and even to their enemies.[2] "Wherever a church was founded," writes historian Gary Ferngren, "it became a focal point for the care of the sick."[3] During famine and plagues, the early church was often the only institution that systematically cared for the sick and dying.[4]

The church's healing ministry was not limited to care of the sick. Amanda Porterfield writes that the history of Christian healing encompasses cures accomplished in Christ's name, the relief of suffering, caring for the sick, reconciliation and peace-making, building families out of strangers, relieving isolation, challenging injustice, and reforming society.[5] Through her research, she came to see Christianity as a religion of healing,[6] and she argues that "healing has persisted over time and across cultural spaces as a defining element of Christianity and a major contributor to Christianity's endurance, expansion, and success."[7]

In much of the world, the contemporary church is still known as a community of health and healing. However, many American churches define their mission and purpose without reference to health. They see themselves as the stewards of a spiritual gospel, focusing on the salvation and care of people's souls and leaving issues of physical health and healing to systems and providers outside the church. Perhaps this is part of the reason that the American church's

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[1] Gary B. Ferngren, *Medicine and Health Care in Early Christianity* (Baltimore, MD: Johns Hopkins University Press, 2009), 86.
[2] Ferngren, *Medicine and Health Care in Early Christianity,* 98-99.
[3] Ferngren, *Medicine and Health Care in Early Christianity,* 145.
[4] Ferngren, *Medicine and Health Care in Early Christianity,* 117-118.
[5] Amanda Porterfield, *Healing in the History of Christianity* (New York: Oxford University Press, 2005) 4, 6, 7.
[6] Porterfield, *Healing in the History of Christianity*, 3.
[7] Porterfield, *Healing in the History of Christianity,* 19.

response to the Covid-19 pandemic differed so dramatically from the witness of the early church in the face of epidemics.

I believe that the church's call to participate in Jesus' work of healing and reconciliation remains as pressing today as it was at the church's creation. Churches can answer that call by developing, teaching, and embodying a theology of health and healing and making it an integral part of their mission; by identifying where there is brokenness (a lack of health) in their own context and in the communities in which they're placed; by employing multidisciplinary tools and frameworks to identify and understand the determinants of that brokenness; by discerning the unique resources the church community can offer in response to the brokenness; and by partnering with community members and organizations in the work of healing brokenness and restoring *shalom.* This is work that requires knowing how to work in partnership with church and community members in a way that empowers them as co-participants and co-agents in every part of the process.

How can seminaries effectively prepare Christian leaders to form their churches into communities of health and healing? Because of the interdisciplinary nature of health and healing work, much of what is needed is already covered in seminary education and training, especially if there are reconciliation-centered classes offered as a part of the curriculum (as is the case in SPS). Classes which teach and discuss spiritual, emotional and relational wholeness, as well as issues of justice and racism that disrupt the health of individuals and communities, address important determinants of health. However, there are specific skills and competencies for leading churches in the areas of health and healing that are not included in a standard seminary curriculum. In addition, seminary students are rarely given a theology, framework,

and vision for church-based health and healing with which to integrate relevant resources and skills from other sources and classes. None of the seminaries accredited by the Association of Theological Schools (ATS) appear to require a health and healing-focused class for their Masters of Divinity degree, and only a few seem to offer such a class as an elective.[8] There is a clear opening and need for a class that will help Christian leaders recover a vision of the church as a community of health and healing, and equip them to lead churches into this vision.

Therefore, this project will propose an effective and empowering seminary class on health, healing, and the church. This class will include the following:

- A well-developed theology of health and healing, highlighting its centrality throughout the Scriptures, and especially in Jesus' incarnational life and ministry.
- An exploration of Western, non-Western, and Biblical understandings of health and healing. Students will develop their own definition of health that can guide practice.
- An overview of the church's history as a community of health and healing, as well as the impact it has had (and continues to have) on communities in which it is embedded.
- An overview of the contemporary American church's participation in the mission of health and healing, with a particular emphasis on the church's response to current health issues (such as racial trauma or the Covid-19 pandemic).
- How to identify the specific health issues that concern both a church community itself, as well as the community surrounding it (i.e. how to exegete a community). Skills and

[8] Seminary websites were accessed from the ATS database (https://www.ats.edu/Find-a-School). I explored the 2021-2022 catalogs and MDiv requirements for seventy accredited theological schools, and found that none of them required a health and healing class for a theological degree, and only three schools offered an elective that addressed the theology or practice of health and healing.

competencies in this area will be drawn from community health and development practice and will include participatory and empowerment-focused assessment methods.

- How to identify the determinants of health issues using the socio-ecological model. Churches often restrict their focus to individual choices, beliefs, and behaviors. The socio-ecological model is a framework which helps users to understand the complex and interconnected factors that lie beneath a communally identified health issue (such as youth suicide, obesity, or intimate partner violence). It looks at the causes of illness or morbidity on multiple levels: individual, interpersonal, community, societal, and environmental; and examines the interplay between these levels. It clearly identifies how systemic issues such as racism impact health disparities. By better understanding the multifactorial nature of a health issue, churches can gain a clearer view of where and how to intervene, and who to partner with. The socio-ecological model is a tool that can help integrate multiple disciplines, seminary classes, and diverse voices into the area of health and healing.
- An identification of the unique resources a church brings to the table in the area of health and healing, and how to direct these resources towards health and healing initiatives or interventions, as well as partnering with community members and organizations.
- How to evaluate medical research, guidelines, and information in order to make informed decisions at a personal and institutional level, and how to clearly communicate these guidelines in a respectful manner that restores confidence and trust.

In my final chapter, I describe a 2-3 credit class on health, healing and the church as a course offering for Seattle Pacific Seminary. This class will allow students to learn and practice the above skills together and will support and strengthen the reconciliation and theology classes already offered. My hope is that such a class would prepare Christian leaders to form their churches into communities of health and healing that can build *shalom* in the wake of the COVID-19 pandemic's destruction.

PREFACE

I grew up on the compound of a small leprosy and tuberculosis hospital in rural Bangladesh, surrounded by human beings whose lives were shaped by profound trauma, poverty, and sickness – and who profoundly shaped me. By the time I was 13 and my family was living in Kenya, I had decided what I wanted to be when I grew up: a physician, who could go to places where there was no doctor. Finally, I would be able to do something concrete to heal the suffering that I had encountered. I was certain, *convinced,* that I had found my calling.

That certainty began to change in high school. Not only did I find advanced science and math tedious, but in learning from my father's Kenyan colleagues, I began to see the Western model of health and healing as narrow and confining. As I paid attention to what they were doing – helping to mobilize clergy and churches in East Africa to address the burgeoning AIDS crisis, as well as the brokenness and destruction caused by civil war in Rwanda – I saw my first models of how the church could participate health and healing in their communities. But what really challenged my path towards medicine was when my church, Nairobi Chapel, produced a kids' musical, and I volunteered to be Blooper the dog. As the only white *mzungu* (foreigner) in the cast, audiences consistently found my canine embodiment to be hilarious.

Our final performance was at a Nairobi orphanage. The children silently gathered on the packed dirt of the compound, then sat emotionless through the show. I crawled around human feces on the ground and tried to ham it up, but the kids didn't even laugh at my physical dog humor and howls. I looked into their faces and they were blank, joyless, and hopeless.

I went home shaken. These children had shelter and medical care, clean water and adequate food. Yet they were not at all well, and I realized that nothing I could learn in medical

school would restore them to health. What they needed was more in line with what the Spirit-empowered church had to give than what physicians alone could provide – but it certainly wasn't what we had just given them.

As I reflected on the children and their haunting eyes, I realized that it wasn't medicine I was called to, but healing, the kind of holistic healing that is bound up in the mission of the church. I began to wonder what the church has to uniquely offer that could restore people to holistic health, in the context of their environment and community. That question has remained with me for the last thirty years. It led me to a college internship with an Ivorian public health team in Côte d'Ivoire and an independent study on the Sénoufo church as a healing community. It led me through an MPH degree at the University of North Carolina, where my master's project focused on health and healing ministry in the Black church. It was part of the call to pastoral ministry that led me to Seattle Pacific Seminary. It has led me through this project and this paper, and it continues to lead and propel me.

I believe from the very core of my being that we, as Jesus' body in the world today, are called to be apostles of healing to the world in the same way that Jesus' first followers were. We are still sent as Jesus was sent, to heal and restore and proclaim good news to the poor. As we emerge from a global pandemic that so clearly revealed our collective need for healing and *shalom*, there is a pressing need for the church to recover and live out this mission, and for seminaries to equip their students and leaders to become apostles of healing.

CHAPTER 1: A THEOLOGY OF HEALTH AND HEALING

Christianity is a religion of healing because we worship a God who consistently affirms the essential worth and goodness of our bodies. God created our bodies in God's own image and called them "good," and despite the prevalence of sin, suffering, and injustice that distorts that essential goodness, God continues to care about our holistic flourishing and wholeness. Throughout the Old Testament, God manifests as divine healer, restoring individuals and communities to *shalom* and empowering them to be agents in healing. God's affirmation of our bodies is most fully expressed in God's incarnation as Jesus, God-made-flesh, who made his home as a fully embodied human being among us. Jesus enacted salvation as he lived and walked and worked and died with and for us, salvation that heals human beings and restores us to *shalom,* the flourishing of our whole embodied selves in the context of our relationships to God, each other, and creation. Jesus' life, death, and resurrection ensures our holistic salvation, and he calls us as his Spirit-empowered Church to participate in his mission of healing.

Health in the Beginning: "It Was Very Good"

The well-being of our bodies matters because God created our bodies to matter and has unfailingly valued, honored, and sustained them. From the beginning to the end, the Bible reminds us of the essential goodness and worth of our bodies, and this "biblical story of bodily creation and bodily redemption is the story we must learn to tell again if we are to be faithful disciples of Christ."[9] A Christian theology of health and healing doesn't begin with suffering, sickness, and pain – these are departures from its core reality. It begins, and it always circles

[9] Kendra G. Hotz and Matthew T. Mathews, *Dust and Breath: Faith, Health, and Why the Church Should Care About Both* (Grand Rapids, MI: Eerdmans, 2012), 2.

back to, a vision of embodied life as God intends for all humanity: good, whole, interdependent, and flourishing in a state of *shalom,* in harmony with God and all creation.

In the beginning, God made our bodies from the dust of the newly created earth, breathed life into us, infused us with God's own image, and pronounced our bodies "good". This word anchors the church's mandate to promote health and healing: if God declares that our bodies are good, our own attitudes and actions must pronounce a hearty "Amen – let it be so." Our flesh and bones and features and functions and personalities and natural appetites – they are named as good simply because they exist. God made them, God values them, and God preserves them. Just as Adam and Eve were "naked and unashamed" before God (Gen. 2:25),[10] we are called to be unapologetically appreciative of the goodness of each of our bodies.

Our good bodies are created to exist in both interdependence and individuality. We are formed from the DNA of our parents and the flesh and blood of our mothers, just as Eve's body was created from Adam's rib. We cannot exist without each other, and we share an essential humanity ("flesh of my flesh", Gen. 2:23). Yet we also exist in particularity, even as Adam and Eve were created "male and female" (Gen. 1:27). Like them, we are given agency and a vocation, called to be fruitful and to steward the creation in which we live (Gen. 1:28). We flourish in obedience to God and God's commands, in full awareness of our creatureliness and dependence on our Creator, and we are "bound to the whole of creation in a 'dialogical existence.'"[11]

[10] This and all other Scriptural quotations in this paper come from the NRSV version of the Bible.
[11] Kenneth L. Luscombe, "Discipleship as a Paradigm for Health, Healing, and Wholeness", 45-84 In *Health, Healing, & Transformation,* ed. by Allen, Luscombe, Myers, and Ram (Monrovia, CA: MARC & World Vision International, 1991), 54.

The Biblical creation account in Genesis 1-2 lays the foundation for a view of health and humanity that is holistic, relationship-oriented, and in union with God. Rabbi Richard Address writes that "life and health, body and spirit are all part of the same creation, and thus, the Jewish model for health and wellness, no matter what the age we are, is a holistic interconnected model."[12] Our Western, dualistic separation of body and spirit is completely absent from Scripture. In fact, "we look in vain in the Bible for a precise description of the person. The Bible uses numerous terms for body, mind, soul, spirit, and heart, and it uses them interchangeably…[they are] completely interrelated, interdependent, and 'intermingled.'"[13] Adam and Eve knew themselves and lived as whole people, in active relationship with each other, with God, and with the creation they stewarded.

Biblical Hebrew has no specific word for "health" because in the Bible, "'health' in and of itself is thought of as the expected, normal condition."[14]. It is the state in which human beings were created to exist, a state of well-being that "includes in its scope the whole being of humankind and all their relationships"[15]: human, divine, and environmental. Physician and theologian John Wilkinson claims that "in the widest sense of the phrase, 'human wholeness' or health is the main topic of the Bible."[16] Full health is embodied and depicted by Adam and Eve's life in the Garden of Eden, which "sets out that perfect pattern and high quality of life which is

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[12] Richard Address, "Contemplating a Theology of Healthy Aging", 26-51 in Levin, Jeff and Keith G. Meador, eds. *Healing to All Their Flesh: Jewish and Christian Perspectives on Spirituality, Theology, and Health,* ed. by Levin and Meador (West Conshohocken, PA: Templeton Press, 2012), 48.
[13] Daniel E. Fountain, *Health, the Bible, and the Church: Biblical Perspectives on Health and Healing.* Wheaton, IL: Billy Graham Center, Wheaton College, 1989), 88.
[14] Michael L. Brown, *Israel's Divine Healer* (Grand Rapids, MI: Zondervan, 1995), 80.
[15] John Wilkinson, *The Bible and Healing: A Medical and Theological Commentary* (Edinburgh, UK: The Handsel Press Ltd., 1998), 19.
[16] Wilkinson, *The Bible and Healing,* 7.

health, and which was God's intention that human beings should enjoy."[17] Wilkinson identifies six characteristic markers of health and well-being in the Hebrew Scriptures: *shalom,* righteousness/justice, obedience, strength, fertility, and longevity. Each of these is present in the account of Adam and Eve in Genesis 1-2.

Shalom is the Hebrew word that most fully connotes the concept of health. It describes "the presence of wholeness, completeness and well-being in all spheres of life whether physical, mental and spiritual, or individual, social, and national."[18] *Shalom* encompasses "in its scope the whole being of humankind and all their relationships,"[19] and varying forms of this word occur 456 times in the Old Testament and 94 times in the New Testament (as the Greek word *eirene*).[20] *Shalom* is not an abstract quality of life. It manifests in concrete, physical and material conditions. People living in *shalom* "inhabit a healthy environment with clean air and water, engage in meaningful work, and enrich each other's lives through companionship. In *shalom,* all creatures give to and receive from one another that all may flourish."[21] S*halom* existed in the garden of Eden because all that was needed for every creature to flourish was present there, and all relationships were interconnected and unbroken.

Because God is unfailingly right and just, s*halom* exists hand-in-hand with righteousness and justice throughout the Hebrew Scriptures (for example, Psalm 85:10 portrays righteousness and *shalom* kissing each other). Righteousness and justice are synonymous in the Old Testament, and a person or community is righteous when they reflect and embody the

[17] Wilkinson, *The Bible and Healing,* 7.
[18] Wilkinson, *The Bible and Healing,* 12.
[19] Wilkinson, *The Bible and Healing,* 19.
[20] Lisa Sharon Harper, *The Very Good Gospel: How Everything Wrong Can Be Made Right* (Colorado Springs, CO: WaterBrook, 2016), 11.
[21] Hotz and Mathews, *Dust and Breath,* 86.

righteousness of God. This means living in obedience to God's commands, which guide God's people into justice, mutuality, and harmony with creation. A right relationship with God produces *shalom* for individuals and communities[22] (e.g., Isaiah 26:1-3, where those in the righteous nation are kept in *shalom*), particularly when a leader embodies righteousness and rules with justice. The connection between *shalom,* righteousness, and obedience means that human beings have agency in their own health. Although there are exceptions (most notably in the book of Job), obeying God's commands helps to establish the conditions in which *shalom* can flourish[23] (e.g., Deut. 30, when Moses forcefully assures God's people of the connection between their obedience and their experience of life and *shalom*). In Genesis 1-2, Adam and Eve were given both a vocation by God (stewarding the garden), and specific commands that preserved the *shalom* in which they lived (Genesis 2:15-16).

Finally, strength, fertility, and longevity are gifts from God that are associated with embodied health throughout the Old Testament; they are some of the outward signs that *shalom* is present in a community. Strength refers to not only physical strength, but also to "the strength of a person through their whole being," [24] and parallels *shalom* in Psalm 29:11 ("May the LORD give strength to his people! May the LORD bless his people with *shalom*!"). Fruitfulness and long life are likewise portrayed as markers of personal and communal well-being. The Hebrew word for life, *chayah,* refers to more than having a beating heart or a specific length of days on the earth; it also means enjoying a "full, rich, and happy life."[25] Adam

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[22] Wilkinson, *The Bible and Healing,* 14.
[23] Wilkinson, *The Bible and Healing,* 15.
[24] Wilkinson, *The Bible and Healing,* 15.
[25] Helmer Ringgren, "חָיָה," *Theological Dictionary of the Old Testament* (Grand Rapids, MI; Cambridge, U.K.: William B. Eerdmans Publishing Company, 1980), 334.

and Eve's life and vocation in the Garden was full and rich. It involved stewardship work (utilizing strength) and fertility ("be fruitful and multiply", Gen. 1:28), and there was no mention of their lives ending (returning "to the dust", Gen. 3:19) until *shalom* was broken in Genesis 3.

After Eden: From Health to Healing

Although there is no specific Old Testament word for "health", there is a strong emphasis on healing throughout the Scriptures. That's because with Adam and Eve's sin and expulsion from the Garden in Genesis 3, everything changed. In listening to the tempter and disobeying God's command, Adam and Eve ruptured the relationships of *shalom* that facilitated their flourishing, and that rupture penetrated deeply into creation, distorting every aspect of health and well-being. Their relationship with God became marked by shame and fear, and their relationships with each other by enmity, power struggles, and inequality. Fertility would now be realized through pain and suffering, and their vocation of caring for creation would be marred by frustration and futility. Brokenness would also mark their bodies, which became vulnerable to illness, trauma, violence, declining strength, and death.

The Old Testament scriptures vividly portray the holistic brokenness and lack of *shalom* that characterize human life after humanity's expulsion from Eden, and how that brokenness becomes rooted and institutionalized in our societies, cultures, and structures. The history narratives do not shy away from portraying unrighteousness, injustice, suffering, illness, abuse, and genocide. The prophets forcefully name and catalogue the deep sickness of God's people, as well as the ways that leaders and communities routinely turn from righteousness and justice, participating in oppression and prideful destruction. They make it clear that when *shalom* is broken, those whose health suffers the most from the rupture are always the most vulnerable:

the women, children, poor, oppressed, and foreigners. Even some of the recorded laws that God gives to the Israelites (for example, those that do not challenge slavery as an institution) reflect the reality of a surrounding culture that is not oriented towards justice and *shalom*.

And yet, despite its gritty and realistic portrait of a wounded and unwell world, sickness and unwellness are not the central themes of the Bible. That's because one thing that does not change with Adam and Eve's disobedience is God's essential goodness, God's love for creation, and God's commitment to embodied human beings. In response to the rupture of *shalom* introduced in Genesis 3*,* God raised up the nation of Israel as "a means of healing for all the nations"[26] and "pledged himself to be Israel's *rôpē'"*,[27] the God who heals (Exo. 26:3). The Hebrew root *rāpā'* is central to the Old Testament's healing language and occurs 85 times throughout the Scriptures.[28] Its fundamental sense is to restore and make whole, and every time it occurs, it "is used with reference to *restoring* a wrong, sick, broken, or deficient condition to its original and proper state."[29]. God's healing actions (*rāpā')* are directed not only towards individuals with physical illnesses, but also towards communities and creation:

> As *rôpē',* the Lord was supplicated to make undrinkable waters fresh and wholesome (2 Kings 2:21-22), to restore a locust-eaten and drought-stricken land (2 Chron. 7:14), to mend the earth's fissures after an earthquake (Psalm 60:2[4]), to heal barrenness and infertility (Gen. 20:17), and to cure all kinds of sickness (e.g., 2 Kings 20)."[30]

God's healing in the Old Testament is holistic and community-centered, oriented towards repairing broken bodies, broken relationships, and broken creation so that the *shalom* of Genesis 1-2 might be restored.

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[26] Luscombe, "Discipleship as a Paradigm," 53.
[27] Brown, *Israel's Divine Healer,* 237.
[28] Brown, *Israel's Divine Healer*, 25.
[29] Brown, *Israel's Divine Healer,* 28-29.
[30] Brown, *Israel's Divine Healer,* 237-238.

Turning Towards *Shalom:* Active Participants in the Drama of Health

Although God is the ultimate *rôpē'*-healer and the source of health in the Old Testament, human beings participate in God's work of health and healing. Obedience to God's commands brings worshippers into a right relationship with God, and this typically results in the blessings of health (although there are exceptions). This obedience is not primarily individual, but communal. This is, perhaps, most clearly stated in God's words to the Israelites as they begin their wilderness trek: "If you will listen carefully to the voice of the LORD your God, and do what is right in his sight, and give heed to his commandments and keep all his statutes, I will not bring upon you any of the diseases that I brought upon the Egyptians; for I am the LORD who heals you" (Exodus 15:26). The book of Proverbs also makes a clear connection between attentiveness to Wisdom's cry and health: her words are portrayed as "life to those who find them, and healing to all their flesh" (Prov. 4:22). The "health promised here is physical, emotional, and spiritual – the whole person. It is made possible because of God's words that bring deliverance from the evils that harm and hinder life."[31]

In fact, many of the Old Testament laws, such as those pertaining to "unclean and potentially infected food, meat from animals which have died from disease…contact with dead bodies…and the safe and discreet disposal of human excreta"[32] are consonant with what we now understand to be basics of public health and hygiene. Following these laws led to health not because of what we think of as "supernatural" intervention, but because they were in harmony with the way that creation functions. Moreover, because God embodies justice and

[31] Allen P. Ross, *Proverbs,* in EBC 5, ed. Frank E. Gaebelein and Richard P. Polcyn (Grand Rapids, MI: Zondervan, 1991), 925-926.
[32] Wilkinson, *The Bible and Healing,* 15.

righteousness, God's laws were oriented towards the protection of the most vulnerable: the orphan, the widow, the oppressed, and the foreigner. Receiving God's health and healing meant practicing the justice that God required, which institutes and maintains conditions of *shalom.* Throughout the Scriptures (and particularly in Israel's own Exodus deliverance), God exerts a preference for the poor and oppressed; God hears their cries and acts for their deliverance and restoration. *Shalom* is restored when human beings partner with God by resisting evil, "as manifested in the dominant and oppressive systems and structures of the world…Healing begins when the oppressed public protests against its plight and refuses to acknowledge any longer the right of the ruling elite to dominate, divide, and destroy."[33] The Old Testament Scriptures make it very clear that as human beings, "we have a determinant role to play in health…We are *active participants* in the drama of health…The origins of community health [and social justice] are therefore Biblical."[34]

When human beings do become sick and suffer from broken relationships with themselves, God, others, and creation, it is a clear departure from what God intends. Sickness and loss of *shalom* are never portrayed as God's desire for a person, or as punishment that is meant to be stoically endured. Instead, sickness compels the sufferer or those who care to cry out to God for healing. God alone can restore *shalom;* however, human petition to God is seen to be effective, because God desires health and wholeness. Sometimes, Biblical stories depict God's direct healing action "in answer to prophetic supplication of faith"[35] (for example, Isaac's prayer for Rebekah in Genesis 25:21 or Naaman's healing in 2 Kings 5). However, it is the poetry

[33] Luscombe, "Discipleship as a Paradigm," 63.
[34] Fountain, *Health, the Bible, and the Church*, 127.
[35] Brown, *Israel's Divine Healer,* 106.

of the Psalms that portray some of the most vivid personal and communal entreaties to God, and "physical sickness and healing are often at the heart of the OT poetic literature."[36]

The Psalms are a collection of the prayers of Israel, and they make it clear that we worship and respond to God with our whole bodies: mind, soul, heart and flesh all participating as one. The psalmist's flesh/body "faints" for God, even as their soul "thirsts for you" in Psalm 63:1; in Psalm 84:2, it is the psalmist's soul that faints, while their heart and body sing for joy. Psalm 139 praises God as the creator who skillfully knit the psalmist's body together (including their internal organs and skeleton) while they were still in their mother's womb. Psalm 16 portrays an individual in a state of *shalom,* as they respond holistically to God's provision and blessing: "Therefore my heart is glad, and my soul rejoices; my body also rests secure" (v.9).

The Psalms also depict the holistic disruption of losing *shalom,* using vivid words and metaphors to describe individual sickness as a state that it altogether contrary to what God intends. Lack of *shalom* is a valid occasion to protest and lament before God, using the strongest language possible. In Psalm 38, for example, the psalmist declares that "there is no *shalom* in my bones," v.8. Because of this, the psalmist suffers physical symptoms ("my wounds grow foul and fester," v.6; "my loins are filled with burning," v.7); emotional turmoil ("I groan because of the tumult of my heart," v.8); disruption of community ("my friends and companions stand aloof from my affliction," v.11); and spiritual alienation ("your arrows have sunk into me, and your hand has come down on me," v.2). The psalmist's response is to confess sin and cry out to the LORD for healing ("make haste to help me, O Lord, my salvation," v.22). Psalms such as Psalm 38 were regularly employed by the worshiping community of Israel, both

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[36] Brown, *Israel's Divine Healer,* 130.

individually and in temple worship, to entreat Yahweh-*rôpē’* for restoration and healing.[37] Although Yahweh is healer, the individual and community who suffer have agency. Their voices and petitions are potent. Pain, suffering, and loss of *shalom* are not meant to be endured, but to be protested and lamented, because Yahweh-*rôpē’* hears and acts.

The Prophetic Vision of *Shalom* Restored

While many of the healing psalms are individual pleas, Psalm 147 paints a picture of a healing God who restores *shalom* to the entire nation of Israel (“He grants *shalom* within your borders,” v.14). This psalm paints a vibrant picture of holistic healing that encompasses individual bodies in the context of their whole community, as “national recovery, bodily healing, and spiritual rejuvenation all flowed from one source: the Lord, Israel’s divine *rôpē’*.”[38]

Psalm 147 begins to capture the prophetic vision of the God’s healing role in the life of Israel and of the world. The prophets of Israel were clear and graphic in detailing the national abuses, inequalities, idolatry, and active injustice which prevented *shalom* in Israel. However, they also wrote of the fierce, unbreakable commitment that Yahweh-*rôpē’* had made to Israel and the world,and spoke of a day when God would “restore health” to Israel and heal her wounds (Jeremiah 30:17). The Hebrew root *rāpā’* occurs 38 times in the prophetic literature (encompassing almost half of its usage in the Old Testament), and refers not to figurative or metaphorical healing, but to literal, concrete healing and repair that will be “no less real…than the healing of a sick body”[39] (and would, in fact, be marked by the healing of sick bodies, as Isaiah 35:5-6 attests). In Jeremiah 33:6, for example, God proclaims to Israel, “I will heal them

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[37] Brown, *Israel’s Divine Healer,* 154.
[38] Brown, *Israel’s Divine Healer,* 151-152.
[39] Brown, *Israel’s Divine Healer,* 184.

and reveal to them abundance of *shalom* and security," and then describes what this holistic healing will look like. it will encompass the return of the exiles to their homeland, the rebuilding of their ruined cities, and the reconciliation of their broken relationships with God. Malachi, the final post-exilic prophet included in the Hebrew Scriptures, concludes his book with the promise that the day was coming in which "the sun of righteousness shall rise, with healing in its wings" (Mal. 4:2). This promise would be realized in Luke 1, when a young virgin woman said yes to God, offering her own body as the first home of our healing, embodied God who chose to live and walk with us.

Jesus of Nazareth: Our Enfleshed, Healing God-With-Us

Brian Bantum writes that "the birth of Jesus is the entrance of God into the world in a way that declares that our bodies matter."[40] By becoming incarnate in a particular human body and entering fully into human life in the midst of creation in a specific time and place, Jesus emphatically affirms the goodness and worth of our bodies in the place and time we find ourselves, and he shows us what it looks like to live an embodied life of *shalom.* According to Lotz and Mathews,

> Jesus showed his disciples how to live in a world where God's reign had begun to grow like a seed in the ground, and that life included great enjoyment of the things of the body. In fact, Jesus was so often at table, enjoying good food and wine, good conversation and company, that his critics called him "a glutton and a drunkard" (Matt. 11:19). When God came into our midst, God became fully human, a dust-and-breath creature who slept when he was tired, ate when he was hungry, walked where he needed to go, died at the hands of a bloodthirsty empire, and rose again a glorified dust-and-breath creature."[41]

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[40] Brian Bantum, *The Death of Race: Building a New Christianity in a Racial World* (Minneapolis, MN: Fortress Press, 2016), 73.
[41] Hotz and Mathews, *Dust and Breath,* 74.

Jesus does not just model to us how to live lives of *shalom,* however. He was *shalom* enfleshed,[42] and his life, death, and resurrection make *shalom* possible for us in the present moment. Jesus of Nazareth was both fully God and fully human, and in his embodied existence as God, he redeems every facet of our own embodied lives. "It is by the way of this divine power possessed by his humanity", writes Katherine Tanner, that Jesus gradually "healed and glorified" humanity throughout the course of his life, death, and resurrection: "Each moment of Jesus' life as it happens is being brought into connection with the divine powers of the Word,"[43] and what he "has achieved in his own humanity is also to be achieved in us by way of him."[44] In the incarnation itself, and through sharing the suffering and fragility of every part of our life, Jesus offers "our infirmities through himself to the Father, and they come back healed."[45]

Jesus' participation in human life was disruptive, as he challenged the powers of injustice and unrighteousness that destroy *shalom.* These evil powers and those wielding them fought back, culminating in Jesus' submission to the violent, unjust execution of a condemned criminal. When Jesus died as God in unity with humanity, he drew all of the suffering and alienation and brokenness, the violence and evil and sickness and lack of *shalom* we experience into himself; and on the cross, "all the world's injustice is consumed by the total wrath of God."[46] Because he is God, Jesus was not annihilated by death and suffering, but instead transformed them into resurrection and new life, making this restoration possible for each one

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[42] John Swinton, "From Health to *Shalom*: Why the Religion and Health Debate Needs Jesus," Pages 219-241 in *Healing to All Their Flesh,* ed. by Levin and Meador, 235.
[43] Katherine Tanner, *Christ the Key* (Cambridge, UK: Cambridge University Press, 2010), 98-99.
[44] Tanner, *Christ the Key,* 102.
[45] Tanner, *Christ the Key,* 101.
[46] Hans Urs von Balthasar, trans. Aidan Nichols. *Mysterium Paschale: The Mystery of Easter* (San Francisco, CA: Ignatius Press, 1990), 121.

of us. Jesus' resurrection completes the transformation of death, evil, and suffering into life and salvation and health. Through him, we can experience healed relationships with God, each other, our own bodies, and creation that reflect the *shalom* of Eden.

Jesus' Ministry of Healing

Jesus did not just model and embody *shalom* in his death and resurrection, however; he also carried out a ministry marked by healing and *shalom,* establishing it in the communities he visited and lived in. Biblical scholars who trace themes of health and healing throughout the Bible struggle to adequately describe the dramatic inbreaking of *shalom* that characterized the life and ministry of Jesus of Nazareth. "Anyone who has made a careful study of the biblical subject of divine healing, having systematically treated the OT material," writes Michael Brown, "cannot help but feel that the floodgates of healing have opened in the pages of the NT. The trickle has become a deluge, the exceptional has become the norm, the occasional has become the commonplace, the hoped for has become the experienced, the longed for has become the realized."[47] At least one-third of the narrative space in each of the three synoptic gospels was devoted to Jesus' healing work,[48] which encompassed physical healing, freedom from demonic oppression, and the healing of souls and relationships. Everything Jesus did "related to health and the restoration of wholeness to persons and society."[49]

Jesus was visibly affected by the sickness and suffering of other people. When he encountered people in their brokenness, he was frequently moved with compassion (*splanchnizomai*), a Greek word that refers to a visceral emotion so powerful that it moves

[47] Brown, *Israel's Divine Healer,* 208.
[48] Wilkinson, *The Bible and Healing,* 65.
[49] Fountain, *Health, Bible, and the Church,* 156.

one's entrails, affecting the deepest parts of the body.[50] Jesus acted in response to the compassion that moved him: he healed the sick (Matt. 14:14), fed a multitude (Matt. 15:32, Mark 8:2), gave sight to the blind (Matt. 20:34), taught a crowd (Mark 6:24), cast a demon out of a child (Mark 9:22), and restored a widow's only son to life (Luke 11:13). Along with compassion for people, Jesus also felt anger at disease, death, and those who would seek to withhold healing. Mark 1:41 states that when a leper knelt before him and asked to be cleansed, Jesus was moved with anger (usually translated "pity") – not at the leper, whom he immediately healed, but at what was robbing him of *shalom.* When synagogue leaders disapproved of healing a man with a withered hand on the Sabbath, Jesus "looked around at them with anger" before restoring the man's hand; "he was grieved at their hardness of heart" (Mark 3:5). As he watched Mary mourn at the tomb of her brother Lazarus, Jesus was both deeply distressed and angry (John 11:33, 38), and he wept with Mary before resurrecting Lazarus. Jesus' consistent response to the sickness and suffering of others was to offer the healing and restoration that sprang from the heart of his Father.

Adolf Harnack, who published one of the first histories of early Christianity in 1904, focused on how crucial Jesus' healing ministry was to his work and mission, since it was through healing that "he won men and women to be his disciples. The circle by which he was surrounded was a circle of people who had been healed."[51] This circle of healed people was diverse and countercultural, because Jesus' healing ministry had "an unusual access profile." [52]

[50] Ceslas Spicq and James D. Ernest, *Theological Lexicon of the New Testament* (Peabody, MA: Hendrickson Publishers, 1994) 275.
[51] Adolf Harnack, *The Expansion of Christianity in the First Three Centuries,* trans. by James Moffatt, 2 vols. (New York: Williams & Norgate, 1904), vol. 1, 122. https://tinyurl.com/54myc3rr
[52] Swartley, *Health, Healing, and the Church's Mission,* 70.

Although multitudes came to him, Jesus was also active in finding people, and many of those he healed or delivered from demons were "not persons with standing in the religious community."[53] He intentionally sought out those on the margins. Greco-Roman culture valued beauty and health (the "pure and sound"[54]) and had a low regard for sick persons, but Jesus was filled with compassion for all who were broken, and through his words and actions, they "became persons of dignity, value, and infinite worth."[55] In seeing, touching, and choosing those labeled "deformed," "crippled," "sinful,", "unclean", and "Samaritan," Jesus proclaimed that their bodies were good, important, and precious to him.

Jesus did not always heal in the same way. He "understood disease to be multicausal in origin…[and to] affect persons in many different ways, mentally, emotionally, and spiritually as well as physically. In his healing methodology he was multiphasic, using physical, psychological, and spiritual interventions to restore shalom."[56] He was also "keenly aware of the social context in which he healed,"[57] intentionally selecting the time, place, and method of each healing to reflect what was needed to restore *shalom* in that particular setting. His healings also had a lasting impact beyond the simple moment of healing – they were "marked by intimacy, by his insistence on really seeing and listening to the people who need healing, by affirming and encouraging them, and by sending them forth with purpose into the community."[58]

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[53] Willard M. Swartley, *Health, Healing, and the Church's Mission: Biblical Perspectives and Moral Priorities* (Downer's Grove, IL: Intervarsity Press, 2012), 70.
[54] Harnack, *The Expansion of Christianity,* 125.
[55] Fountain, *Health, Bible, and the Church,* 159-160.
[56] Fountain, *Health, Bible, and the Church,* 156.
[57] W. Meredith Long, *Health, Healing, and God's Kingdom: New Pathways to Christian Health Ministry in Africa* (Irvine, CA: Regnum Books International, 2000), 113.
[58] Amy Julia Becker, *To Be Made Well: An Invitation to Wholeness, Healing, and Hope* (Harrisonburg, VA: Herald Press, 2022), 41.

Matthew 4:23 is a succinct encapsulation of Jesus' ministry of *shalom*: "Jesus went throughout Galilee, teaching in their synagogues and proclaiming the good news of the kingdom and curing every disease and every sickness among the people." His healing work was seamlessly intertwined with his teaching and proclamation, just as *shalom* in the Old Testament is associated with knowing and obeying the words of God. Jesus "demonstrated an integration between cure and prevention, between the restoration and the promotion of health."[59]

Jesus' healing work confirmed his divine identity as the Messiah, showed that he had the authority of Yahweh-*rôpē'*, and announced that God's reign of *shalom* was beginning to break into the world: healing brokenness, challenging injustice, and overcoming evil. "A key task of the Messiah was to bring freedom and relief to this suffering world, spiritually and bodily. Healings flowed from his life as a natural outworking of his divine mission and character."[60] In Luke 5:18-19, Jesus proclaimed Isaiah's words in the synagogue of Capernaum, announcing his identity as the Messiah and laying out the work of healing and restoration to which he was called:

> [18] "The Spirit of the Lord is upon me,
> because he has anointed me
> to bring good news to the poor.
> He has sent me to proclaim release to the captives
> and recovery of sight to the blind,
> to let the oppressed go free,
> [19] to proclaim the year of the Lord's favor."

When John the Baptist, languishing in prison, began to doubt that Jesus was this promised Messiah, Jesus sent this message to reassure him: "Go and tell John what you have seen and

[59] Fountain, *Health, Bible, and the Church,* 157.
[60] Brown, *Israel's Divine Healer,* 212.

heard: the blind receive their sight, the lame walk, the lepers are cleansed, the deaf hear, the dead are raised, the poor have good news brought to them" (Luke 7:22). Jesus' healing work was confirmation of his identity and fundamental to the salvation he came to establish.

Salvation = Healing

The word "salvation" in a Christian context is most often understood as the unmerited grace that Jesus offers to individuals. This grace frees us from our sins, restores our relationship with God, and grants us eternal life. However, "salvation" in the Bible is a much richer, fully encompassing reality. *Sozein* and *soteria,* the Greeks word translated "to save" and "salvation," also mean "to heal", "to restore", and "to make whole,"[61] and the Synoptic gospels "are distinctive in the New Testament for the prominence they give to that meaning."[62] In the following verses, the bolded words are all forms of the same Greek verb *sozein*:

- Matthew 1:21: "She will bear a son, and you are to name him Jesus, for he will **save** his people from their sins."
- Matthew 9:20-22: Then suddenly a woman who had been suffering from hemorrhages for twelve years came up behind him and touched the fringe of his cloak, for she said to herself, "If I only touch his cloak, I will be made **well**." Jesus turned, and seeing her he said, "Take heart, daughter; your faith has made you **well**." And instantly the woman was made **well**.
- Mark 6:56: And wherever he went, into villages or cities or farms, they laid the sick in the marketplaces, and begged him that they might touch even the fringe of his cloak; and all who touched it were **healed**.
- Luke 8:36: Those who had seen it told them how the one who had been possessed by demons had been **healed**.
- John 12:47: I came not to judge the world, but to **save** the world.

The Hebrew and Aramaic word for *sozein* is *yasha,* from which Jesus' own Hebrew name (Yeshua) is derived. Jesus' own name means "Healer."[63]

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[61] Hotz and Mathews, *Dust and Breath,* 73.
[62] Donald E. Gowan, "Salvation as Healing", *Ex Auditu* 5 (1989), 10.
[63] Becker, *To Be Made Well,* 39-40.

Salvation is not confined to the soul. Instead, "whatever restores wholeness to the broken saves; whatever brings healing to the diseased contributes to salvation."[64] Many people first encountered Jesus' salvation through the healing of their bodies.[65] Christian philosopher Paul Tillich defines salvation as "basically and essentially healing, the re-establishment of a whole that was broken, disrupted, disintegrated."[66] The salvation that Jesus accomplished through his life, death, and resurrection is a restoration of the *shalom* of Genesis 1-2:

> Salvation…is the restoration to wholeness of that which is fragmented, the healing of that which is damaged, and the health of that which is subject to sickness, decay, and death. For the human being, salvation is 'becoming what we are'…Salvation is about reconciliation – of persons within themselves, of persons within community, of persons with God and with nature. This vision of salvation is profoundly relational.[67]

"As the Father Has Sent Me, So I Send You": Called to Be Apostles of Healing

This holistic, relational vision of salvation is one in which we, as Jesus' disciples, are invited to participate: by receiving it as a gift for ourselves, and by joining together with others in the circle of those who have been healed by Jesus and extending it outwards. In Luke 10:1, Jesus gathers seventy followers and sends them "ahead of him in pairs to every town and place where he intended to go." After they enter a town, Jesus instructs them to eat with the people there, heal the sick, and proclaim the inbreaking of the God's kingdom of *shalom* (Luke 10:8-9). When they return, flushed with joy at what God has accomplished through them, Jesus rejoices. But this is only the beginning of a mission of healing that will grow to encompass the world.

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[64] Hotz and Mathews, *Dust and Breath,* 73-74.
[65] Gowan, "Salvation as Healing", 11.
[66] Paul Tillich, *The Meaning of Health: Essays in Existentialism, Psychoanalysis, and Religion,* ed. by Perry D. LeFevre (Chicago: Exploration Press, 1984), 17.
[67] Luscombe, "Discipleship as a Paradigm," 60.

After his resurrection, Jesus appears to his disciples, who are huddled and frightened in a locked room. As he breathes the Holy Spirit on them, he commissions them: “Peace [*eirene/ shalom*] be with you. As the Father has sent me, so I send you” (John 20:21). Jesus blesses his healed followers and sends them into the world to be “apostles of healing,”[68] empowered by the Holy Spirit to participate in his Father’s salvation-work of holistic restoration and healing. Just as Jesus’ healing actions and words reflected the heart of his Father, Yahweh-*rôpē’,* the Holy Spirit aligns our actions and words with God’s desire to restore *shalom* to world. Like the seventy who were sent ahead of Jesus into towns and villages, we are sent out into the world to eat and fellowship with others, to heal, and to proclaim and extend the inbreaking of God’s *shalom* until Jesus returns to fully restore all of creation.

There is ample evidence that the early church took this commission seriously. Filled with the Holy Spirit, they not only preached the good news of salvation, but they also enacted it. Soon after Pentecost, Peter and John healed a man who had been lame from birth in Jesus’ name, confirming to the astonished onlookers that “the faith that is through Jesus has given him this perfect health in the presence of all of you” (Acts 3:16). When the apostles were subsequently questioned by the religious leaders, Peter uses the Greek root for salvation/healing (*sozein/soteria*) three times to describe what happened. Most English translations render this Greek root as “healed” when Peter refers to the lame man being able to walk again, but as “salvation” and “saved” when Peter refers to what Jesus Christ brings to the world. Peter’s listeners, however, would have heard the same root word used to describe the

[68] E. Anthony Allen, “Apostolic Healers Proclaiming the Total Gospel.” Pages 5-10 in *Health, Healing, & Transformation,* ed. Anthony, Luscombe, Myers, and Ram.

man's healing and Jesus' gift for all. Listen to how Peter's reply sounds when the same Greek root is translated the same way in all three uses:

> [8] Then Peter, filled with the Holy Spirit, said to them, "Rulers of the people and elders, [9] if we are questioned today because of a good deed done to someone who was sick and are asked how this man has been **healed**, [10] let it be known to all of you, and to all the people of Israel, that this man is standing before you in good health by the name of Jesus Christ of Nazareth, whom you crucified, whom God raised from the dead…[12] There is **healing** in no one else, for there is no other name under heaven given among mortals by which we must be **healed**." (Acts 4:8-12)

There is no evidence that Peter and John differentiated the physical and spiritual dimensions of Jesus' salvation in the same way that our Bible translations do. To them, and to the early church, Jesus' inbreaking kingdom of *shalom* impacted all of life, restoring individual relationships to God and healing people and communities holistically. Within the church community as described in Acts 4:32-35, the oneness, grace, and power the Spirit bestowed was reflected in redistribution of resources so that "there was not a needy person among them" (4:34). They asked God for boldness to speak Jesus' words in the face of threats, "while you stretch out your hand to heal" (Acts 4:30). Their prayer was emphatically answered: the church burgeoned as it became known as a community of healing. All around Jerusalem, the sick and demon-possessed gathered in great numbers to seek healing through the Spirit-empowered apostles, and "they were all cured" (Acts 5:16). In Acts 8:4-8, the healing salvation of Jesus traveled beyond the boundaries of Jerusalem and into Samaria, breaking boundaries of ethnicity, culture, and religion that Jesus himself broke in his life and ministry.

Participation in Jesus' mission was costly, and often meant sharing in the same kinds of sufferings as Jesus endured when his transgressive ministry challenged the status quo. As they disrupted religious, ethnic, and class boundaries to establish *shalom*, the early church

threatened those whose power and influence were bound up in unjust or oppressive institutions. The first official threats to the early church came in response to Peter and John's healing of the lame man at the temple (Acts 4:21-22), and Paul and Silas were flogged and thrown in jail after healing a young slave-girl from demon possession (Acts 16:16-24). Filled with the Spirit and supported by each other, the early church chose to rejoice in the sufferings and persecutions that arose from being sent as Jesus was sent. They also acknowledged that Jesus' followers are not exempt from the suffering and sickness that come from living in a broken world, and that not every ailment is immediately healed. However, there is no Scriptural indication that early Christians ever sought out suffering for its own sake or welcomed it as a normal, desirable, or God-intended state of being. When suffering was caused by sickness or lack of *shalom*, the church consistently petitioned Jesus for healing, shared each other's burdens, and responded with concrete, physical actions and remedies to alleviate distress. Finally, Christians responded to suffering by encouraging each other with the hope that because of Jesus' resurrection, even the most painful, broken, deathly experiences and objects can be "bent into life."[69] They believed that the healing and restoration they tasted and participated in would be completed and perfected when Jesus returned to make all things new, when the leaves of New Jerusalem's tree of life would reach out to extend healing to all the nations (Rev. 22:2).

Thus, even though the apostle James begins his letter to churches by urging joy in the face of trials (James 1:2), he closes it with instructions on how to surround a sick member of the congregation and pray for holistic healing of body and soul (James 5:13-16), since "the prayer of

[69] Bantum, *The Death of Race,* 151.

faith will save the sick" (James 5:15; "save" in this verse is one more instance of the Greek root *sozein* blending healing and salvation). Paul writes about the grace he experiences through suffering from a "thorn in the flesh" (2 Cor. 12:7), even as he asks Jesus three times to remove it from him. He also acknowledges Timothy's chronic stomach ailment and urges him to treat it with wine (1 Tim. 5:23). He tells the Corinthian church that their bodies are so intimately connected with and dependent on each other that the suffering of any one community member (whether they are Jew or Greek, slave or free) is felt and shared by all (1 Cor. 12:12-26). When Christians in Jerusalem suffer from an extended famine, Gentile churches in Asia not only pray for them, but also collect money to provide for their physical needs (1 Cor. 16, 2 Cor. 8-9).

The Church's Mission of Health and Healing

Like the early churches we observe in the New Testament, the church today is still sent as Jesus was sent, "called to be God's face of healing in this world."[70] We cannot truly follow an enfleshed Savior who honored our bodies and viscerally connected himself to our humanity without honoring, affirming, protecting, and acknowledging our connection to the bodies around us. The church is meant be a community of healing in which human bodies are unashamedly celebrated and affirmed and human suffering is acknowledged, shared, lamented, alleviated, and brought to God for healing. This means caring for wounded bodies, minds, hearts and souls together and engaging "both personal and social ruptures."[71] Like the salvation

[70] Swartley, *Health, Healing, and the Church's Mission*, 37.
[71] José Humphreys, *Seeing Jesus in East Harlem: What Happens When Churches Show Up and Stay Put* (Downers Grove, IL: 2018), 186.

Jesus enacted, the healing we extend as a church "must be expressed in word *and* deed as we proclaim a total gospel."[72]

As the circle of those healed by Jesus, the church's members in turn are called to become apostles of healing, to connect their worship and liturgy to social reality[73] and mediate God's restoration in "the breaches between God's *shalom* and the world in need of repair."[74] Just as Jesus "emptied himself, taking the form of a slave" and became obedient to the point of death on a cross (Phil. 2:7-8), he calls us to "become incarnate in the poverty and burdens of suffering humanity,"[75] empowered by his Spirit to extend and live out God's healing *shalom*. We must know our communities so deeply that we see and are physically moved with compassion when there is individual or corporate suffering and lack of *shalom.* As we acknowledge and investigate the places in which relationships are ruptured and justice is lacking and act in response, we must be as acutely aware and responsive to our social and cultural context as Jesus was. And because sickness and suffering are inseparable from the evil and injustice that permeates every part of creation, "the call for the church to care about bodies…means that we will have to contend with social and institutional sin. We cannot focus on personal sin [or sickness] alone if we are to live into the good creation God has made."[76]

The church's mission of health and healing is holistic, interdisciplinary, participatory, and community-centered, oriented towards repairing broken bodies, broken relationships, broken systems, and broken creation so that the *shalom* of Genesis 1-2 might be restored. Those who

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[72] Allen, "Apostolic Healers Proclaiming the Total Gospel", 9.
[73] Humphreys, *Seeing Jesus in East Harlem,* 189.
[74] Humphreys, *Seeing Jesus in East Harlem,* 173.
[75] Fountain, *Health, Bible, and the Church*, 158.
[76] Hotz and Mathews, *Dust and Breath,* 69.

commit to leading the church well in this mission must not only understand God's heart for health and healing, but must also employ an interdisciplinary understanding of community health and development, an ecological view of the interconnected, multi-level factors that disrupt health and *shalom,* and a clear-eyed vision of the particular gifts and assets each church can offer as it partners with community members in God's work of healing and *shalom.*

CHAPTER TWO: THE HISTORY OF THE HEALING CHURCH

> Healing is a persistent theme in the history of Christianity, threading its way over time through ritual practice and theological belief, and across space through the sprawling, heterogeneous terrains of Christian community life and missionary activity…When I embarked on this book, I did not anticipate the extent to which I would come to see Christianity as a religion of healing… Healing has persisted over time and across cultural spaces as a defining element of Christianity and a major contributor to Christianity's endurance, expansion, and success.[77]

The constitution of the World Health Organization, which was written in 1946 and is ratified by 194 member nations, states that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" and that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."[78] The concept of holistic health as a basic human right may not seem radical to us, but it was unthought of in the Greco-Roman society in which Christianity was birthed, and is part of the global heritage of the Christian church. The early Christians lived out a fundamentally different worldview and practice of community health and healing from the world around them, one which not only drew new and diverse members to their churches, but also began to reshape their world and its culture as they extended God's *shalom* outwards.

The Pre-Constantinian Church's Healing Mission

The early church, built on Jewish roots and infused with Hebrew theology, maintained the Hebrew Scriptures' emphasis on the essential goodness of the physical body; the intrinsic value of human beings as bearers of God's image; and the holistic interrelation of body, soul,

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[77] Porterfield, *Healing in the History of Christianity*, 3.
[78] World Health Organization, Constitution, https://www.who.int/about/governance/constitution.

mind, and spirit. This belief was integrated with the centrality of Jesus Christ as the incarnate God whose life, death and resurrection effected salvation for all human beings. Thus, "the value of the body and the saving action of Christ for both body and soul remained a cardinal doctrine of the early church,"[79] and was lived out in their own community as well as in their outreach to and interactions with the Greco-Roman society in which they were embedded.

In the classical Greco-Roman world, robust good health was "an essential component of a balanced and controlled personality, both a virtue and an indicator of virtue."[80] Herophilus, a Greek philosopher, wrote that "when health is absent, wisdom cannot reveal itself, art cannot become manifest, strength cannot fight, wealth becomes useless, and intelligence cannot be made use of."[81] The "Deity sought the pure and sound to be his worshippers," and until they could recover their health, the sick were "not pleasing to the gods."[82] In contrast to this, the Christian perspective on sickness was grounded in the compassion of Christ and the fact that Christ shared and redeemed the suffering of our mortal bodies, even to the point of death. Therefore, those who fell sick and remained ill suffered no stigma. Instead of being ostracized from the community, they were seen as particularly deserving of compassion and assistance.[83] The "real genius" of the nascent church was not that every person was miraculously healed of all infirmities, but that the Christ-centered community was able to "embrace pain and disability and not to limit the meaning of health and healing to their expulsion."[84]

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[79] Morton T. Kelsey, *Healing and Christianity in Ancient Though and Modern Times,* (New York: Harper & Row, 1973), 148.
[80] Ferngren, *Medicine and Health Care in Early Christianity,* 142.
[81] Herophilus, quoted in Ferngren, *Medicine and Health Care in Early Christianity,* 142.
[82] Harnack, *The Expansion of Christianity in the First Three Centuries,* 125.
[83] Ferngren, *Medicine and Health Care in Early Christianity,* 143.
[84] Porterfield, *Healing in the History of Christianity,* 4.

This does not mean that the restoration of health was unimportant to Christians. If somebody was sick or suffering in the early church, there was an expectation that the community would come around that individual and seek healing, both by beseeching Jesus' healing power and by providing community support, advice, and material help (including medicine). One of the common threads uniting non-canonical Christian writings and testimonies from the first three centuries of the church is their matter-of-fact accounts of physical healings, which were "an indispensable ingredient of Christian life."[85] Irenaeus wrote about healings of all kinds: from diseases, bodily infirmities, accidents, and demonic possession. In his writings, "healing was a natural activity of Christians as they express the creative power of God, given them as members of Christ."[86] Often, the Sacraments themselves were powerful vehicles of healing that conveyed God's grace holistically, to bodies and souls. Healing was particularly associated with the prayer of exorcism that took place prior to baptism,[87] and "physical healings during the course of the [Eucharistic] meal were not uncommon."[88]

Participation in the Eucharist not only united a Christian's body with Christ's body; it also "provided a means for incorporating humanity into the larger mystery of his spiritual body, the church."[89] This new community, with "boundaries that transcended traditional and social division," began to supplant "the classical polis (*civitas terrana*) as the focus of human activity."[90] Influential leaders such as Paul preached and practiced reconciliation between human beings who would typically remain alienated because of their gender, race, religious

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[85] Kelsey, *Healing and Christianity,* 154.
[86] Kelsey, *Healing and Christianity,* 150-151.
[87] Kelsey, *Healing and Christianity,* 153.
[88] Porterfield, *Healing in the History of Christianity,* 87.
[89] Ferngren, *Medicine and Health Care in Early Christianity,* 104.
[90] Ferngren, *Medicine and Health Care in Early Christianity,* 103.

background, ethnicity, vocations, or socio-economic status. The early Jesus-followers saw the formation of these diverse communities "as manifestations of Christ's healing power."[91]

The community of those who had experienced the full salvation of Christ had a mission: "they were expected to preach, teach, and heal as Christ did. There was no such thing as a purely passive or receiving Christian in the early days of the church."[92] This means that the church's healing ministry extended beyond their community, to their neighbors and even to their enemies.[93] Classical Greco-Roman society, which functioned around a hierarchical patronage model (a benefactor provided help only when they could expect service or increased status in return), "had no religious or ethical impulse for individual charity."[94] Christians, however, believed that they were sent as Jesus was sent, called to extend practical compassion and love not just to "fellow Christians, but also to neighbors and even enemies."[95] Jesus' incarnation was "the basis for compassionate care of those in need,"[96] particularly the poor, "who acquired a new definition in Christian thought: those who had true worth because they bore the face of Christ."[97] Jesus not only sought out and identified with the poor and reviled in society; he also told his disciples that whenever they served "the least of these," they were really encountering and serving him (Matthew 25:40). The Eastern (Cappadocian) fathers of the church taught that the most despised in society (such as lepers) could even "bring holiness and healing from spiritual diseases to those who touch them in order to assist them."[98] This was a

[91] Porterfield, *Healing in the History of Christianity,* 6.
[92] Kelsey, *Healing and Christianity,* 352.
[93] Ferngren, *Medicine and Health Care in Early Christianity,* 99.
[94] Ferngren, *Medicine and Health Care in Early Christianity,* 98.
[95] Ferngren, *Medicine and Health Care in Early Christianity,* 99.
[96] Ferngren, *Medicine and Health Care in Early Christianity,* 104.
[97] Ferngren, *Medicine and Health Care in Early Christianity,* 103.
[98] Ferngren, *Medicine and Health Care in Early Christianity,* 103.

dramatic reversal of Greco-Roman values, and it constituted "a challenge to the rich and powerful, who had traditionally claimed to merit a special relation with the gods in their role as patrons of the community."[99]

Because Christians believed that every single body had intrinsic value because each person bore the image of God and was redeemed through Christ's death, they also confronted the many ways that Roman society tolerated "the elimination of unwanted human life" or showed cruelty "to those whom society had condemned or abandoned."[100] They rejected "abortion, infanticide, the gladiatorial games, and suicide in the strongest possible terms."[101] In many instances, the social mandates embedded in their beliefs "led Christians to challenge injustice and reform society."[102]

Early Christians were not opposed to seeking the care of a physician and taking medicine even as they sought divine healing; they did not feel that these were mutually exclusive avenues of healing. They believed that God healed through both natural and supernatural means (sometimes simultaneously), and that human beings were empowered to be agents in their own healing. The Wisdom of Sirach, part of the Hebrew Apocryphal writings that were well known by the early church, commends the healing skill of physicians and pharmacists and the efficacy of medicine even as it affirms God as healer and source of health:

> Honor physicians for their services,
> for the Lord created them;
> for their gift of healing comes from the Most High…
> The Lord created medicines out of the earth,
> and the sensible will not despise them…

[99] Ferngren, *Medicine and Health Care in Early Christianity,* 103.
[100] Ferngren, *Medicine and Health Care in Early Christianity,* 100.
[101] Ferngren, *Medicine and Health Care in Early Christianity,* 100.
[102] Porterfield, *Healing in the History of Christianity,* 7.

> By them the physician heals and takes away pain;
> the pharmacist makes a mixture from them.
> God's works will never be finished;
> and from him health spreads over all the earth.
> My child, when you are ill, do not delay,
> but pray to the Lord, and he will heal you…
> Then give the physician his place, for the Lord created him;
> do not let him leave you, for you need him.
> There may come a time when recovery lies in the hands of physicians,
> for they too pray to the Lord that he grant them success in diagnosis
> and in healing, for the sake of preserving life.
> He who sins against his Maker,
> will be defiant toward the physician. (Sirach 38:1-2, 4, 7-9, 12-15)

Early Christian writers showed an interest in medicine, made frequent analogies likening the physician's art of healing to Christ's work as savior, and "provided innovative forms of health care as well as rituals of spiritual healing."[103] By the fourth century, letters from lay Christians "expressed a high degree of interest in illness and employed relatively specialized medical knowledge in discussing it," particularly when compared with letters written by a similar cohort of contemporary non-Christians.[104] Although they were not qualified to provide professional medical care, these laypeople actively sought out the poor and sick to provide holistic care[105]: they anointed the sick with oil and also nursed them with physical care and folk remedies.[106]

As Christianity spread across the ancient world, so did the health and healing mission of the church, especially to the sick and poor. This outreach "led to the emergence of a holistic system of religiously based health care."[107] In fact, "wherever a church was founded" during

[103] Porterfield, *Healing in the History of Christianity,* 44.
[104] Porterfield, *Healing in the History of Christianity,* 48.
[105] Ferngren, *Medicine and Health Care in Early Christianity,* 136.
[106] Porterfield, *Healing in the History of Christianity,* 47.
[107] Porterfield, *Healing in the History of Christianity,* 45.

these early centuries, "it became a focal point for care of the sick,"[108] a ministry seamlessly integrated with "caring for widows and orphans, aiding the poor, visiting those in prison, and extending hospitality to travelers."[109] No other religious or social groups offered anything comparable[110] to the holistic restoration and *shalom* the church freely provided.

Christianity was birthed in a population "subject to the greatest imperial and colonial system the world had ever known…amid the dislocations and brutalities associated with imperial warfare, taxation, and military rule."[111] The displacement and sufferings caused by empire offered a fertile and receptive environment for the gifts of *shalom* the early church had to offer. The church's healing outreach was particularly conspicuous during epidemics, which may have killed "a quarter to a third of both urban and rural populations in the Mediterranean world" in the second and third centuries.[112] When others fled, Christians developed a reputation for courageous compassion and staying put to care for the sick, often at the cost of their own lives.[113] Even though Christians were enduring large-scale persecution during the plague of Cyprian in the mid-third century, they still "organized a systematic program for care of the sick in several cities."[114] During the fourth century, the eastern part of the Roman empire was so ravaged by drought, famine, disease, and war, that according the historian Eusebius (who lived at that time), "naked bodies lay scattered about unburied for days."[115] While many escaped to the hills, Christians chose to stay. They "improved the survival odds of those they

[108] Ferngren, *Medicine and Health Care in Early Christianity,* 145.
[109] Ferngren, *Medicine and Health Care in Early Christianity,* 146.
[110] Ferngren, *Medicine and Health Care in Early Christianity,* 121.
[111] Porterfield, *Healing in the History of Christianity,* 45.
[112] Porterfield, *Healing in the History of Christianity,* 50.
[113] Porterfield, *Healing in the History of Christianity,* 49.
[114] Ferngren, *Medicine and Health Care in Early Christianity,* 118.
[115] Eusebius, quoted in Porterfield, *Healing in the History of Christianity,* 50.

nursed," tended to the dying, buried those who succumbed, and gathered together to distribute bread to "a multitude of those withered from famine."[116] The bonds and gratitude this care engendered resulted in large numbers of conversions.[117]

Despite their lack of official standing or government sanction and the frequent persecution they endured, the early church made significant strides in living out their commission of healing and *shalom,* as the Holy Spirit led and empowered them. Not only did they heal people in Jesus' name, they also cared for the sick, fed the hungry, built families out of strangers, relieved isolation, challenged injustice, and began to reform society. The church today can learn from the holistic salvation early Christians lived out in their communities:

> The church provided the essentials of social security: it cared for widows and orphans, the old, the unemployed, and the disabled; it provided a burial fund for the poor and a nursing service in time of plague. But even more important…than these material benefits was the sense of belonging which the Christian community could give…the church never lost sight of its program of caring for the indigent who suffered physical affliction. Indeed, in its development and extension of that role lies Christianity's chief contribution to health care.[118]

The Healing Church After Constantine

Emperor Constantine signed the Edict of Milan in AD 313, ensuring religious freedom across the Roman Empire and legitimizing the Christian church. Constantine didn't just protect Christians from persecution, however; over the course of his reign, he also endowed Christians with institutional favor and support. He exempted clergy from taxes, built large churches with imperial money, and founded "Christian" cities such as the Eastern empire's new capital of

[116] Porterfield, *Healing in the History of Christianity,* 50-51.
[117] Ferngren, *Medicine and Health Care in Early Christianity,* 121.
[118] Ferngren, *Medicine and Health Care in Early Christianity,* 139.

Constantinople.[119] As Christian identity became advantageous in society, the church was flooded with nominal Christians,[120] and the expectation that each church member would be active in living out the commission of Christ diminished. Although the church continued in its mission of health and healing, its outreach become increasingly institutionalized, [121] entrusted to the hands of a few, and removed from the purview of most laypersons.

In the mid-fourth century, the Byzantine bishop Leontius instituted *xenodokeia,* or "places for strangers," to provide institutionalized charity; these developed into the very first hospitals in history under the leadership of Basil of Caesarea around 370 CE.[122] Basil saw the care of the sick as "among the highest expressions of Christian *agape*" [123] and envisioned hospitals as "specifically Christian institutions"[124] dedicated to serving the needs of "all passers-by who need somebody's attention."[125] Christian leaders in the following century expanded Basil's vision and founded hospitals in a number of cities throughout the Eastern Roman Empire. These early hospitals offered prayer and spiritual nurture as well as lodging, food, and the care of physicians "studied in Hellenic medicine,"[126] and many historians regard them as the first public institutions devoted to care of the sick and the poor.[127] In the mid-sixth century, the emperor Justinian expanded the importance of hospitals, made them into teaching institutions,

[119] Dale T. Irvin and Scott W. Sunquist, *History of the World Christian Movement: Volume 1* (Maryknoll, NY: Orbis Books, 2017), 163.
[120] Kelsey, *Healing and Christianity,* 158.
[121] Porterfield, *Healing in the History of Christianity,* 51.
[122] Gary R. Gunderson and James R. Cochrane, *Religion and the Health of the Public: Shifting the Paradigm* (New York: Palgrave MacMillan, 2012), 27.
[123] James O. Breen, "Health in Need of Healing: Church History as a Road Map for Future Evangelism in Medicine," *The Linacre Quarterly* 87:4 (2010): 445.
[124] Ferngren, *Medicine and Health Care in Early Christianity,* 86.
[125] Gunderson and Cochrane, *Religion and the Health of the Public,* 27.
[126] Breen, "Health in Need of Healing," 445.
[127] Kelsey, *Healing and Christianity,* 167.

and put bishops in charge of both hospitals and physicians, institutionalizing health care but keeping it within the purview of the church.[128]

Although hospitals were not as common in the Western Roman empire, health and healing also became less of a lay Christian service and began to be centered in monasteries, "the primary [Western] institutions where the practice of medicine and its confluence with miracles developed."[129] Larger monasteries served many of the same purposes as hospitals: they had herb gardens for medicines, guesthouses for hospitality, and infirmaries for the sick. Monks and nuns pursued medical knowledge and skill, becoming so proficient that by the early twelfth century, "church councils banned them from practicing medicine for gain and pursuing medical studies…outside the context of Christian charity."[130] This ban, which was a side effect of the institutionalization of health care and its separation from the central community of the church, suggests a growing dualism and rivalry between the church (which saw itself as the source of spiritual healing) and practitioners focused on physical health and healing.

Another way in which Christianity began to depart from the beliefs and practices of the first Christians was its devaluation of the essential goodness of the human body and elevation of strict ascetic discipline. Christians began to see the body and its appetites as liabilities that prevented union with Christ, associating their flesh with original sin. Many responded with self-imposed physical suffering, deprivation, and "mortification of the flesh" in order "to prepare and equip themselves as fit vessels for the healing power of Christ."[131] Asceticism separated

[128] Porterfield, *Healing in the History of Christianity,* 76.
[129] Porterfield, *Healing in the History of Christianity,* 79.
[130] Porterfield, *Healing in the History of Christianity,* 80.
[131] Porterfield, *Healing in the History of Christianity,* 44.

"holy" men and women from "ordinary mortals," imbuing them with "a kind of transcendent objectivity and the appearance of being agents of divine power" and thus legitimating them "as religious healers and medical practitioners."[132] The most extreme ascetics were seen as particularly close to God and full of healing power, and streams of visitors flocked to their desert outposts to be cleansed and healed.[133] The ministries and lives of committed ascetics "left a record of healing and of prophetic encounters which deeply penetrated the Christianity of their age, an influence felt throughout the eastern church, and also in the West for a long time."[134] Although there is no reason to doubt the legitimacy of these men and women's ministry, it did widen the gap between health and healing and the mission and calling of the "ordinary" church, as well as promoting a distinction between spiritual and physical health.

As the Roman/Byzantine Empire crumbled, the institutional health care provided under the auspices of the church also weakened. In the East, "physicians lost status [and] hospitals became poorer or disappeared entirely,"[135] while in the West, monasteries often survived by competing for wealth and power, making alliances with noble families and limiting their services to those with status and money.[136] Since local churches no longer functioned as healing communities and institutionalized health care was beyond the reach of most, common people began to seek supernatural physical healing through relics, saints, and pilgrimages to shrines. Spiritual power to heal was understood to be concentrated in sacred objects and places rather than available to all through the mediation and service of the church. The overwhelming

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[132] Porterfield, *Healing in the History of Christianity,* 80.
[133] Porterfield, *Healing in the History of Christianity,* 45.
[134] Kelsey, *Healing and Christianity,* 166.
[135] Porterfield, *Healing in the History of Christianity,* 80.
[136] Porterfield, *Healing in the History of Christianity,* 81.

demand for relics both sensationalized and commodified Christian health and healing; it fed and was fed by a thriving and unscrupulous market for objects of veneration.[137]

Alongside this lively trade in relics, church writers and leaders (influenced, perhaps, by asceticism) began to teach that sickness and suffering were specifically sent by God to teach and purify human beings through mortifying their flesh. Sickness was seen as a valuable indicator of one's inner state, an opportunity to share in Jesus' crucifixion and thus purify one's soul,[138] and "a mark of God's correction…to bring moral renewal."[139] Thus, church doctrine and teaching began to separate the care of souls from the care of bodies. Salvation was spiritualized and healing the soul was not simply elevated above caring for the body; it became a prerequisite. The medieval system of penance, "which systematized the therapeutic principle that particular sins, like particular diseases, required particular cures,"[140] was a direct result of this growing dualism.

The seeds of medieval spiritualization of sickness and health can be seen as early as the late fourth century, when Saint Jerome translated the Scriptures into Latin to produce the Vulgate, the Bible the Western church would rely on for the next 1000 years. In translating James 5:13-16, which states that the prayer of faith will both "save" (the holistic Greek verb *sōzō*) and "heal" the sick, Jerome chose the Latin word *salvo* (a theological term connoting spiritual healing) for each occurrence. He thus "helped to turn the church's attention away from healing itself, focusing it on what healing represented symbolically."[141] Thomas Aquinas'

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[137] Irvin and Sunquist, *History of the World Christian Movement,* 350.
[138] Kelsey, *Healing and Christianity,* 203.
[139] Kelsey, *Healing and Christianity,* 198.
[140] Porterfield, *Healing in the History of Christianity,* 81-82.
[141] Kelsey, *Healing and Christianity,* 194.

thirteenth century teaching, that "extreme unction [healing prayer] is a spiritual remedy, since it avails for the remission of sins, according to James 5:15,"[142] reveal the effect Jerome's Vulgate had on the church's thinking hundreds of years after he completed it.

As the church's mission to "heal" became reduced to a mission to spiritually "save," the church's official sacrament of healing prayer and anointing by oil (called "extreme unction") changed its purpose from holistic healing to healing the soul in preparation for death, a purpose which endured until Vatican II in 1962.[143] The Council of Chalon-sur-Saône in 813 ruled that only priests could perform healing prayer (removing it from the purview of the laity); and instead of anointing a sick person in the places where they experienced pain and infirmity, the priest anointed body parts corresponding to the five physical senses which lead human beings into sin.[144] Healing liturgies began to replace "motions that had shown care for the person in his immediate illness" with "those that negate healing."[145]

The state church also institutionalized and legislated the superiority of spiritual healing over physical remedies, asserting control over the healing process. The Council of Tours in 1163 prohibited churchmen from practicing surgery, while the Fourth Lateran Council in 1215 made it illegal for physicians to practice on patients until a priest had been called, since spiritual health must be restored before "bodily medicine might be applied beneficially."[146] From 1566 onwards, a physician couldn't obtain a license until he swore that he would enforce penance for

[142] Thomas Aquinas, quoted in Kelsey, *Healing and Christianity,* 209.
[143] Kelsey, *Healing and Christianity,* 203.
[144] Kelsey, *Healing and Christianity,* 207.
[145] Kelsey, *Healing and Christianity,* 208.
[146] Kelsey, *Healing and Christianity,* 211.

his patients and cease practice on the third day unless they had confessed their sins to a priest and obtained a signed statement of absolution.[147]

There were medieval individuals and groups who continued to participate in the early church's original mission of health and healing. Individual laypeople with callings from God never ceased to seek out the sick and poor who could not access health care, offering prayers, practical help, and simple remedies.[148] Mendicant communities such as the Franciscans and Beguines (lay sisters) were formed with "renewed commitments to Christian charity and outreach to the poor and sick."[149] And during national catastrophes such as plague epidemics, the church frequently renewed its calling to public health and healing as they set up plague hospitals, provided medicine, food, and spiritual care to the stricken poor, and worked together with urban officials "to re-integrate the cured back into the community."[150] However, these were exceptions to a larger trend that moved the church away from its mission of healing and *shalom*. Even though health care was originally a creation of the church and an expression of their participation in Christ's healing mission, hospitals, monastic health care systems, and physicians became rivals to priests and church leaders, who defined salvation in purely spiritual terms and diminished the importance of physical healing. Removed from the purview of the church, physical healing in the medieval period became increasingly sensationalized or secularized.

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[147] Kelsey, *Healing and Christianity,* 212.
[148] Ferngren, *Medicine and Health Care in Early Christianity,* 136.
[149] Porterfield, *Healing in the History of Christianity,* 81.
[150] Marie-Louise Leonard, "*Wounded:* Health communal wounds: processions and plague in sixteenth-century Mantua," *Science Museum Group Journal,* Issue 11 (Spring 2019), http://dx.doi.org/10.15180/191106.

Health and Healing in the Post-Reformation Church

The Protestant Reformation, Scientific Revolution, and the Age of Enlightenment in the seventeenth and eighteenth centuries fundamentally changed the Western church's beliefs about health and healing, as well as their involvement in health and healing outreach. Although early Protestants continued to see sickness as a condition sent by God to instruct human beings, lead them to repentance, or draw them to God, they rejected the sensationalization of healing and the cult of saints and relics that enriched so many in the medieval church. Reformers emphasized the priesthood of all believers and the responsibility of each Christian to participate in God's work and God's grace. Although this meant that individuals were taught to be empowered agents in their own health, the Protestant focus on personal faith commitments meant that "religion became more detached from the collective fabric of social life."[151] This led to the privatization of health care: Christian women were expected to care for the sick within their own families, and health and healing was not immediately seen as part of the mission of the church.[152] Religious support for public health care diminished in Protestant regions and was "especially calamitous in England," where Henry VIII confiscated and shut down church hospitals after separating from the Roman Catholic Church. In many English cities and towns, "the Reformation wrought havoc on the facilities provided by hospitals for the sick and poor."[153]

To some extent, Protestants such as Martin Luther recovered the Hebraic importance and worth of the body. Luther stated that "God created medicine…and provided us with

[151] Porterfield, *Healing in the History of Christianity,* 117.
[152] Porterfield, *Healing in the History of Christianity,* 110.
[153] Porterfield, *Healing in the History of Christianity,* 110.

intelligence to guard and take care of the body so that we can live in good health."[154] However, they stopped short of the holism evident in the Bible. They saw good physical health primarily as a means to an end: a gift of God so that God's people could do God's work in the world.[155] Protestants understood the body as valuable because it housed the eternal spirit and soul, and they recognized that there was a connection between them (a person's embodied experiences affected their soul, and vice versa). However, they saw the physical and the spiritual as separate and unequal spheres. John Calvin, for example, believed that our souls had a much higher worth and priority than our bodies, and that "Christ was the soul's physician," the one who could heal us from the disease of sin.[156] Relief from sin was our most fundamental need, and fearless spiritual acceptance of physical suffering (through God's power) was of more value than the relief of that suffering.[157]

Protestant leaders like Calvin broadened the separation of physical and spiritual health, supported by Enlightenment philosophy and scientific and medical advances that focused on empirical knowledge and sought a clean separation between faith and physical healing. John Calvin taught that Jesus' healing miracles were primarily proofs of his divinity, and to expect them in the present betrayed an idolatrous belief in magic and a lack of faith in Christ.[158] Reformers followed his lead in their tendency to "remove epiphanies of divine immanence from the material world, making God's activity in the world less immediate, more predictable, and subject to systematic investigation and experimentation."[159]

[154] Martin Luther, quoted in Porterfield, *Healing in the History of Christianity,* 111.
[155] Koch, *The Course of God's Providence,* 109.
[156] Porterfield, *Healing in the History of Christianity,* 100.
[157] Porterfield, *Healing in the History of Christianity,* 98.
[158] Porterfield, *Healing in the History of Christianity,* 96, 105.
[159] Porterfield, *Healing in the History of Christianity,* 105.

Sixteenth century Protestant theologians did believe in a God who was intimately involved in human life; however, they saw God's direct involvement in spiritual areas: in saving souls, sanctifying hearts and minds, and directing individual decisions in order to work out God's plan on earth. Meanwhile, the physical world ran according to the laws of nature that God wrote into Creation. And because God ceded dominion over Creation to human beings in Genesis 1, God expected humans to be involved in the world, to understand the way God created the earth and the human body to function, and purposefully employ their knowledge through technology and action that improved human lives. As the scientific revolution progressed and transformed Western understandings of medicine and the workings of the human body, Protestant Christians paid attention. Even as they held onto to a dualistic belief that prioritized the soul and spirit over the body, eighteenth century Protestants "perceived their medical efforts to be a part of God's providential plan for human history."[160] Their participation was not passive; "they responded to sickness and suffering by reflecting, writing, engaging medicine, volunteering, and evangelizing,"[161] imbuing medical developments with religious meaning.[162]

Eighteenth century Protestants from diverse backgrounds "actively participated in the emerging medical debates and treatments of the era."[163] Protestant women tended to be the primary health care providers for their families, seeing this as their duty and calling.[164] Ministers wrote guides for their congregations on sickness and suffering that were both "prescriptive and

[160] Koch, *The Course of God's Providence,* 5.
[161] Koch, *The Course of God's Providence,* 9.
[162] Koch, *The Course of God's Providence,* 12.
[163] Koch, *The Course of God's Providence,* 93.
[164] Porterfield, *Healing in the History of Christianity,* 111-112.

theological."[165] As they recounted the story of past illnesses, they imposed meaning on sickness, urged repentance for sin, consoled the suffering, and encouraged practical actions towards health.[166] Although they tended to interpret sickness as God's punishment and an opportunity for repentance and introspection, they also called both individuals and the community as a whole to combat illness with hands-on treatment based on emerging scientific discoveries.[167] Porterfield writes that "Christianity's long-standing investment in healing and attention to suffering persisted in the context of new discoveries in scientific medicine and new approaches to health care, and also contributed to those new discoveries and approaches."[168]

John Wesley was particularly interested in the God-given agency Christians could have over their physical health through employing medical knowledge. He wrote a manual titled *Primitive Physic,* which was first printed in England in 1747 and went through dozens of reprintings, spreading to the American colonies. He saw medical knowledge as part of God's providential plan to heal fallen creation and wanted to make it "widely available to even the lowest classes," removing it from the purview of elite medical professionals.[169] While Wesley did not specifically call the church to become a healing community, early Methodists did become heavily involved in charitable health care and hospitals, understanding that God's mission included holistic care of the poor and needy,[170] and that "physical care was closely linked to the spiritual renewal and rebirth of both the individual and the community."[171]

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[165] Koch, *The Course of God's Providence,* 21.
[166] Koch, *The Course of God's Providence,* 22-23.
[167] Koch, *The Course of God's Providence,* 89.
[168] Porterfield, *Healing in the History of Christianity,* 118.
[169] Koch, *The Course of God's Providence,* 114-115.
[170] Koch, *The Course of God's Providence,* 117.
[171] Koch, *The Course of God's Providence,* 119.

Missions and Medicine

The eighteenth and nineteenth centuries marked the heyday of the Protestant missions movement, which coincided with the rapid colonial expansion of Western powers into Africa and Asia.[172] The Western church's extensive missionary outreach went hand-in-hand with health and healing initiatives, and "medicine and health reform became central means for Protestants to pursue missionary goals."[173] Part of the reason for this is that "the global expansion of Western Christianity in the modern period coincided with the development of scientific medicine and its worldwide preeminence as a resource for human welfare."[174] However, it also became clear that providing health and healing outreach was an effective advertisement for the missionaries' gospel message, and "medical missions became increasingly useful as a means of showing the positive benefits of Christianity and increasingly relevant as a way to emulate Jesus and his compassion and care of the sick."[175] Even today, Christian health associations founded by missionaries remain a highly significant part of the health systems in many African countries.[176]

However, the rigid dichotomization of the physical and the spiritual that characterized much of Protestant faith was prevalent on the mission field. Protestants were hesitant to make medicine a missions priority, and missionaries with medical training were instructed to subordinate their care of bodies to their care of souls, since health and healing interventions

[172] Justo L. González, *The Story of Christianity, Volume II: The Reformation to the Present Day* (New York: HarperOne, 2010), 418.
[173] Koch, *The Course of God's Providence,* 3.
[174] Porterfield, *Healing in the History of Christianity,* 141.
[175] Porterfield, *Healing in the History of Christianity,* 142.
[176] Gunderson and Cochrane, *Religion and the Health of the Public,* 29.

were merely "handmaids to the gospel."[177] Eventually, specialization occurred: Christian health care professionals on the mission field were distinguished from "real" missionaries and viewed as secondary assistants to the true work of salvation.[178] (This specialization did make it possible for many Christian women, who were theologically barred from preaching the gospel, to find an acceptable and even lauded vocation as a medical missionary.)

Of course, missionaries did not enter communities which lacked services, rituals, and remedies related to health and healing. In fact, many non-Western cultures conceptualize health in a holistic and communal manner that is much closer to the Biblical view than Western Protestantism. Unfortunately, many missionaries, "sure of their cultural superiority and disdainful of native healers,"[179] either disregarded or vilified the healing knowledge and practices of those they evangelized. However, even when the Westernized faith preached by missionaries "demanded native peoples enter its cultural logics, its ways of being in the world, and its conceptualities,"[180] they were ultimately unable to control either the meaning of Christianity or the practice of medicine among those they served.[181] Even if the missionaries did not intend it, the physical healing they mediated was often interpreted holistically by its beneficiaries, who saw it as integrally connected with the salvation Jesus offered. The new converts "integrated Christianity with traditional values and customs with an ease that caught many Western missionaries by surprise…These new indigenous forms of Christianity often

[177] Porterfield, *Healing in the History of Christianity,* 143.
[178] Porterfield, *Healing in the History of Christianity,* 144.
[179] Porterfield, *Healing in the History of Christianity,* 149.
[180] Willie James Jennings, *The Christian Imagination: Theology and the Origins of Race* (Ann Arbor, MI: Yale University Press, 2010), 8.
[181] Porterfield, *Healing in the History of Christianity,* 150.

revolved around healing and incorporated miracles of healing into modern forms of social consciousness."[182]

Epidemic Outreach

As in earlier eras, the early modern church often lived out Jesus' healing mission most visibly in its response to epidemics. The separation of health from the overall mission of the Protestant church did not seem to apply to these situations. When the bubonic plague decimated Wittenberg, Germany in 1527 and many fled the city, Martin Luther remained to care for the sick and wrote a letter to other Christians about how to respond. He counseled a combination of trust in God and practical actions that reflected medical and public health guidelines. Above all, he taught that "love for neighbor must undergird whatever actions a Christian takes during a plague," because all Christians have a responsibility to care for their neighbors and should not fear death.[183] Love of neighbor included taking precautions (such as quarantining, isolating, and fumigating) to prevent the plague's spread, as well as self-care and using medicine.[184] Although it was commendable to remain in a plague-ridden city in order to help your neighbor and because you trusted God with your life, Luther said it was foolish to remain simply because of a fatalistic belief in God's inescapable judgment or a patient acceptance of suffering – taking steps to prevent infection was analogous to escaping from a burning building or swimming rather than drowning after falling into deep water.[185] Likewise, ignoring public health guidelines was like tempting God; it demonstrated blatant spiritual

[182] Porterfield, *Healing in the History of Christianity,* 125.
[183] Geoffrey Butler, "Plague, Pentecostalism, and Pastoral Guidance: Luther's Wisdom for the Contemporary Church," *Pneuma* 43 (2021): 14, doi.org/10.1163/15700747-bja10030.
[184] Butler, "Plague," 15.
[185] Butler, "Plague," 13.

immaturity.[186] Finally, Luther taught that the civil government had a responsibility to its citizens during plague time, and that Christians should cooperate with them.[187]

The brilliant epidemiological work of Dr. John Snow during London's 1854 cholera epidemic revealed that the disease was waterborne and paved the way for public health interventions that have saved millions of lives. However, Snow's field research in the neighborhoods around Broad Street would not have been successful without the support and involvement of Henry Whitehead, the local parish priest, and his church's Vestry Committee, which asked him to work together with Snow. Whitehead tirelessly tracked down parishioners, including those who had fled, and their trust in him as their pastor was key to receiving the information vital to Snow's research. He saw his health outreach as part of his vocation as a pastor, and after Snow died, Rev. Whitehead became an advisor to the City of London in their efforts to combat cholera.[188]

In colonial America, prominent pastors such as Cotton Mather were among the first leaders to promote inoculations during smallpox epidemics.[189] During the 1793 yellow fever epidemic in Philadelphia, it was Christians and church leaders who generally "chose to stay and serve their sick neighbors willingly."[190] Philadelphia Lutheran pastor Heinrich Helmuth fervently called his congregation to acts of courage and compassion, urging them to "shake yourselves up and place yourselves in the fissure" created by the chaos and social disintegration of the

[186] Butler, "Plague," 15.
[187] Butler, "Plague," 14.
[188] James R. Cochrane and Gary Gunderson, *Mobilizing Religious Health Assets for Transformation: The Barefoot Guide 3* (The Barefoot Collective, 2012), 23-24. Downloaded from www.barefootguide.org.
[189] Koch, *The Course of God's Providence,* 94.
[190] Koch, *The Course of God's Providence,* 121.

epidemic.[191] (Ironically, churches like Helmuth's that continued to meet for worship during the epidemic may have furthered the contagion.[192])

Philadelphia's free Black community was the largest in the United States in the late eighteenth century when yellow fever struck. Despite the fact that they had organized a mutual aid and burial society and a new African Church, Black Philadelphians were still "striving to emerge as an autonomous and organized community,"[193] and were widely rejected and segregated by their white neighbors. However, when the epidemic engulfed the city, Philadelphia's Black community answered the city leaders' plea for aid and "freely sought to help the suffering,"[194] black and white alike; they played "a crucial role in the epidemic."[195] But because of the widespread racist belief that dark skin afforded immunity to yellow fever, Black Americans never received recognition and gratitude for their efforts, even as they proved to be just as susceptible to infection as anybody else and suffered and died in equal numbers. Even though Black nurses eagerly volunteered for the dangerous work of caring for the sick, in greater numbers than white nurses, they were falsely maligned for taking advantage of their white patients.[196]

The Opposite of Shalom: The Western Church as the Agent of Disease and Death

This story of how courageous Black Americans were sidelined, ignored, and even vilified by privileged white Christians in Philadelphia disrupts and sours the story of the church's

[191] Heinrich Helmuth, quoted in Koch, *The Course of God's Providence,* 128.
[192] Koch, *The Course of God's Providence,* 137.
[193] Koch, *The Course of God's Providence,* 141.
[194] Koch, *The Course of God's Providence,* 141.
[195] Alicia Ault, "How the Politics of Race Played Out During the 1793 Yellow Fever Epidemic," *Smithsonian Magazine* (March 3, 2021), https://www.smithsonianmag.com/smithsonian-institution/how-politics-race-played-out-during-1793-yellow-fever-epidemic-180977133/.
[196] Ault, "Politics of Race".

healing response in a time of crisis. Unfortunately, this incident is only one example of how the church has, throughout its history, actively engaged in destructive, systematic, and widespread campaigns of shattering *shalom* through colonialism, imperialism, and racism. The western church didn't just forget or ignore its call to participate in Jesus' mission of health and healing through its complicity in these evils; at different points in time, it became an active perpetrator of death and disease, targeting the most vulnerable instead of protecting them. In order to reclaim its mission, the Western, white church must acknowledge, lament, and repent from the ways in which it has perpetrated, excused, sacralized, and profited from the dehumanization of non-white, non-dominant bodies.

The Doctrine of Discovery is an "international law formulated in the fifteenth and sixteenth centuries," a papal bull (decreed by the church) that gave permission to Christian leaders and explorers to "invade, search out, capture, vanquish, and subdue all…pagans whatsoever…and to reduce their persons to perpetual slavery."[197] It not only allowed the establishment and furtherance of the African slave trade,[198] but it also served as "an ecclesial affirmation of the state-sponsored expedition and work of conquest" of explorers: it conferred God's authority to discover and conquer, and decreed that anybody opposing that authority would be opposing God's will.[199]

Once land was conquered, "European-American Christian settler colonialists" drew from a "diseased social and theological imagination" in order to justify supremacy and authority over

[197] Mark Charles and Soong-Chan Rah, *Unsettling Truths: The Ongoing Dehumanizing Legacy of the Doctrine of Discovery* (Downers Grove, IL: Intervarsity Press, 2019), 15.
[198] Charles and Rah, *Unsettling Truths,* 17.
[199] Charles and Rah, *Unsettling Truths,* 20.

its original inhabitants,[200] as well as the displaced, enslaved people they imported to make the land profitable for themselves. The theological concept of human dominion over creation and the belief that human beings are meant to discover, understand, and purposefully employ God's "natural laws" in order to flourish was twisted by those in power to justify the dehumanization and subjugation of human beings. They seized on the Neoplatonic notion of a hierarchical "Great Chain of Being" with God at the top, followed by angelic beings, humanity, and animals. As evolutionary biology enabled scientists to categorize animals by level of complexity (with the more complex sitting higher on the Great Chain of Being), racist researchers categorized human beings in the same way, with white European Anglo-Saxons at the top; [201] all other races and ethnicities were judged in relation to this visual and cultural "ideal." White leaders (including Christian leaders) used this "scientific proof" to argue that according to "natural law," it was clear that God created dark-skinned human beings to be inferior and subordinate to whites. Slavery was therefore vindicated as "a part of God's vision for the civilization of mankind."[202] This "diseased theological imagination results in broken expressions of violence and injustice,"[203] and it continues to infect the American church and disrupt *shalom* today.[204]

Womanist theological M. Shawn Copeland writes that racism is both a diabolical ideology and a deathly set of practices, and that as "an intrinsic evil, racism is lethal to bodies,

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[200] Charles and Rah, *Unsettling Truths,* 21.
[201] Kelly Brown Douglas, *Stand Your Ground: Black Bodies and the Justice of God* (Maryknoll, NY: Orbis Books, 2015), 5-6.
[202] Douglas, *Stand Your Ground*, 57.
[203] Charles and Rah, *Unsettling Truths,* 119.
[204] Jennings, *The Christian Imagination,* 6.

to black bodies, to the body of Christ."[205] It poisons both the oppressed and the oppressors and exploits the interdependence of individuals.[206] Colonization and widespread chattel slavery corrupted the church's view of the goodness of all human bodies. The church became complicit in terrible public health disasters and massacres, fueled by racism and the elevation of whiteness. The heaviest health consequences fell upon the millions of human beings with non-white bodies who were enslaved, displaced, controlled, used, and traumatized. Both the immediate and the distal consequences of slavery, colonialism, land theft, lynching, institutional racism, Jim Crow laws, unjust policing, and forced boarding schools continue to destroy the health of individuals and communities today.

In the midst of this brokenness, and in spite of the diseased theological imagination that caused it, God's freedom, *shalom,* and healing salvation breaks through. Colonial leaders, white pastors, and slaveholders could not control or bury the good news of the Bible. Enslaved people grasped the gospel's central message of freedom, wholeness, and the intrinsic worth of every single body in a way that their masters could not, and "slave religion was permeated with the affirmation of freedom from bondage and freedom-in-bondage."[207] This affirmation, birthed in and proclaimed by the Black church (even when that church was clandestine) not only made "it possible for black people to endure the mental and physical stresses of slavery and still keep their humanity intact"[208]; it also became the empowering force behind resistance and abolition, enabling courageous individuals to accept "the burden and risk of escape."[209] Freedom from

[205] M. Shawn Copeland, *Enfleshing Freedom: Body, Race, and Being* (Minneapolis, MN: Fortress Press, 2010), 109.
[206] Copeland, *Enfleshing Freedom,* 109.
[207] James H. Cone, *The Spirituals and the Blues: An Interpretation* (Maryknoll, NY: Orbis Books, 1991), 28.
[208] Cone, *The Spirituals and the Blues,* 79.
[209] Cone, *The Spirituals and the Blues,* 95.

slavery became "freedom for healing," for "proper self-love,"[210] and a reaffirmation of the essential goodness of each Black body. And when privileged individuals were willing to listen and learn and participate in the work of justice and *shalom*, the freedom the oppressed understood and embodied also helped to heal oppressors' diseased social and theological imagination, restoring them to wholeness. Kelly Brown Douglas writes that "the justice of God…begins from the bottom up. Put simply, it is in the freedom of those who are crucified that one can see the justice of God working in the world."[211]

In their seminal work on the Black church, Lincoln and Mamiya write that "for African Americans freedom has always been communal in nature," and that this sense of community was reinforced by the hostile social environment in which Black Americans existed.[212] The Black church became "the only stable and coherent institutional area to emerge from slavery… the womb of black culture and a number of major social institutions."[213] In the absence of social and health services available for them, and in the face of threats to health, life, and identity, the Black church became (by necessity) the hub of holistic health and healing outreach for African Americans. Black congregations embodied, and generally continue to embody, "a holistic view of the ministry of the Black Church, of being involved with all aspects of life…the holistic view represents a major historical strand among black churches that calls for continuous prophetic involvement in all phases of black communal life."[214] The holistic, health-affirming ministry of the Black church not only reflects the early church's identity as a community of *shalom* and

[210] Copeland, *Enfleshing Freedom,* 50.
[211] Douglas, *Stand Your Ground,* 197.
[212] C. Eric Lincoln and Lawrence H. Mamiya, *The Black Church in the African American Experience* (Durham, NC: Duke University Press, 1990), 5.
[213] Lincoln and Mamiya, *The Black Church,* 17.
[214] Lincoln and Mamiya, *The Black Church,* 161.

healing in a hostile world, but continues to distinguish them in the present. When professionals desire to implement a health promotion program or intervention in a community, they will frequently seek out the partnership of Black churches.

Healing the Western Church: The Path Back to *Shalom*

Pentecostal theologian Harvey Cox writes that he is "convinced that healing is the area in which the African indigenous churches have most to offer to other Christians and to the world at large."[215] I agree with him, but do not restrict his claim to African indigenous churches alone. I believe that over the last 300 years, the global church has been brought closer to its original healing mission and purpose primarily through non-white and non-Western voices and influences. Continuing to listen and submit to these voices can help the church step more effectively into their commission to participate in Jesus' health and healing. As noted above, the resistance and courageous voices of enslaved human beings and anti-slavery activists helped many white churches repent, reform, and heal from the way they saw and treated non-white bodies (and thus bodies in general); and it is through listening, repenting, and participating with others in the justice work of *shalom* that white churches and Christians will continue to heal and be set from the disease of racism. Black churches have also, in many ways, modeled what it looks like to be a community that is active in the holistic health and healing of its members, and most of the current models of American church-based health and healing initiatives are found in the Black church. They are the leaders and guides in this area.

Christians in non-Western countries have also had a powerful influence on reforming the Western church's view of health and healing. Even as missionaries struggled to "affirm the

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[215] Cox, *Fire from Heaven,* 255.

primacy of the [gospel] message over its cultural underpinnings,"[216] the good news of Christ's healing salvation resonated with those who heard it in ways that could not be controlled. Within a few generations, many "African churches broke away from missionary control to affirm African leadership and incorporate traditional practices of religious healing of which Western missionaries disapproved."[217] These indigenous African churches provide a "setting in which the African conviction that spirituality and healing belong together is dramatically enacted. The typical disciple comes to such a church for the first time in search of healing, usually for a malady that has resisted either traditional or modern medicine or both."[218] The African concept of *ubuntu* or *bophelo* – an interconnectedness expressed as "*my* health is tied to *your* health, to my *family's* health, to the health of my *community and society,* my ancestors, and *the earth* as well"[219] – means that health and healing are seen as communal affairs and communal responsibilities. Many African churches embrace a holistic view of health that mirrors Biblical *shalom,* and healing in those churches is holistic: it includes "not just bodily recuperation, but finding remedies for unemployment, family disputes, racism, marital discord, and controversies between factions in a tribe or village." [220]

Christian converts and their descendants did not just break away from missionary control; their contextual interpretations of health and healing began to transform the minds, imaginations, and non-Biblical dualism of Westerners who thought they had come only to serve and teach. In 1964, key leaders and stakeholders were called together by the World Council of

[216] Jennings, *The Christian Imagination,* 156.
[217] Porterfield, *Healing in the History of Christianity,* 136.
[218] Harvey Cox, *Fire from Heaven: The Rise of Pentecostal Spirituality and the Reshaping of Religion in the Twenty-First Century* (USA: Addison-Wesley Publishing Company, 1995), 247.
[219] Cochrane and Gunderson, *Mobilizing Religious Health Assets,* 7.
[220] Cox, *Fire from Heaven,* 254.

Churches and the Lutheran World Foundation to discuss the future of medical missions. They produced a statement that concluded that no one heals alone: "healing incorporates the whole community. It is a mutual enterprise and an enterprise of mutuality, and it aims not merely at an individual person but at the totality of life."[221] In 1967, they began to talk about the "relationship between health and salvation and redemption" and to envision what "a healing church" might look like in India and Africa.[222] They began to fashion a "new" and more holistic framework for understanding health, one which included the social dimensions of *shalom* and was "governed by the principles of love…and justice."[223] This framework, of course, is not new at all; it simply begins to recapture the church's original mission of health and healing, and I believe its creation is a direct result of what medical missionaries learned from the people they came to serve.

In the 1960s, Latin American liberation theologians helped the church further re-expand its view of salvation. They identified Christian healing not just with spiritual or even physical well-being, but with social justice, teaching that "Christian movements that led people toward social justice epitomized redemption and Christ's healing power."[224] Liberation theology profoundly influenced Desmond Tutu, the Anglican archbishop of South Africa, who believed that Christian healing and salvation have political implications[225] and that the church has a theological imperative to combat pervasive, deathly evils such as apartheid. Tutu, who integrated liberation theology and the concept of *ubuntu* into his Anglican faith, "led the way in

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[221] Gunderson and Cochrane, *Religion and the Health of the Public,* 29.
[222] Gunderson and Cochrane, *Religion and the Health of the Public,* 30.
[223] Gunderson and Cochrane, *Religion and the Health of the Public,* 30.
[224] Porterfield, *Healing in the History of Christianity,* 123.
[225] Porterfield, *Healing in the History of Christianity,* 137.

carrying forward a nonviolent interpretation of Christian theology and in making explicit the equation between Christian healing and recovery from political violence and construction of a just peace."[226]

The early church's compassionate, healing care for the poor and outcasts began to change the world around them, planting the seeds for the widely accepted WHO proclamation of health as a fundamental human right, regardless of a person's status or identity. The church continues to have a mission of health and healing today, and stewards healing gifts and strengths that are powerful and cannot be replicated apart from Christ's gathered body on earth. The church's call is to identify and lean into these gifts, actively living them out in order to bring healing and wholeness where there is hurt, sickness, and brokenness. It's a call that is best answered when the church eschews power and privilege and learns to listen and follow voices that sound from new and previously unheard places.

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[226] Porterfield, *Healing in the History of Christianity,* 139.

CHAPTER THREE: "WHAT I HAVE, I GIVE YOU": THE CHURCH'S HEALING GIFTS

At about 3:00 in the afternoon, a few days after the Holy Spirit fell upon the Christian believers in an upper room in Jerusalem and birthed the early church, Peter and John encountered a crippled beggar as they entered the temple for daily prayer. When he asked them for money, Peter and John stopped and looked at him intently. "I have no silver or gold," Peter finally told him, "but what I have, I give you: in the name of Jesus Christ of Nazareth, stand up and walk." Peter grasped the man by his hand, raised him to his feet, and for the first time in his life, the man's legs and ankles were filled with strength. He didn't just stand – he jumped up, walked, and leaped with joy as he entered the temple with Peter and John, praising and worshiping the God who had just gifted him with perfect, whole, complete health (Acts 3:1-8, 16).

The man healed through Peter and John's faith had been lame from birth and was daily carried to the gate of the temple so that the worshipping Jewish community could support him and give him enough to sustain his life. Peter and John could have simply arranged for the man to receive some of the money that the new church had collected in order to meet the needs of those who were in want (Acts 2:44-45). However, these two men, filled with and attentive to the indwelling Holy Spirit, were able to look intently at the lame man and see that they had something unique and distinctive to give, something completely different than what he had ever been given before. Through Jesus' name, he could be restored to full, perfect health and *shalom* – and so he was. And the first thing he did with his newly strengthened legs was to leap and dance into the temple to worship the God who made him whole. He joined the circle of those healed by Jesus.

Peter and John were part of a new community of faith, and as they encountered the needs and brokenness of the world through the lens of the indwelling Holy Spirit, they were able to see people in a way that they hadn't seen them before. They realized that as part of Christ's gathered body on earth, they were sent as Jesus was sent and called to participate in Christ's mission: to do the things Jesus did, acts that went beyond the charity that Jewish faith called its followers to. Peter and John were able to give this man, crippled from birth, a gift that only Jesus could provide: complete health that restored both his body and his spirit.

The Church's Gift of Health: Evidence from Research

The church today continues to steward a unique healing gift for the world. Congregations still have something distinctive to give that promotes health, healing, and *shalom* in individuals and communities. Recent statistics reflect this reality – in multiple studies, "participation in a congregation over time is powerfully associated with life span health."[227] A 2020 analysis of three different cohorts of middle-aged American adults showed that attending church at least once a week correlated with a 26% drop in all-cause mortality, as well as substantially lower rates of heavy drinking and smoking and greater psychosocial well-being.[228] These findings mirrored the results of an earlier study of 36,613 African American women: for them, attending religious services was the strongest predictor of decreased mortality from all causes, even after controlling for baseline health, demographic characteristics, and health risks such as smoking, alcohol use, diet, and experiences of racism or abuse. Significantly, this 2017

[227] Gunderson and Cochrane, *Religion and the Health of the Public,* 47.
[228] Ying Chen, Eric S Kim, and Tyler J VanderWeele, "Religious-service attendance and subsequent health and well-being throughout adulthood: evidence from three prospective cohorts," *International Journal of Epidemiology* 49(2020): 2030-2040. https://doi.org/10.1093/ije/dyaa120

study didn't find a strong link between prayer or other religious coping behaviors alone and mortality; it was specifically church attendance, or being involved in an organized community of faith, that made the difference.[229]

Church attendance and involvement is also shown to have salutary effects on mental health. Data from a 22-year-long study of 48,984 female American nurses found that those women who reported the most frequent and recent church service attendance had the least prevalence of depression (and the highest Mental Health Index scores).[230] In a different study of 100,000 American health care professionals, people who reported regular, weekly attendance at religious services were significantly less likely to become victims of a "death from despair" (i.e. a death caused by drugs, alcohol, or suicide) than those who did not.[231]

Finally, church attendance appears to buffer the negative effects of brokenness, trauma, and stress in the world. In a recent study of African American adults, 62% reported at least one trauma exposure. However, regular church attendance was associated with "strikingly decreased prevalence of PTSD for those with both high and low trauma exposure."[232] A 2017 study used longitudinal data from over 5000 middle-aged American adults to see if church attendance made a difference in how stress affected our bodies. Researchers found that individuals who never attended church had significantly higher allostatic load scores (a measure

[229] Tyler J. VanderWeele et al., "Attendance at Religious Services, Prayer, Religious Coping, and Religious/Spiritual Identity as Predictors of All-Cause Mortality in the Black Women's Health Study," *American Journal of Epidemiology* 185 (2017): 520. doi.org/10.1093/aje/kww179

[230] Shanshan Li et al., "Religious Service Attendance and Lower Depression Among Women—a Prospective Cohort Study," *Annals of Behavioral Medicine* 50(2016): 879. doi.org/10.1007/s12160-016-9813-9.

[231] Ying Chen, et al., "Religious Service Attendance and Deaths Related to Drugs, Alcohol, and Suicide Among US Health Care Professionals," *JAMA Psychiatry 77*(2020): 743. doi.org/10.1001/jamapsychiatry.2020.0175

[232] Amanda R. Mathew et al., "Trauma Exposure, PTSD symptoms, and tobacco use: does church attendance buffer negative effects?", *Journal of Community Psychology* 48 (2020): 2370, doi.org/10.1002/jcop.22420.

of the wear and tear on the body from chronic stress) than those who went at least once a year, while those who attended church more frequently had a 55% reduction in mortality compared to non-churchgoers.[233] Even when the two groups had similar levels of social support, the bodies of church attenders showed less of a physical response to stress than the bodies of people who didn't go to church.

Studies such as these reveal that it's not faith, religion, and spirituality alone that impact health; the church itself (as a congregation and a social institution) has a crucial impact on health and healing. Not only do church members live longer and evince better health (as measured through objective markers); "public health professionals are often surprised at how ubiquitously and actively congregations already engage in work relevant to the health of communities."[234] One example of how medical schools are beginning to take notice of the importance of churches to health is the McGovern Medical School of the University of Texas Health Science Center at Houston, which created a class for its medical students in which they visit six places of worship in Houston, engage with leaders of members of the congregations, and discuss theological views on health and healing with them.[235] In relief and development work in the non-Western world, "churches are being increasingly recognized by donor agencies and governments as essential partners in community health efforts…When all other institutions fall apart the churches remain."[236]

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[233] Marino A. Bruce, et al., "Church attendance, allostatic load and mortality in middle aged adults," *PLOS ONE* 12 (2017), 9-10. https://doi.org/10.1371/journal.pone.0177618

[234] Gunderson and Cochrane, *Religion and the Health of the Public,* 99.

[235] Nicholas King et al., "The Sacred Sites of Houston: A Novel Experiential Course for Undergraduate Medical Education on Religion and Spirituality," *Journal of Religion and Health* 60 (2021): 4502-4503, doi.org/10.1007/s10943-021-01325-3.

[236] Long, *Health, Healing, and God's Kingdom,* 244.

However, although health professionals have concluded that churches are clearly important to community health,[237] they are less clear about why this is true. Through the discipline of social science, health researchers have attempted to identify the specific strengths of congregations – the mediating factors that positively affect health and wholeness – so that these strengths can be "linked in a useful and sustained way to public, science-driven health agencies."[238] In other words, health researchers have tried to map out the specific gifts that churches have to provide, so that they might partner with them in bringing health to a community.

Peter and John, as Spirit-filled representatives of the newly born church, had something to give to the lame man at the temple entrance that no other community or institution could give him; and the gift that they provided, in the name of Jesus Christ of Nazareth, restored the man to perfect health. As the church today seeks to participate in this same mission of health and *shalom*, we need to have a solid sense of the resources it we have to give, and how our own gifts can complement and synergize with what is available outside of the church. While the witness of Scripture and the church's history of health outreach paint an overall picture of the church as a community of health and healing, the work of researchers and social scientists in identifying congregational strengths and health assets can help fill in some of the practical details of that portrait, making it more helpful for leaders who want to guide their own churches in the mission of health and healing. It can be eye-opening to realize how much of what a church "naturally" does is "relevant to the health of the public"[239] – and becoming

[237] Gunderson and Cochrane, *Religion and the Health of the Public,* 101.
[238] Gunderson and Cochrane, *Religion and the Health of the Public,* 103.
[239] Gunderson and Cochrane, *Religion and the Health of the Public,* 99.

more aware of this can help leaders lean into, mobilize, and effectively deploy the unique strengths and healing gifts inherent in the church as Christ's body on earth.

"Religious Health Assets" – Healing Gifts and Practices of the Church

As an institution and a social organization, the church provides significant tangible and intangible resources that promote and sustain *shalom.* Churches are "social embodiments of theological views and convictions which emphasize involvement and concern in all spheres of life."[240] Jesus' command to love each other as he loves us, as well as his promise that whatever is done for the "least of these" is service to him, manifest in concrete, mutual care within congregations. The church often functions as **social safety net**, with members stepping in to provide food, shelter, economic assistance, and physical support when these are needed – not only for church members, but for the surrounding community. Two health researchers write that even though many people consider themselves more spiritual than religious, during concrete health challenges such as the financial and food shortages experienced during the Covid-19 pandemic, it was "the organized nature of religious institutions" that came to their rescue, not their spirituality alone.[241]

This has particularly been true for congregations whose members suffer institutional, cultural, and structural oppression because of their racial or ethnic identity, whose social and material needs are not equitably met by other institutions. From its inception, the Black church in America (the only non-familial social institution for Black people for most of American

[240] Lincoln and Mamiya, *The Black Church,* 235.
[241] Stephen M. Modell and Sharon L. R. Kardia, "Religion as a Health Promoter During the 2019/2020 COVID Outbreak: View from Detroit," *Journal of Religion & Health* 59 (2020): 2249. doi.org/10.1007/s10943-020-01052-1

history) “took on multiple roles and burdens that differed from its white counterpart”[242] as it organized to meet the social needs of Black people, giving “birth to new institutions such as schools, banks, insurance companies, and low-income housing,” as well as the first Black publishers.[243] These concrete provisions of food, shelter, employment, and economic assistance have a powerful influence on both personal and community health, and the Black church continues to “play a unique role in promoting health and reducing health disparities in African American communities” today.[244]

In 1 Corinthians 12, Paul told the Corinthian church members that they were each a part of one body, and that they were interconnected and needed each other to be healthy and to function well. Health researchers recognize this **interconnectedness**, or the **ability to accompany**, as a key asset to churches as social institutions. Not only are churches organized around accompanying people on the life stages of journeys they predicably take;[245] they also have “the peculiar strength of generating [human] associations across bounds of race, blood, class, party, and even distance that are crucial to the health of the community.”[246] These networks of social support are not professionalized (although they often include individuals with professional skills) – in fact, they are powerful and effective precisely because they’re informal, responsive, and protect community agency. If a member of a congregation is sick, has a new baby, or is in emotional turmoil, the church will often provide healing help and support via a number of different individuals in plethora of ways, both tangible and intangible.

[242] Lincoln and Mamiya, *The Black Church,* 201.
[243] Lincoln and Mamiya, *The Black Church,* 8.
[244] Dejun Su et al., “Assessing Health Needs in African American Churches: A Mixed-Methods Study,” *Journal of Religion and Health* 60 (2021): 1180. doi.org/10.1007/s10943-019-00924-5
[245] Gunderson and Cochrane, *Religion and the Health of the Public,* 116.
[246] Gunderson and Cochrane, *Religion and the Health of the Public,* 103.

Experiencing a sense of belonging or interconnectedness in church appears to protect health even in the seasons in which a person is physically removed from the community. A 2020 study of 645 American adults, done during the height of COVID-19 social distancing restrictions, showed that study participants who attended a church before the pandemic *and* felt a high sense of belonging to that community showed significantly diminished symptoms of anxiety, depression, and stress, even when they couldn't meet in-person (those who had attended a church pre-pandemic but had no sense of belonging there had higher stress when they couldn't go.)[247] This suggests that when a church promotes inclusion, interconnectedness, and belonging before there's a crisis, it has a far-reaching impact on health.

Along with the power to accompany, churches are meaningfully connected, both to their communities and to a network of other churches and institutions (both faith-based and secular). These **networks of connection** can be a tremendous asset to churches when it comes to awareness of community health needs, as well as in mobilizing resources to meet those needs. Many churches are deeply invested in the communities in which they are embedded, and are "especially aware of the social obstacles and healthcare deficits experienced by their community members… [thus] affording a distinct look at the hopes and concerns of people who have experienced marginalization, discrimination, and transience."[248] The connections that congregations have to their community are also a gift they can give in partnership with non-church organizations: in much of the development work in non-Western countries,

[247] Jay L. Michaels, Feng Hao, Nicole Ritenour, and Naomi Aguilar, "Belongingness is a Mediating Factor Between Religious Service Attendance and Reduced Psychological Distress During the COVID-19 Pandemic," *Journal of Religion and Health* 61 (2022). https://doi.org/10.1007/s10943-021-01482-5
[248] Modell and Kardia, "Religion as a Health Promoter," 2248.

"congregations provide linkages to the community for health education and community health programs" and volunteers from churches provide important services to those programs.[249] Congregations "connect, too, to other existing pools of social capacity in other networks and organizations...connecting is marked by creating links across which resources, assets, power, and knowledge flow."[250]

Once again, this is particularly true of the Black church in the United States – "no other black institutional area has this mobilizing potential or as extensive a constituency."[251] During the Civil Rights era, this power of connection allowed Black churches across the United States to work together with secular organizations to effect social and institutional change. The power of churches to connect to their communities and with each other makes them powerful partners in health. In Detroit, five of the eleven organizations tapped to provide information for a government-mandated Community Health Needs Assessment were faith-based; researchers write that their team "has long been aware of the importance of religious community-based organizations for recruiting grass-roots participants for values discussion and dialogs relating to new health interventions."[252]

Another important health asset of churches is the power of **convening** and of **giving sanctuary** – of not only "getting people into one place where health issues can be discussed,"[253] but also protecting that space as sacred, trusted, and safe; a place where individuals are held together "in social relationships where personal meaning can grow" and where stories and

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[249] Long, *Health, Healing, and God's Kingdom,* 240.
[250] Gunderson and Cochrane, *Religion and the Health of the Public,* 107.
[251] Lincoln and Mamiya, *The Black Church,* 9.
[252] Modell and Kardia, "Religion as a Health Promoter," 2248.
[253] Gunderson and Cochrane, *Religion and the Health of the Public,* 106.

beliefs can become embodied.[254] The sanctuaries of Black churches, for many years, provided a sacred space in which "leadership skills could be honed and tested, and it was the only area for most African Americans where the struggle for power and leadership could be satisfied." [255] Inside the walls of the church, Black leaders could "speak out about the pressing issues of the day, especially about the problems of racial discrimination."[256] The church remains a place in which leaders (ordained and lay) can speak out about burning issues affecting health and *shalom,* where their voices can be heard and felt and make a difference. Church leaders hold tremendous influence and are often seen a "a trusted source of guidance on a range of health topics."[257] They have a powerful role to play in promoting healthy behaviors, interventions, and partnerships.

When a church truly provides sanctuary, it also becomes a safe space in which people can express their brokenness and their need for healing. This becomes a powerful healing practice when voices are joined together in a cry of **lament**. In his book on lament, Soong-Chan Rah writes that "the depth of pain endemic to racial hostility requires full disclosure for complete healing. The church should become the place where the fullness of suffering is expressed in a safe environment. Liturgy, worship, leadership, small groups and other aspects of church life should provide the safe place where the fullness of suffering can be set free."[258]

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[254] Gunderson and Cochrane, *Religion and the Health of the Public,* 111.
[255] Lincoln and Mamiya, *The Black Church,* 206.
[256] Lincoln and Mamiya, *The Black Church,* 207.
[257] Su et al., "Assessing Health Needs," 1189.
[258] Soong-Chan Rah, *Prophetic Lament: A Call for Justice in Troubled Times* (Downers Grove, IL: Intervarsity Press, 2015), 58-59.

One of the most powerful intangible health assets a church provides is the power of **storying** – of providing a large story for people to find themselves in.[259] A healing story offers a coherent framework to life which empowers people to be "agents in their own healing."[260] Stories locate people "in relationship to other people, to time, to circumstances, and even to their own bodies…Congregational life is fundamentally grounded in stories."[261] The strength of stories is not just in telling and hearing them, but in participating "in a larger story as it unfolds in the lives of anyone within caring distance."[262] The story of freedom, as fundamental to who God is and what God desires for all God's children, is central to the Black church. Telling, hearing, and participating in this story, Sunday after Sunday, has been an invaluable part of many people's survival, resistance, and strength to fight for *shalom* and liberation. Lincoln and Mamiya write that "even a Marxist historian such as Eugene Genovese concluded in his studies of slavery that slave religion played a major role in the survival of the slaves by preventing their complete dehumanization when it presented alternative views of their human worth in God's eyes."[263] During the lynching period after slavery ended, James Cone claims that the storying role of the Black Church continued to strengthen the health of its members: "Black Christians spoke back in song, sermon, and prayer against the 'faceless, merciless, apocalyptic vengefulness of the massed white mob,' to show that trouble and sorrow would not determine our final meaning."[264]

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[259] Gunderson and Cochrane, *Religion and the Health of the Public,* 109.
[260] Gunderson and Cochrane, *Religion and the Health of the Public,* 69.
[261] Gunderson and Cochrane, *Religion and the Health of the Public,* 110.
[262] Gunderson and Cochrane, *Religion and the Health of the Public,* 110.
[263] Lincoln and Mamiya, *The Black Church,* 201.
[264] James H. Cone, *The Cross and the Lynching Tree* (Maryknoll, NY: Orbis, 2011), 18. [Embedded quote from Adam Gussow, *Seems Like Murder Here: Southern Violence and the Blues Tradition* (Chicago: University of Chicago Press, 2002), 11.]

The story the church tells is powerfully expressed in its **liturgy** and embodied in its **rituals**, such as baptism and communion, both of which are frequently associated with experiences of healing. Soong-Chan Rah writes that "the church has the power to bring healing in a racially fragmented society," but only as it allows itself to operate at "the intersection of celebration and suffering" that is embodied in the Lord's Table.[265] Other healing rituals include public prayer, confession, and "well-crafted litanies."[266] Telling the story of Jesus and reconciliation he accomplished in his life, death and resurrection is a crucially important part of the post-apartheid healing ministry of the church in Zimbabwe: through "rituals of healing the people of Matabeleland [Zimbabwe] can find healing, the nation can be healed…liturgy is a power practical pastoral ministry of care which brings healing. The Church through such liturgies is able to relate itself to the situation of the survivors of political violence."[267]

One of the important parts of the story the church tells is the concept of **agency** – that human beings have the power to actively participate in their own health and in the health of their community. Agency is the "power to act," the belief that what you do makes a difference in your own and other's lives and improves health and well-being. In the United States, the Black Church promoted agency by helping "to create the black self-help tradition and an ethos of economic rationality for free and enslaved blacks… [This] played a crucial role in the transition from slavery to freedom, teaching the values of long-term sublimation instead of

[265] Rah, *Prophetic Lament,* 106.
[266] Humphreys, *Seeing Jesus,* 193.
[267] Mabutho Mkandla and Yolanda Dreyer, "Healing history, healing a nation: A prophetic practical pastoral ministry of care," *HTS Teologiese Studies/Theological Studies* 76:1 (2020): 13. doi.org/10.4102/hts.v76i1.5597

instant gratification, saving for a rainy day, getting an education, and keeping the family together."[268]

In African traditional religions, all sicknesses are believed to be religious as well as physical conditions, and religion is used to "find out the mystical cause of the disease, to find out who has been responsible for it," and "to prescribe the right cure, part of which is often the performance of certain rituals that the medicine man may specify. It is also necessary to take counter measures to make sure that the cause of the disease is neutralized."[269] Illness reflects an imbalance of power, and healing is brought through redressing that balance, "either by decreasing the evil power or countering it with healing power."[270] While many of these beliefs are consistent with Biblical concepts of holistic health and healing, this spiritualizing of illness can lead to a kind of fatalism, in which public health measures such as hand-washing, boiling water, or digging latrines are seen as irrelevant to illness prevention. One of the gifts the African church can give is an understanding of participating in God's common grace, as expressed in the created order, and becoming active, empowered agents in our own health. African Christians also have direct access to personally petition the Creator God, through the mediation of God's Son Jesus and the empowerment of God's Spirit who indwells the gathered community. They are no longer at the mercy of spirits which must be appeased before healing can take place.

Agency is closely related to **hope** – a solid, enacted belief that a different future is possible and that we can actively participate in making it happen. Richard Wright writes that

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[268] Lincoln and Mamiya, *The Black Church,* 272.
[269] John S. Mbiti, *Introduction to African Religion,* Second Edition (Long Grove, IL: Waveland Press, 2015), 139.
[270] Long, *Health, Healing, and God's Kingdom,* 123.

"our churches are where we dip our tired bodies in cool springs of hope, where we retain our wholeness and humanity despite the blows of death."[271] Hope replaces a focus on pathology[272] – instead of cataloguing what is wrong, we imagine what could be different, and believe that our actions have a role in bringing that anticipated future into the present. Researchers observe that "a sense of hope provided by religion can determine whether one engages in healthy practices in the disease context or lets things slide."[273]

Hope involves imagination: the ability to "invent…and create what did not exist. We are able to transcend what is given us."[274] Hope is what empowered individuals like Harriet Tubman to accompany scores of enslaved men, women, and children to freedom, despite the ever-present dangers and fear that threatened them. According to James Cone, Black churches in the lynching era refused to submit to despair – "no matter what trouble they encountered, they kept on believing and hoping that 'a change is gonna come.' They did not transcend 'hard living' but faced it head-on, refusing to be silent in the midst of adversity."[275] The hopeful church became the anchor for the civil rights movement, "deepening its faith in the coming freedom for all."[276]

A healthy church can be a powerful place of **blessing** for its members, offering an alternative community in which every embodied human being is affirmed and honored exactly as they are. In her book on healing racial trauma, Sheila Wise Rowe writes that her church is "a place where I could be unapologetically myself, a Black woman who didn't have to explain

[271] Richard White, *Twelve Million Black Voices,* quoted in Cone, *The Cross and the Lynching Tree,* 18.
[272] Gunderson and Cochrane, *Religion and the Health of the Public,* 73
[273] Modell and Kardia, "Religion as a Health Promoter," 2250.
[274] Gunderson and Cochrane, *Religion and the Health of the Public,* 73.
[275] Cone, *The Cross and the Lynching Tree,* 20.
[276] Cone, *The Cross and the Lynching Tree,* 28.

herself, justify her existence, or code-switch." For herself and her children, this was a "healing balm."[277] James Wright agrees, stating that "it is only when we are within the walls of our churches that we can wholly be ourselves…that we maintain a quiet and constant communion with all that is deepest in us."[278] Blessing is the opposite of condemnation, which is harmful to health; when a person is blessed and affirmed, they are also set free to change. Blessing cannot be given apart from real human relationship; thus, "the strength of blessing is found not in disembodied, abstract faith, but faith mediated through the physical human relationships found in a faith-forming entity that provides for the social integrity of that blessing."[279]

Related to the gift of blessing is the church's ability to offer the space for and mediate **confession**, **forgiveness**, and even **reconciliation**. Those who suffer the weight of other's wrongs against them can release their burden onto the cross of Christ. Those bearing a weight of guilt can acknowledge their sins, confess and repent, receive forgiveness, and make amends. It is important that the opportunities for confession offered by the church be not just individual, but corporate: "confession must operate on all levels to bring healing and hope for forgiveness."[280] Confession and divine forgiveness result in reconciliation with God and the opportunity to make reparations and pursue reconciliation with others. The church's ministry of reconciliation is complex. It has both vertical and horizontal dimensions and operates on multiple levels, from individual to interpersonal to institutional. Brenda Salter McNeil, who has pursued reconciliation work for over thirty years, defines it as "an ongoing spiritual process

[277] Sheila Wise Rowe, *Healing Racial Trauma: the Road to Resilience* (Downers Grove, IL: Intervarsity Press, 2020), 36.
[278] Richard Wright, *Twelve Million Black Voices,* quoted in Cone, *The Cross and the Lynching Tree,* 18.
[279] Gunderson and Cochrane, *Religion and the Health of the Public,* 113.
[280] Rah, *Prophetic Lament,* 132.

involving forgiveness, repentance and justice that restores broken relationships and systems to reflect God's original intention for all creation to flourish."[281] I believe that the work of reconciliation is inseparable from the work of healing, since they are both holistic processes oriented towards *shalom.* Reconciliation is not a healing gift that the church controls, achieves, or wields at will; it is initiated by God, and we are called to participate in it together.

Finally, **prayer** is the foundation of all the gifts that a church has to give to its members. This "religious health asset" is frequently referenced and identified by researchers, yet is impossible to measure or quantify. The "evidence" for prayer's direct impact on health is complicated and nonconclusive, perhaps because (as one researcher stated) "God's actions are not amenable to scientific study."[282] The power of God to heal through prayer, as well as the guidance and empowerment of the Holy Spirit and how power is mediated through God's people gathered together in community, is mysterious. Prayer, according to researchers, "is a social practice at the boundary between physical and spiritual, private and public, fear and belief, hope and mystery."[283] It's at the center of what Peter and John gave to the man at the temple gate, and it involves listening and responding to God's voice, as well as boldly petitioning God in the name of Jesus, through the power of the Holy Spirit. It infuses all of the other religious health assets I described.

The church has a myriad of healing gifts it can offer in the communities in which it is imbedded. These gifts are tangible and intangible, natural and supernatural. However, they

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[281] Brenda Salter McNeil, *Roadmap to Reconciliation 2.0: Moving Communities into Unity, Wholeness, and Justice* (Downers Grove, IL: Intervarsity Press, 2020), 26.
[282] Kevin S. Masters and Glen I. Spielmans, "Prayer and Health: Review, Meta-Analysis, and Research Agenda," *Journal of Behavioral Medicine* 30 (2007): 332. doi.org/10.1007/s10865-007-9106-7
[283] Gunderson and Cochrane, *Religion and the Health of the Public,* 114.

often remain at rest if they are not animated, either through necessity (as in the Black church in America) or intentionality. In order to fulfill its mission of *shalom*, the "local congregation as a healing community must mobilize all of its talents and resources,"[284] stewarding its gifts effectively to meet the health needs it identifies. In the following chapter, I will provide three vignettes of how churches participate in the health and healing of their communities through mobilizing the particular, specific gifts that characterize them as the body of Christ.

[284] E. Anthony Allen, "Healers in Healing Community," in Allen et al., *Health, Healing, & Tranformation,* 36.

CHAPTER 4: CÔTE D'IVOIRE, NORTH CAROLINA, AND COVID-19: THE CHURCH AND HEALING IN REAL LIFE

It is a lot easier to call churches to fulfill their ministry of health and healing than to offer a replicable vision of what it looks like to mobilize and deploy healing resources in real life. Health and healing are highly contextual, and a ministry in one place and time will look very different from another. Another challenge is that churches are always limited and imperfect; although they have powerful healing gifts and assets, they also promote beliefs and engage in practices that hurt people and disrupt *shalom.* There is no "ideal" healing church or model that we can use as a perfect blueprint, and there never has been. However, we can learn a lot by studying real-life churches and their efforts to engage in the work of health and healing. They give us a place to start imagining what our own churches could be and do, and they can show us where we need to learn more or explore further. By sketching out three vignettes of churches in very different contexts, I hope to provide a jumping-off point for envisioning our own next steps towards health and healing outreach.

The Sénoufo Church as a Displaced Community of Healing

> Sétou was almost paper-thin. Despite the heat of the sun radiating through the tin roof of the church, she had a shawl wrapped closely around her shoulders and neck. Yet the joy and life in her face were so vibrant that I quickly ceased to notice the frailty of her form. It was evident that she could hardly wait for the testimonies to begin. "Praise be to God!" she sang out. "He has healed me!" Even before she could continue, one of the other women began a song of worship. Immediately, the balafon players picked up their mallets, the entire church jumped to their feet, and we began to celebrate the goodness of God who heals. As the song ended, Sétou continued: "The medicine of the dispensary did not heal me. I went to the hospital and they could do nothing for me. But God has healed me as you prayed for me. It is your prayers which have healed me. May God help us all!"
>
> As his wife sat down, Sétou's husband Piemogo stood up and continued the story. He asked for prayer for his wife's uncle, who had urged that she be taken to a traditional spiritual healer, and whom they had resisted: may his wife's miraculous healing move

> her uncle to put his faith in God. Before the service continued, the healing community of the church lifted up this and other requests before the Source of all healing.
>
> – Heather Long, *Displacement and Belonging*

In 1997 I spent half a year living with, learning from, and interning with Sénoufo Christians near the large town of Korhogo in northern Côte d'Ivoire, and they profoundly shaped both my understanding of health and my vision of the church as a healing community. The Sénoufo church was founded by Conservative Baptist (CB) missionaries around fifty years before my stay, and many of its members were first generation converts and had endured (or continued to endure) significant opposition and rejection from their villages. The church became a vital, displaced community and family for them, and an institution they depended on for freedom, belonging, and healing. Although many local churches had been planted by American CB missionaries, most were now governed and pastored by Sénoufo Christians and had begun to reflect the Sénoufo worldview, culture, and views on health and healing.

In the six months that I lived with Sénoufo Christians, I pursued an independent study [285] on the impact the Sénoufo church had on the health of its members, and how this mirrored or deviated from traditional Sénoufo society. I conducted twenty in-depth interviews (in French) with Sénoufo Christians of varying ages and socio-economic backgrounds: pastors and members of churches, first generation Christians and those who grew up in Christian families. The Ivorian health team I interned with also conducted ten interviews in Cébaara with non-Christian villagers and recorded answers for me in French. My final paper reflected these interviews, as well as my personal observations and experiences from living with Christian

[285] Heather Long [McDaniel], *Displacement and Belonging: Pathways of Healing Among Sénoufo Christians* (HNGR Internship Independent Study, Wheaton College, 1998), 62.

Sénoufo families and participating in the life and activities of the public health team. I believe that the young Sénoufo churches mirror the early church in ways that Western churches do not, and that we can learn much from how they experience and extend Jesus' healing salvation.

The Sénoufo are an ethnolinguistic people group in West Africa, numbering between two to three million, who follow an agricultural way of life and live in tight-knit villages. Côte d'Ivoire was colonized by the French, but the Sénoufo have remained more isolated and resisted the forces of Westernization and modernization more emphatically than some of their neighbors. At the time of my internship, a significant percentage of Sénoufo villages retained their traditional community strength, beliefs, and practices. Like other African people groups, community is the basis of life for the Sénoufo. It is the foundation of each person's individual identity, sense of being, and social needs. The Sénoufo see life holistically: the history, religious beliefs, worship practices, rules and taboos, leadership, identity, and daily activities of each community and every member within that community are inextricably bound together.

Sénoufo society and religion center around *poro,* a term which refers to both a society of men and the nearly two decades of secretive, ritualized training that are required before initiates are full-fledged *poro* members. The institution of *poro* is "responsible for regulating the world – the balance between the ancestors and the living,"[286] and the rituals they perform order every part of Sénoufo life. Boys are introduced into the *poro* at a very young age, and their twenty-year journey through the stages of initiation is known as the "path of *poro.*" Men are not "considered [as] whole persons"[287] without completing this path*;* they cannot be in

[286] John A. Shoup, "Senufo," in *Ethnic Groups of Africa and the Middle East: An Encyclopedia,* ed. by John A. Shoup (Santa Barbara, CA: ABC-CLIO, 2011), 253.
[287]Anita Glaze, *Art and Death in a Senufo Village* (Bloomington, IN: Indiana University Press, 1981), 196.

positions of traditional leadership, take a wife in the village, or even “take the word” (express their opinion and be listened to). The stability and continuance of the *poro* are widely understood as crucial to the integrity of the village community and the preservation of the wisdom of elders and ancestors. “’If a young Sénoufo does not will to step on the path of *poro,*’” expressed one village leader, “’he will listen to none of the elders. We are sure of that.’”[288]

I did not encounter a single Sénoufo Christian who believed that a person could truly follow Christ while remaining in *poro* or on the path of *poro,* since *poro* involved inviting and embodying other spirits. Becoming a Christian therefore meant rejecting a central institution woven throughout the kinship structure, leadership, history, taboos, and identity of the village. Because they appeared to threaten the community’s survival, Sénoufo converts often suffered severe consequences. They lost social or political rights as well as the health care provided by traditional healers and had no legal recourse when harassed. Multiple Christians told me stories about family opposition; repudiation and silence from village elders; being beaten or chased from their homes or villages; sorcery practiced against them; and even threats to their lives. A missionary serving in southern Côte d’Ivoire told me that “if you have a Sénoufo Christian in your church, then you know you have a true Christian.” Like the early Christians, the price a Sénoufo paid by following the way of Jesus was steep enough to discourage nominal faith.

But despite what they lost, the Sénoufo Christians I spoke with did not regret their choice. Many of them found their way to the church through its reputation as a place of health and healing, and they continued to celebrate the freedom and life and *shalom* they found

[288] Glaze, *Art and Death,* 11.

there. Traditional Sénoufo life was governed by a myriad of specific religious taboos and obligations which had to be followed to maintain health: in one village, no one could get water from the pump on market day; in another, white peanuts could not be grown; and in most villages, farmers were prohibited from going out into their fields on Fridays. Several respondents also spoke of the burden of yearly community-wide sacrifices, to which each family was expected to contribute money. If taboos were not kept or money was not given, sickness and disaster would follow, and there was a sense of always being fearful or on guard. In contrast, the Sénoufo church community became a place of freedom to its members, and I still remember the exuberance in the faces of some of my respondents as they spoke of the liberation they found in Jesus. "To be in the church community is hard and it is easy," explained one pastor. "It is difficult because you are often excluded or mocked or threatened by non-Christians. But it is easy because you are free from curses, free from caution because of all the things you have to remember to do or not do, free from the consequences of placating or angering the spirits!" Even non-Christian interviewees pointed out that Christians were protected from curses and did not have to fear the village taboos, because "their God does not require such things." This freedom from fear was profoundly health-promoting.

Healing in the Sénoufo church was closely related to the local Baptist dispensary (clinic), which was overseen by an American CB missionary nurse and staffed by Sénoufo Christians. According to the missionary, the dispensary was founded for dual purpose of evangelism and to provide a resource for Sénoufo Christians who lost their traditional health care system after conversion. However, the Western medicine and healing provided by the dispensary was not simply seen as a means to an end by Sénoufo Christians – it was part and parcel of the holistic

health and life that Jesus offered, and so was caring for their bodies using common-sense public health measures endorsed by dispensary staff and the Christian public health team. Most Sénoufo Christians had a sense of personal agency or dominion – because their health was no longer under the control of village spirits or sorcerers, their own health-promoting actions had power. One of the primary differences pointed out by my interviewees between the way the sick were helped in traditional communities versus the community of the church is that those in the church would immediately bring the sick person to a modern clinic (usually the dispensary), while a traditional community would wait until the last possible moment (which was often too late for treatment).

As I spent time with Sénoufo Christians, I began to understand how I unconsciously separated health and healing into physical, mental, and spiritual spheres in a way that never occurred to them. When I am physically ill, I take physical actions to restore my health – I rest, drink water, and take medicine if needed. If my illness goes away, I assume it's because my immune system prevailed, perhaps aided by my actions or medicine. I primarily look to God's healing power to fill the gaps of where my own body and interventions fall short. This wasn't true for the Sénoufo I lived with and learned from. While they took the same health-promoting actions I did, they still understood all healing and restoration as gifts straight from God. One morning Minata, my Sénoufo host mother and a leader in the public health team, complained of a headache and took ibuprofen. An hour later, she exuberantly praised God because God had healed her. Whereas I would have credited the ibuprofen, she didn't seem to see a difference between God healing her pain through analgesics, and God healing directly – it was one and the same to her.

In the same way, Sénoufo Christians didn't distinguish miraculous healings from "scientifically explainable" healings facilitated by clinic staff. Instead, they spoke of all healings as works of God. Sétou (from the opening story) had received treatment at the dispensary and a hospital – however, she attributed her healing to God alone, answering the prayers of her church. Clinic workers not only dispensed medicine: they also played roles similar to traditional village healers, believing that illnesses have holistic causes. The fulltime dispensary pastor told me that some people contracted illness through sorcery, fetishes, breaking a taboo, or making a sacrifice to a spirit. Healing required praying with and counseling patients as well as diagnosing and treating disease, and physical symptoms (such as recurring seizures) often disappeared after prayer. Even when their physical infirmities remained, some patients experienced deep healing and wholeness through the outreach of clinic staff. One of the dispensary diagnosticians I interviewed explained the wonder he felt when physically unhealed patients returned and thanked him, with joy, for what they had received.

Sénoufo Christians helped me more clearly see health as a community affair. People I interviewed resoundingly emphasized that medicine and clinical care are powerless if a sick person is left alone and unvisited. During the time I spent in Côte d'Ivoire, I witnessed members of the healing Christian community routinely stopping by the house or hospital room of any sick person they knew to offer presence, prayer, concrete help, and encouragement. Visiting the sick also became an intentional outreach of some Sénoufo churches. In Kaforo, one of the villages I visited, the small church community met every Wednesday and Friday before going to their fields; they would break into groups of two and three and visit the sick (Christian and non-Christian), praying for them and tending to their physical needs.

This village health outreach is an example of how Sénoufo Christians did not regard the church as a replacement or substitution for their communities of origin. Every single Sénoufo I talked to, even those who had suffered extreme persecution in their families or villages, continued to find an identity in their traditional community. Draman is one such example: he had been the balafon player in his *poro* (an important ceremonial position). After becoming a Christian, his house was surrounded in the night while *poro* members threatened to kill him, and he was forced out of his village for a few months. But he returned, and his sincere devotion to his village eventually garnered respect. To his surprise, his fellow villagers nominated him to be chairman of their health committee, a prominent non-traditional leadership position. Draman was not an exception: the Sénoufo church actively worked to reintegrate its members into their communities of origin as a part of its mission of salvation and healing, and multiple Christians found themselves accepted into non-traditional village leadership positions.

My observations and interviews suggested that the Sénoufo church had a reputation as a community of unique power, protection, healing, and freedom, even by Sénoufo who were openly antagonistic to Christianity. The clearest indication of this was the common practice of non-Christians "giving" their incurable ill to the church. All of the village Christians I interviewed were familiar with and even matter of fact about this practice – as if nothing could be more natural or expected. Often those "given" to the church were suffering from mental illness, paralysis, or seizure disorders, and had responded neither to traditional treatment nor to Western medicine. Reluctant as the families of the sick were to have any part in Christianity, the undisputed healing power of the church became their last resort, and they "gave" their sick to them. Sometimes, those "given" lived in the courtyards and houses of church leaders or

members; others continued to live with their families but attended church services and activities so that they could be prayed for regularly. A large percentage of those people (according to the stories told to me) found healing when they remained within the church.

Like the early churches Paul wrote to in his epistles, the Sénoufo church wasn't perfect. There were many ways in which it struggled to promote health and wholeness, particularly in church discipline and its non-affirmation of women. However, the Sénoufo I interviewed clearly connected their faith in Jesus to gifts of freedom, health, and wholeness that they hadn't experienced before, and they naturally incorporated healing into the mission and outreach of the church in a way that made an impression on those around them. Although choosing to follow Jesus and join a church in the West rarely requires as dramatic a change as leaving the path of *poro,* the witness of the Sénoufo church can help us ask questions about if and how American churches are qualitatively different from the culture and society they're embedded in. What would have to change for American churches to represent an alternative way of living associated with healing and health and wholeness, even for those who discount Christianity?

The Ministry of Health Initiative in North Carolina

> For every problem in the African American community, one can find the solution at the church.
>
> – Rev. Melvin B. Tuggle[289]

Dr. John Hatch, often known as the "father" of church-based health promotion for African Americans, was one of the first public health professionals to recognize the Black church's potential as a healing community and specifically incorporate public health promotion

[289] Melvin B. Tuggle II, "New Insights and challenges about churches as intervention sites to reach the African American community with health information," *Journal of the National Medical Association* 87 (1995): 635.

into the African American church. The son of an AME Zion pastor (a historically Black denomination), Hatch began teaching at the University of North Carolina's School of Public Health in 1971 and initiated "dozens of programs to improve health outcomes among communities of faith in the South."[290] Hatch's pioneer work sparked awareness in the public health community of the centrality of the Black church, its unique status as the "seat of both worship and healing,"[291] and its potential as a site for health promotion programs that successfully impact a population justifiably wary of outsiders. "The combination of the church's firm standing and its history of taking care of the community – and, of course, its spiritual benefits – make it an important conduit to people who are typically hard to reach," writes Rev. Tuggle,[292] an African American pastor who has participated in a number of partnerships with universities and health departments.

Despite their stated recognition of the unique strengths of the Black church, however, most of the countless health promotion programs which proliferated in the wake of Hatch's work reduced churches to venues from which to recruit participants or implement programs developed by outsiders, ignoring most of the distinctive assets that give the church its healing power. Most of these programs are categorical (focused on one particular health issue identified by researchers, such as breast cancer screening), run by professionals, and endure only for the time period of a grant.

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[290] Shamaal Sheppard. "Dr. John Hatch: Co-Founder of One of the First Health Centers," *National Associated of Community Health Centers* (Feb. 4, 2021). https://blog.nachc.org/dr-john-hatch-co-founder-of-one-the-earliest-health-centers/

[291] Jeffrey S. Levin, "The role of the Black church in community medicine," *Journal of the National Medical Association* 76:5 (1984), 479.

[292] Melvin Tuggle, *It Is Well With My Soul: Churches and Institutions Collaborating for Public Health* (Washington, DC: American Public Health Association, 2000), 15.

Both public health professionals and pastors of Black churches have remarked on this failure to centralize the history, mission, assets, and human resources of churches when planning and implementing health promotion programs. Health education researchers note that the published literature on church-based health interventions too often "reflects a 'one-size-fits-all' approach in which issues of organizational characteristics, capacities, and resources are given short shrift in the development and implementation of programs."[293] Both Rev. Tuggle[294] and Rev. Sanders,[295] African American pastors who have substantial experience in health promotion, call for programs that see the church itself as an educator; approach health issues in a holistic fashion; and include churches in the entire process of planning, implementation, and evaluation.

In 1998 Dr. Carolyn Parks, a public health researcher, university professor, and active church member, wrote an opinion article for an academic journal that questioned the effectiveness of using the Black church for health interventions without identifying the “actual spiritual principles and guidelines within the church that govern and motivate its members” and establishing them as the foundation of health promotion.[296] Dr. Park’s suggestion – to make health promotion a ministry rather than a “program” within the Black church – was not simply an academic opinion for a journal. It became a reality through the Ministry of Health (MOH) Initiative, which was introduced in seventeen North Carolina churches between 1997-2001.

[293] Linda M. Chatters, Jeffrey S. Levin, and Christopher G. Ellison, “Public health and health education in faith communities,” *Health Education and Behavior* 25:6 (1998), 693.
[294] Tuggle, “New Insights and Challenges.”
[295] E.C. Sanders II, “New insights and interventions: Churches uniting to reach the African American community with health information,” *Journal of Health Care for the Poor and Underserved* 8:3 (1997).
[296] Carolyn P. Parks, “Spirituality and Religious Practices Among African Americans: Neglected Health Promotion and Disease Prevention Variables,” *Journal of Health Education* 29:2 (1998), 127.

As a master's student in the University of North Carolina's School of Public Health, I had the privilege of being Dr. Parks' graduate assistant and advisee. Under her mentorship I not only learned about and observed the MOH model, but also helped to plan and implement a continuing education workshop for 57 lay health ministers in March 2002 (this became my master's project for my MPH degree).[297] I was inspired and energized by the framework and philosophy undergirding MOH and describe it here as a concrete, practical example of intentionally integrating health ministry into a church's mission.

The MOH Initiative was a non-denominational, non-categorical program "designed to mobilize African American pastors and churches to address health and well-being from a 'spiritual' and 'ministry' perspective" and create a specific health ministry that would become a natural part of the functions and operations of each participating church.[298] It had six distinctive components:

> *Component 1: A focus on health as a spiritual concept within the life and mission of the church, using the Word of God as the theoretical basis.*[299]

Very few documented church-based health programs acknowledge or teach the way in which health is emphasized and integrated throughout the Scriptures – if the Bible is utilized at all, it's often limited to one or two verses that are taken out of context. In contrast, MOH used the Bible as the foundation for health ministry and as the "textbook" for its training sessions. Participants gained a vision for the centrality of health both in God's word and in the mission of the church.

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[297] Heather McDaniel, "The Ministry of Health Initiative: A Review of a Non-Categorical, Holistic Health Promotion Ministry for African American Churches" (MPH master's paper, UNC-Chapel Hill, 2002), 1.
[298] Ministry of Health Initiative, *The Ministry of Health concept,* unpublished manuscript (Chapel Hill, NC: The Center for Advancement of Community Based Public Health and UNC School of Public Health, 1999).
[299] Ministry of Health Initiative, *The Ministry of Health concept,* 1.

Component 2: A non-categorical, holistic approach to health that is driven by the individualized needs and concerns of local congregations.[300]

Unlike the majority of church health promotion programs implemented by outsiders and funded by categorical grants, MOH did not prescribe particular health issues (such as high blood pressure or cancer screening) as a focus. In fact, like the Bible itself, MOH's starting point was not disease, but health. The very first training session began with describing holistic health in five dimensions (physical, mental, social, emotional, and spiritual). Participants were encouraged to take control of their own holistic health before being introduced to some of the major causes of morbidity and mortality among African Americans. Next, they were trained to assess their congregations' specific health needs (which could be in any of the five dimensions) as well as their unique strengths. Finally, the trainees were encouraged to utilize their assessment results to develop, implement, and evaluate a Health Ministry Action plan that reflected the unique strengths and holistic health needs of their church. I conducted an exhaustive literature review for my master's project (in 2002), and this non-categorical, holistic emphasis was entirely unique among documented faith-based health promotion programs.

Component 3: The institutionalization of health "ministries" as an integral part of the structure and function of local church bodies.[301]

The categorical and grant-driven nature of most church-based health promotion programs means that they endure only for the duration of a grant. In addition, many involve the heavy use of outside "experts" and resources and are not sustainable in local congregations. Although they hope to leave the congregation with new skills, resources, or

[300] Ministry of Health Initiative, *The Ministry of Health concept,* 1.
[301] Ministry of Health Initiative, *The Ministry of Health concept,* 1.

knowledge, few programs become institutionalized into the church. This short-term research-driven focus may weaken their ultimate effectiveness, and it contrasts with the Biblical vision of health as an integral part of the church's identity and mission.

In contrast, one of the main purposes of MOH was to become a ministry as integral to the church as Sunday School, the choir, or hospitality. During trainings, the church's role and mission as a healing place was emphasized. Participants developed a vision, learned the steps to develop or enhance a health ministry, and developed a health ministry action plan. Lay health ministers were required to meet with their pastor and church leaders and formally establish an MOH department within their church. They were also encouraged to present MOH to the congregation, hold a kick-off event, and include a line item for health ministries in the church's budget. All these steps resulted in the sustainability of appropriately tailored and targeted health promotion and disease prevention programs in local Black churches.

> *Component 4: The training of lay congregants who serve as "ministers of health" to their congregations and communities.*[302]

John Hatch's earliest church-based projects focused on identifying and training individual members as lay health advisors, "catalysts in strengthening their own church's role in promoting and being supportive of positive health behavior."[303] MOH was among the many programs informed by Hatch's model; however, instead of training lay health *advisers,* MOH commissioned lay health *ministers*, leaning into the Protestant emphasis on the "priesthood of all believers." By naming congregants as ministers, MOH emphasized that health outreach is not only a part of the church's mission but is also an integral part of each disciple's vocation.

[302] Ministry of Health Initiative, *The Ministry of Health concept,* 1.
[303] John W. Hatch, "Outreach in Chatham County," *North Carolina Medical Journal* 48:12 (1987), 634.

True to its non-categorical nature, MOH trainings focused on strengthening lay health ministers' leadership, facilitation, and listening skills rather than teaching disease-specific knowledge. They were encouraged to empower those they led by practicing shared group leadership and incorporating everyone's strengths. Finally, lay health ministers learned assessment, program planning, and evaluation skills needed to start and maintain a ministry.

> *Component 5: A strong training and educational component for pastors and other religious leaders on health as a ministry of the church, with equal potential for outreach and evangelism to the broader community.*[304]

Almost every documented health promotion program recognizes the importance of pastors as the historic gatekeepers for Black churches. Not only is the pastor's support imperative to successfully implement a health promotion program, but the level of priority the pastor assigns to that program will also influence acceptance and participation by church members.[305] However, there is a wide variation in the level at which church-based health programs seek pastoral participation. For most projects I reviewed, the pastor's entire role consisted of announcing the project from the pulpit and recruiting participants. Very few included the pastor as an integral part of health education or outreach. This omission almost certainly limits program effectiveness and longevity.

Although pastors' many responsibilities may limit them, their active involvement is still both important and possible. Rev. Tuggle sees health promotion as a part of his calling as a pastor and writes that health professionals "need to train pastors in health promotion and disease prevention; see them as educators so they can preach the good message of good

[304] Ministry of Health Initiative, *The Ministry of Health concept,* 1.
[305] David Wu and John W. Hatch, "The rural minister's role in health promotion," *The Journal of Religious Thought* 46:1 (1989).

health."[306] MOH required each pastor (or their designate) to attend a one-day training preceding the lay health minister trainings, as well as collaborate with other church leaders to discuss future MOH plans. The pastor then publicly presented the ministry to the church and participated in ongoing support and encouragement. This involvement helped to anchor MOH as a viable and integral ministry of the church.

> *Component 6: The use of the spiritual and religious practices of the African American community as the basis for health promotion strategies.*[307]

Health initiatives need develop within the "language, culture, and spiritual values" of the communities they serve.[308] Although Dr. Carolyn Parks was a highly trained professional and a university professor, these were not her only identities. She was also a Black woman, the daughter of a minister, and an active church member. The training tools she created reflected and spoke to a Black church context, and she taught them as an insider and a sister. By training lay health ministers to understand health in Biblical and spiritual terms and empowering them to develop their own health promotion programs as a ministry of their own church, the framework of MOH ensured that the spiritual, religious, and culture practices of each particular church (as opposed to outside organizations) would shape their health ministry.

Although MOH was only around three years old at the time I was involved with it, member churches had already implemented a wide variety of tailored health interventions based on their needs and assets surveys. These included inviting health speakers to the church; hosting health fairs, screenings, and classes (sometimes in collaboration with outside

[306] Tuggle, "New Insights and Challenges," 637.
[307] Ministry of Health Initiative, *The Ministry of Health concept,* 1.
[308] Parks, "Spirituality and Religious Practices," 127.

organizations); changing church food to make it healthier; adding a walking ministry; starting a health education library; coordinating hospital and nursing home visits; organizing clothing and food drives; recognizing cancer survivors; intertwining health and healing into sermons and spiritual gift workshops; and helping congregants apply for Medicare. One church even hired a parish nurse to work with them twenty hours a week. The churches had impressive future plans, which included creating a ballfield and walking path, hosting a permanent food closet and food pantry with dietary information, and opening a church-based clinic.

Lay health ministers who attended the continuing education workshop talked about how MOH helped them be more aware of health and reach out beyond themselves. They felt that their church leaders had adopted a more holistic attitude about health, that their church was beginning to see health as “not just physical, but mental, social/economical, and spiritual,” and that people in the surrounding community were more aware of the church’s presence.

However, several lay health ministers also expressed frustration with their leadership not fully understanding health as a ministry or mission of the church and not sufficiently supporting their ministry, and many said they were still struggling to get MOH off the ground. Their comments highlight what I perceive as the most vulnerable part of MOH’s concept and implementation. Even though pastors were required to attend training, MOH was still, for many of them, an “auxiliary” ministry of the church that they simply approved and cooperated with. Although MOH’s purpose was to become embedded in the DNA of each church and it was implemented by Black Christians using the language and culture of the Black church, it was still pitched and taught by people who were not members or leaders of the participant churches and who were funded by a grant from two secular organizations. Many lay health ministers

remained dependent on the outside facilitators for guidance, training, and encouragement. I wondered how many MOH teams would hold together when outside funding and assistance ended if their vision wasn't fully understood, shared, and/or pioneered by senior leadership.

I also noticed that MOH focused its description of health and healing on an individual level. Even though lay health ministers thought about personal health holistically (as an integration of mind, body, and soul), they focused on individually centered health beliefs and behaviors. Interventions that the ministry teams implemented focused on helping people change those behaviors or beliefs. However, there was less focus on social or institutional determinants of health such as laws and policies, racism, unjust policing, gun control, trauma, accessibility of services, and the war on drugs. All of these have a huge impact on health and are a legitimate focus of a church seeking to live out a mission of health and *shalom.* A fuller focus on multilevel causes of health issues (explained in more detail in Chapter 5) could weave a health ministry like MOH into the larger outreach and focus of the church, allowing it to integrate more completely with justice and reconciliation ministries.

The American Church in the Crucible of COVID-19

Throughout the last two thousand years, plagues and pandemics have arguably represented the most visible opportunities for the church to live out Jesus' healing mission. Rodney Stark contends that the early church's response to two plagues decimating the Mediterranean world in the second and third centuries was the primary factor fueling its rise and spread.[309] Not only were Christians better able to cope with illness themselves (based on

[309] Rodney Stark, *The Rise of Christianity: A Sociologist Reconsiders History* (Princeton, NY: Princeton University Press, 1996), 74.

their faith and the mutual aid they gave each other), but their sacrificial health outreach made a substantial difference in mortality for those they nursed[310] and attracted many to a faith that became associated with health and healing.

The COVID-19 pandemic, which spread around the world in early 2020 and continues to cause global death, morbidity, and disruption, has powerfully shaken and tested Christian communities everywhere. Many American churches have responded with outreach and actions that embody Jesus' healing mission and reflect the early Christians' courage and witness. However, the American church's response has also revealed ways in which Christians have forgotten this mission or were unprepared to live it out, and well as instances of complete repudiation of Jesus' commission to become apostles of healing in the world.

In the same way that the Sankofa bird looks behind in order to move forward with wisdom and purpose, I believe that studying the American church's response to COVID-19 is one of the most useful things we can do as we look to the future and identify what we need to learn and change in order to again become known as places of health, healing, and wholeness. We can allow the displacement of the past two years to facilitate rethinking and retooling the way we do worship, ministry, and outreach. We can allow our failures to teach and reform us, and perhaps we can emerge transformed.

Challenging and Exposing

Our interdependent world was painfully unprepared to handle a complex and rapidly evolving pandemic. Because COVID-19 is caused by a novel virus that keeps on mutating, epidemiologists learned on their feet and frequently revised their conclusions and guidelines.

[310] Stark, *The Rise of Christianity,* 90.

This challenged (and continues to frustrate) both those tasked with practically implementing guidelines and the public, who juggle mixed and changing messages about masking, social distancing, and vaccination schedules. Although it was necessary to enforce social distancing and cancel in-person gatherings in order to protect the most vulnerable, these decisions had a very real cost in the areas of social and mental well-being, particularly among youth, and the secondary health issues caused by closures continue to reverberate. The pandemic also exposed and amplified health inequalities, as it became clear that it disproportionately affected vulnerable populations who were socially and economically disadvantaged. As of April 29, 2022, CDC statistics showed that American Indian/Alaskan Native, Latinx, and Black persons were between 2.3 to 3.1 times more likely to be hospitalized with Covid infection, and around twice as likely to die from Covid than white, non-Hispanic persons.[311]

For churches, decisions on how (or if) to conduct worship services, offer the sacraments, and continue fellowshipping together were justifiably difficult. Pastors found themselves in "the role of interpreting public health information for their parishioners,"[312] something they were completely unprepared for. It was not at all clear what it should look like to live out a mission of health and healing throughout the incessant and bruising waves of the pandemic. Many of the significant health-promoting assets of churches described in chapter three are dependent on a community in regular physical proximity to each other – yet this very physical proximity was potentially deadly, especially for vulnerable individuals (some of whom were most in need of

[311] "Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity," *Centers for Disease Control and Prevention*, CDC, April 29, 2022, https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html.

[312] Erin F. Johnston, David E. Eagle, Jennifer Headley, and Anna Holleman, "Pastoral Ministry in Unsettled Times: A Qualitative Study of the Experiences of Clergy During the COVID-19 Pandemic," *Review of Religious Research* (2021). https://doi.org/10.1007/s13644-021-00465-y

the church's support). This tension has been particularly acute for congregations of color, whose members suffer disproportionately from Covid-19 hospitalizations and deaths and who often lean on churches for health-promoting services. Although the share of regular American churchgoers appears to be down by 6% between 2019-2021, Black Americans "are more likely than others to have experienced a sharp decline in church attendance" (a 15% drop).[313] Black churches are also shuttering at a higher rate: a study by the Brookings Institution found that in New York City over the last two years, "the highest rates of church closures per general population were in the areas with the highest percentage of Black people," removing important health and community services.[314] In the *Journal of Racial and Ethnic Health Disparities,* a team of Black church members and health providers write that "we, the authors, hope to foster awareness of how the COVID-19 closures of predominately African American churches…will uniquely and negatively impact mental health…especially [of] older African Americans, as we continue to cope with the societal effects of racism on our communities."[315]

The Good…

Despite these challenges and losses, many churches have effectively leaned into their healing mission, partnered with government and community organizations, and made a significant difference in mitigating the effects of COVID-19 in their communities and protecting

[313] Wendy Wang and Alysse Elhage, "Here's Who Stopped Going to Church During the Pandemic," *Christianity Today* (January 20, 2022), https://www.christianitytoday.com/ct/2022/january-web-only/attendance-decline-covid-pandemic-church.html.
[314] Yusuf Ransome, Insang Song, Linh Pham, and Camille Busette, "Churches are Closing in predominately Black communities – why public health officials should be concerned," *The Brookings Institution*, Brookings (May 3, 2022), https://www.brookings.edu/blog/how-we-rise/2022/05/03/churches-are-closing-in-predominantly-black-communities-why-public-health-officials-should-be-concerned/
[315] Flavia DeSouza et al., "Coping with Racism: a Perspective of COVID-19 Church Closures on the Mental Health of African Americans," *Journal of Racial and Ethnic Health Disparities* 8 (2021): 8. https://doi.org/10.1007/s40615-020-00887-4

and caring for their members. Churches have reached out to meet physical needs and provide social services for those suffering job losses, health issues, or economic hardship. Researchers in Michigan call churches the "unsung heroes of COVID-19,"[316] writing that "the most evident symbol of religious involvement in sustaining the health of Detroit citizens during the pandemic lies in the essential social services the churches are performing," particularly for the marginalized.[317]

Black churches in particular have been pioneers in actively and effectively reaching their parishioners and communities with life-saving health information and resources. For example, in the early stages of the pandemic, pastors of Black churches in the Bay Area of California partnered with public health officials and mental health providers to produce a series of video presentations which reached 951 churches with over 200,000 congregants. They reflected on their Covid-19 experiences, delivered spiritual support, and conveyed "accurate public and mental health information."[318] One of the most effective interventions Black churches are focusing on, however, is promoting COVID-19 vaccines from the pulpit and using the church as a hub for vaccination administration in underserved communities.

Although Black Americans were dying from COVID-19 at nearly triple the rate of white Americans in the first year of the pandemic, they were vaccinated at much lower rates in the first few months that vaccines were available. Not only were vaccines inequitably distributed, but many Black Americans also have significant vaccine hesitancy based on a historically

[316] Modell and Kardia, "Religion as a Health Promoter," 2251-2252.
[317] Modell and Kardia, "Religion as a Health Promoter," 2251.
[318] Floyd Thompkins Jr. et al., "A Culturally Specific Mental Health and Spirituality Approach for African Americans Facing the COVID-19 Pandemic," *Psychological Trauma: Theory, Research, Practice, and Policy* 12:5 (2020): 455. http://dx.doi.org/10.1037/tra0000841

founded distrust of American institutions and racism they continue to experience from the medical system.[319] In response to this, Black pastors and churches all across the country mobilized to promote vaccines. Many pastors led the way by getting a vaccine dose in front of their congregations, shared their vaccine experience from the pulpit, and preached about the virtues of vaccinations.[320] They also worked together with community organizations and government agencies to preregister congregants for vaccines, host clinics for the community,[321] and advocate for equal access and equitable vaccine distribution.[322] Large scale collaborative examples and partnerships between public and private organizations and Black church networks are evident all around the United States and documented in numerous academic and popular sources.

The good news is that these efforts appear to be effective. A study of 1200 people showed that Black individuals experienced significantly larger decreases in vaccine hesitancy between December 2020-April 2021 than their white counterparts.[323] A Pew Research survey in August 2021 found that for respondents categorized as Catholic, white Mainline, and Evangelical, frequent church attenders were only slightly more likely to be vaccinated than those who never went to church. However, the difference was dramatic when it came to members of historically Black Protestant traditions – 82% of those who attended church

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[319] Joseph P. Williams, "To Save Their Communities, Black Ministers Preach the Gospel About the COVID-19 Vaccine," *US News and World Report,* February 11, 2021, https://www.usnews.com/news/health-news/articles/2021-02-11/black-ministers-preach-the-vaccine-gospel-to-save-their-communities.
[320] Liam Stack, "'A Safe Space': Black Pastors Promote Vaccinations from the Pulpit," *The New York Times* (October 9, 2021), https://www.nytimes.com/2021/10/09/nyregion/covid-vaccinations-black-churches.html.
[321] Donna Hammond, "Vaccinated at church: Black churches address vaccine hesitancy," *The Christian Century,* April 21, 2001, https://www.christiancentury.org/article/features/black-churches-address-vaccine-hesitancy.
[322] Williams, "To Save Their Communities."
[323] Tasleem J. Padamsee et al., "Changes in COVID-19 Vaccine Hesitancy Among Black and White Individuals in the US," *JAMA Network Open* 5:1 (2022), doi.org/10.1001/jamanetworkopen.2021.44470

frequently were vaccinated, compared to only 60% of those who did not attend often.[324] Black Protestant respondents were also the group most likely (out of all denominations) to say that their clergy encouraged vaccination against Covid-19: a full 64% said that their pastors urged them to be vaccinated.[325] Recent statistics show that the racial disparity in vaccinations, hospitalizations, and deaths from COVID-19 is narrowing, and it seems clear that the efforts of Black churches and clergy have been instrumental to this outcome.

…the Bad and the Ugly

A study that examined popular social media postings about Covid-19 and religion found that most of the memes posted by churches actually affirmed protective behaviors such as social distancing. However, memes posted *about* Christianity or churches tended to suggest that churches were "hypocritical and selfish in their primary response to the pandemic," as well as "stern and problematically unchanging" in the face of worldwide disruption.[326] They found a discernable discrepancy: "a notable tension between how religious groups' beliefs align with an ethic of care for the other and the perceived reality that Christian responses actually run counter to this narrative."[327] This is borne out in a nationwide survey in which 52% of respondents said churches haven't made a difference in handling the pandemic, 25% say churches have been detrimental to public health, and only 22% think churches have done more good than harm.[328] Despite the many courageous and sacrificial actions Christians around the

[324] Stephanie Kramer, "In historically Black Protestant churches, regular attenders more likely to have received COVID-19 shot," *Pew Research Center* (October 15, 2021). https://tinyurl.com/ascab3d7
[325] Kramer, "Historically Black Protestant churches."
[326]Heidi A. Campbell and Zachary Sheldon, "Religious Responses to Social Distancing Revealed through Memes during the COVID-19 Pandemic," *Religions* 12:9 (2021): 12. https://doi.org/10.3390/rel12090787
[327] Campbell and Sheldon, "Religious Responses to Social Distancing," 14.
[328] Justin Nortey and Mike Lipka, "Most Americans Who Go to Religious Services Say They Would Trust Their Clergy's Advice on COVID-19 Vaccines," *Pew Research Center,* October 15, 2021.

United States are taking to live out a mission of healing, American churches are largely perceived as either ineffective or anti-life, anti-health, and anti-science. Even if this reputation is undeserved, it still stands in stark contrast to the witness of the early church in the time of plagues, which drew many to Christianity. If the American church wants to again become a community of healing, it is imperative to identify the factors that led to this popular narrative.

As mentioned above, balancing the benefits of worshipping in physical proximity versus canceling services or moving them online required nuanced thinking and decision making. Multiple issues were at stake, and all of them had a bearing on health and wholeness. Unfortunately, many churches and highly visible leaders associated with American Christianity disregarded the complexity of the issues and simply claimed that they had a God-ordained and constitutionally protected right to continue meeting together without restrictions. Their decision to publicly disregard public health guidelines not only spread the virus (both within and beyond their congregations); it also spread the narrative that Christians care more about their rights than the lives of the most vulnerable. A study that tracked fifteen million GPS devices over an eight-week time period at the beginning of the Covid-19 pandemic found that states with higher religiosity scores showed significantly more mobility as case rates rose and a smaller reduction in mobility after stay-at-home orders were instituted, suggesting that "religious states were more resistant to stay-at-home orders."[329] The study's authors speculated that not only were "religious populations and communities…especially likely to

https://www.pewresearch.org/religion/2021/10/15/most-americans-who-go-to-religious-services-say-they-would-trust-their-clergys-advice-on-covid-19-vaccines/

[329] Terrence D. Hill, Kelsey Gonzalez, and Amy M. Burdette, "The Blood of Christ Compels Them: State Religiosity and State Population Mobility During the Coronavirus (COVID-19) Pandemic," *Journal of Religion and Health* 59 (2020): 2240, https://doi.org/10.1007/s10943-020-01058-9.

acquire and spread the coronavirus," but that this faith-based resistance could "present an existential threat to society."[330] Indeed, churches are listed as the top source of COVID-19 super-spreader events around the world.[331] One of most tragic aspects of this is that instead of being a sanctuary and healing space for those who desperately need its support, the church has the reputation as a place of threat. Rachel Gillen, whose son is an immunosuppressed cancer survivor and whose church community refuses to wear masks when they attend, succinctly articulates this travesty: "'According to the teachings of Jesus, churches should be the safest places for the vulnerable to be,' she said. 'It hasn't been the case in the pandemic, and that's been hard.'"[332]

Prominent voices claiming to be Christian have also been at the forefront of a powerful anti-vaccine movement that leads directly to preventable COVID-19 deaths, periodically overwhelms our health care system, suppresses herd immunity, and encourages the virus' continued mutation. An international study examined data from 96 countries and showed that Christianity was the only religion negatively associated with vaccination rates after accounting for socio-economic and cultural factors.[333] In the United States, white evangelicals were (in May 2022) "among those with the lowest vaccination rates" in the United States.[334] Although only

[330] Hill, Gonzalez, and Burdette, "The Blood of Christ Compels Them," 2240.

[331] Dasha Majra, Jayme Benson, Jennifer Pitts, and Justin Stebbing, "SARS-CoV-2 (COVID-19) superspreader events," *Journal of Infection* 82 (2021), https://doi.org/10.1016/j.jinf.2020.11.021

[332] Rachel Gillen, quoted in Sarah Pulliam Bailey, "For many immunosuppressed, churches stopped being a safe place," *The Washington Post,* February 27, 2022, https://www.washingtonpost.com/religion/2022/02/27/immunocompromised-covid-church-high-risk/.

[333] Radosław Trepanowski and Dariusz Drażkowski, "Cross-National Comparison of Religion as a Predictor of COVID-19 Vaccination Rates," *Journal of Religion and Health* 61 (2022): 2204. doi.org/10.1007/s10943-022-01569-7

[334] Grace Sparks et al., "KFF COVID-19 Vaccine Monitor: April 2022," *KFF*, Kaiser Family Foundation, May 16, 2022. https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-april-2022/

4% of evangelical Protestants surveyed said that their clergy discouraged them from getting a vaccine, just 21% received encouragement from their leaders to protect themselves and others in this way.[335] Even when they saw people die from COVID-19, white evangelical Christians remained entrenched in their anti-vaccination beliefs, so much so that religion has "emerged as a key fissure between those who will get the shot and those who refuse," and the refusal rate of white evangelicals is among the highest of any demographic group.[336]

One study that helps to explain this refusal took Christian nationalism into account (measured by agreement with statements such as "The federal government should advocate Christian values") in reviewing faith-based responses to the pandemic.[337] Researchers found that although Christian nationalism strongly correlated with "incautious behavior"[338] that spread COVID-19, religious commitment without Christian nationalism was actually "the strongest positive predictor of precautionary behavior."[339] In other words, a high level of religious commitment, when untainted by Christian nationalism, was powerfully associated with health-promoting actions that protected the most vulnerable. This study is hopeful because it suggests that Christian faith itself, when it resists infection by nationalism, retains at least some of its historic mission to seek and offer *shalom* during plagues and pandemics. The study also identifies Christian nationalism as a significant health threat that must be named and

[335] Nortey and Lipka, "Most Americans…Would Trust Their Clergy's Advice."
[336] Levi Pulkkinen, "White Evangelical Churches and the Crisis of Vaccine Hesitancy," *US News and World Report,* August 10, 2021, https://www.usnews.com/news/health-news/articles/2021-08-10/white-evangelical-churches-and-the-crisis-of-vaccine-hesitancy.
[337] Samuel L. Perry, Joshua B. Grubbs, and Andrew L. Whitehead, "Culture Wars and COVID-19 Conduct: Christian Nationalism, Religiosity, and Americans' Behavior During the Coronavirus Pandemic," *Journal for the Scientific Study of Religion* 59 (3): 2020, 409. https://doi.org/10.1111/jssr.12677
[338] Perry, Grubbs, and Whitehead, "Culture Wars and COVID-19 Conduct," 413.
[339] Perry, Grubbs, and Whitehead, "Culture Wars and COVID-19 Conduct," 414.

actively repudiated if the American church hopes to reclaim its reputation as a community of healing.

A Kairos Moment

A crucible is a container in which substances are brought to such a high temperature that they can be purified or interact to become something new. I believe that this pandemic is a crucible for the American church. It is painful, and there is real loss and real suffering. But there is also an opportunity for profound transformation. In their paper describing pastors' COVID-19 experiences, researchers from Duke University suggest viewing the pandemic as an "unsettled cultural period," a *kairos* moment that compels church leaders to "reconsider the status quo, and, if necessary, develop new strategies for action (new means)" and even "rethink the [fundamental] meaning of worship, ministry, or the Church (new ends)."[340]

The 26 pastors they interviewed spoke about the overwhelming, disorienting ambiguity of the pandemic and the ways in which they were sought out as "an authoritative voice on how to safely negotiate the health risks of COVID-19," something "far outside of their training or the traditional conception of the pastoral role." As they pursued new strategies for worship and pastoral care, they were forced to outsource some of their own responsibilities to congregants, realizing they couldn't do everything alone. They realized that "lay people *should* be actively engaged in creating and maintaining a sense of community. This revelation was the one silver lining mentioned by pastors in relation to pastoral care." As church facilities shut down, pastors and congregants alike remembered that the church was not the building, but the people that compose its body. These closures helped them rethink the purpose of the church and become

[340] Johnston et al., "Pastoral Ministry in Unsettled Times."

more outward focused.[341] All these challenges and changes have the capacity to help the church reclaim its health and healing mission, in which each member participates. COVID-19 has shaken and displaced us, but it has also uncovered how important it is for church leaders to both lead their congregations effectively in making health-promoting decisions and choices (which require that they understand the issues well), and to reach out with an effective healing witness and ministry to a world that needs it. In my final chapter, I will outline the competencies and knowledge that can prepare Christian leaders to shepherd their churches into communities of health and healing, and propose a seminary class that invites students to learn and practice those skills together.

[341] Johnston et al., "Pastoral Ministry in Unsettled Times."

CHAPTER 5: LEADING CHURCHES INTO HEALTH AND HEALING: COURSE OVERVIEW

The COVID-19 pandemic revealed, with brutal clarity, that churches are inescapably involved in the health and well-being of their community. It also uncovered (and deepened) the profound inequities in our country, our corporate reluctance to value and promote the health of our neighbors, and the bitter, health-destroying fruit of ideologies like Christian nationalism. Finally, the pandemic has been a disrupting, disorienting, and displacing experience for every single person, as well as for churches as institutions. Services were shifted online, ministry was reevaluated, and the roles of pastors changed. Churches struggled to meet their budgets, buildings closed, members left, and many of those who remain are exhausted and languishing.

Even though we have much to lament, I believe that the revelation and disruption we've experienced has brought us to a *kairos* moment in which the church can recover its original healing mission and once again proclaim good news to the poor and the oppressed. We stand at a crucial point in history in which we must discover anew what it means to be sent as Jesus was sent (John 20:21), stewards of his healing salvation that radically challenges the status quo and restores that which is broken. I believe that the journey of reconciliation, to which all Christians are called, begins with experiences of disruption and displacement such as the one we find ourselves in. However, it also requires us to voluntarily remain in the crucible of displacement, allowing ourselves to be transformed and then participating, with God and others, in establishing *shalom* and healing broken people, relationships, systems, and creation. Although we have not chosen the displacement we're experiencing, we can choose to linger in it, listening for Jesus' voice and intentionally choosing to learn, change, and grow as leaders who have the knowledge and skills to shepherd a healthy and healing body of Christ.

Chapter four's case studies point to the significant influence of church leaders (for good and for ill) when it comes to the health beliefs and behaviors of their congregation, as well as the importance of their vision and guidance. Many church members look to their pastors when making health decisions (61% of US adults who attend church at least monthly said that they have at least "a fair amount" of confidence in their pastors as a source of guidance about the COVID-19 vaccine,[342]) and pastors made a significant difference in guiding their congregants either towards or away from health promoting actions during the pandemic. Pastoral influence and participation also seem to be key to sustainable health ministry in churches, as MOH's lay health ministers attest.

Unfortunately, most seminary programs do not prepare Christian leaders to become public health interpreters or intentionally lead their churches in health and healing. Although the Association of Theological Schools (ATS) requires that degree programs train students to engage "cultural and social issues" and cultivate "capacities for leading in ecclesial…and public contexts,"[343] there are no specific references to health or healing in any of their accreditation documents. None of the seminaries accredited by the ATS appear to require a health and healing-focused class for their Masters of Divinity degree, and only a few seem to offer such a class as an elective.[344] A standard seminary curriculum does not provide the skills and knowledge to equip pastors for this *kairos* moment. There is a clear opening and need for a

[342] Nortey and Lipka, "Most Americans…say they would trust their clergy."
[343] ATS (The Association of Theological Schools), *2020 Standards of Accreditation*, The Commission on Accrediting, June 2020, https://www.ats.edu/files/galleries/standards-of-accreditation.pdf.
[344] Seminary websites were accessed from the ATS database (https://www.ats.edu/Find-a-School). I explored the 2021-2022 catalogs and MDiv requirements for seventy accredited theological schools, and found that none of them required a health and healing class for a theological degree, and only three schools offered an elective that addressed the theology or practice of health and healing.

class that will help Christian leaders recover a vision of the church as a community of health and healing and prepare them to lead churches into this vision.

The good news is that because health and healing is so intertwined with the church's central identity and mission and the witness of Scripture, the subject of health is not absent from seminary classes, even when they don't name it as a focus or an issue. Just as congregations naturally and unconsciously engage in work that promotes health, seminary classes which teach and discuss spiritual, emotional and relational wholeness, as well as issues of justice and racism that disrupt the health of individuals and communities, address important determinants of health and prepare leaders to shepherd communities of healing. What is missing is a theology, framework, and vision for church-based health and healing with which to integrate relevant resources and skills from other sources and classes. There are specific skills and competencies that can equip leaders to make educated health-promoting decisions and respond well to the *kairos* moment this pandemic has led us to.

In the remainder of this paper, I will describe a graduate-level seminary class that provides Christian leaders with the knowledge, skills, and competencies they need to respond well to health crises (such as COVID-19) and to shepherd their churches into becoming communities of holistic health and healing. This class is designed to provide two to three credit hours and meet for 2 ½ hour sessions, once a week, for 11 weeks (a typical university quarter system). As a Seattle Pacific Seminary student, I pictured my own academic and institutional context as I mapped out this class. However, it could easily be adapted to other contexts. *[See Appendix B for an outline of class sessions and weekly topics.]*

Weeks 1 & 2: A Foundation of Health

Like the Scriptures themselves, a seminary class on health and healing should begin with a focus on health rather than brokenness. During the first two weeks of class, students will explore a theology of health and healing, examine Western and non-Western conceptions of health, and begin to develop their own personal definitions of health. Students will be encouraged to share and learn from each other's experiences and backgrounds, as well as listening to and reading voices that come from non-Western contexts. Finally, they will gain an overview of the church's history as a community of health and healing (and its diversity of expressions) and cultivate a vision for the church's unique healing gifts and how they can be deployed in the world. These first two class sessions will cover much of the material from Chapters 1-3 of this paper.

Week 3: Looking intently (and looking together)

The first thing Peter and John did when a crippled man asked them for money at the temple entrance was to both look intently at him (Acts 3). They were able to see not just his presenting need, but his deeper need for healing. As the church seeks to becoming a community of health and healing, it is imperative that we learn to look intently – not only at the health needs around us, but at the people embodying those needs, in their full context. Week 3 will focus on how to exegete a community and its health needs.

Learning to look intently and see well doesn't just mean identifying relevant health issues that the church should address. It also means describing and understanding the context in which those health needs occur and identifying and affirming strengths and resources already present. Most of all, it means an intentional, shared *process* of seeing well, one which

involves and empowers everybody concerned. Many externally-funded health partnerships with Black churches do very little assessment of the actual health needs in the communities they target,[345] and church members become weary and distrustful when they are reduced to being the object of health programs: "as Black people, we've been researched and researched and researched," remarked Reverend Lavery, "and people just get tired of it."[346] It is imperative that the members of a community are active participants in identifying their own health assets and issues and then deciding what to do about them.[347] Community-based participatory research (CBPR) is one way to do this.

CBPR is a "research tradition that is unique in its community engagement, inclusion of participants throughout the methodology process, and call to empower and advocate with underserved communities in particular."[348] It transforms community exegesis into a collaborative process that involves members at every stage and pays attention to issues of power and inequality. As members of Christ's body, "we cannot heal in isolation,"[349] and CBPR is one useful and practical method that can help a community mobilize its gifts and resources to meet the health needs they identify together. Although one class session is not sufficient for a complete training in CBPR, providing an overview and rationale of this process and then offering case studies throughout the course can help Christian leaders approach needs

[345] Su et al., "Assessing Health Needs," 1181.
[346] Susan Markens, Sarah A. Fox, Bonnie Taub, and Mary Lou Gilbert, "Role of Black Churches in Health Promotion Programs: Lessons from the Los Angeles Mammography Promotion in Churches Program," *American Journal of Public Health* 92:5 (2002): 809. doi.org/10.2105/AJPH.92.5.805
[347] Fountain, *Health, the Bible, and the Church,* 203.
[348] Janeé R. Avent Harris, "Community-Based Participatory Research with Black Churches," *Counseling and Values* 66 (April 2021): 4. doi.org/10.1002/cvj.12141
[349] E. Anthony Allen, "Healers in Healing Community," in *Health, Healing, and Transformation,* ed. by Allen et al., 31.

assessments and church programs in a new way, one that includes and empowers community members as equal partners from the outset. Students will also be encouraged to collaborate with each other throughout the class, learning together in an environment of mutual empowerment.

Week 4: Introducing the Socio-Ecological Model (SEM)/Individual Level

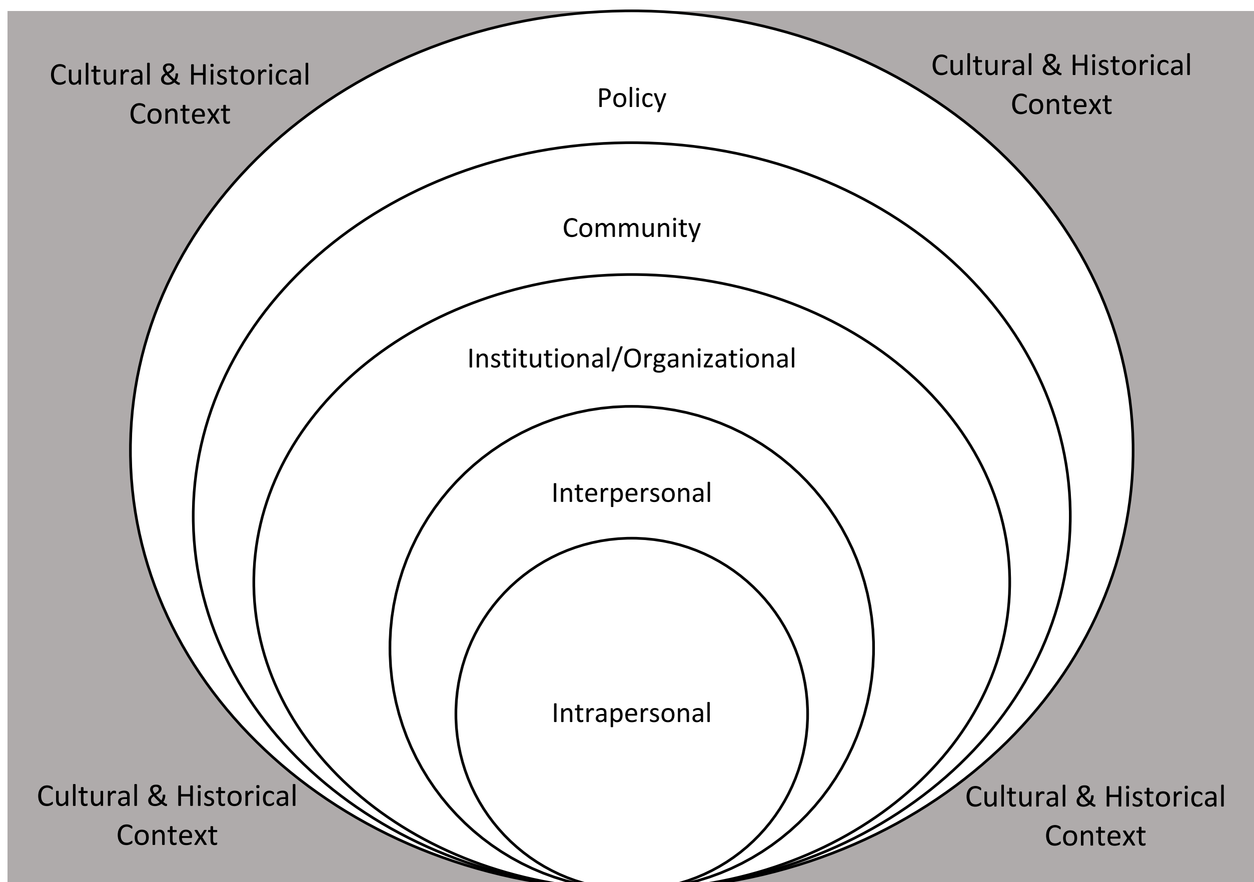
Western models of health and healing tend to be reductionistic, separating physical health from spiritual and emotional health and prioritizing the former. However, even when we hold a holistic and integrated view of health, we still limit our understanding by centering individuals and their personal beliefs, behaviors, and relationships as the focus of health and healing outreach. To reduce diabetes rates, for example, we promote exercise and healthy eating. If the health issue is STDs, we teach safe sex, abstinence, and/or healthy relationship skills. We advocate for diagnosis, therapy, prayer, social support, and appropriate medication to address depression. While all of these behaviors are undeniably important, they don't occur in a vacuum, and they only scratch the surface when it comes to the determinants of health and disease. Health "includes a rich…web of extended relationships – to others (including those in the past upon whose contributions our lives rest), to the *polis* or social ordering of life with others, and to the earth that sustains,"[350] and we must be "acutely attentive to the complex whole in which the individual body lives, moves, and has its being, always greater than the sum of its parts, and always intentionally relational."[351] Each health issue has multiple causes, from individual choices to institutional policies, and there are many points we could choose to focus

[350] Gunderson and Cochrane, *Religion and the Health of the Public,* 93.
[351] Gunderson and Cochrane, *Religion and the Health of the Public,* 96.

on in order to bring health and healing. The most effective health and healing interventions begin with a nuanced and multilevel understanding of the target issue and employ an integrated approach that doesn't simply focus on one isolated individual behavior or belief.

The socio-ecological model (SEM) is a simple framework that allows a health issue to be seen and examined in context – as "affected by, and effecting, multiple levels of influence."[352] It identifies five nested layers of analysis, from the individual ("intrapersonal") to public policy, with the understanding that each of those levels relate to and impact the others. Levels closer to the center of the model are affected by the levels surrounding them.

Figure 5.1 Socio-Ecological Model (based on McLeroy et al., "An Ecological Perspective")



[352] Kenneth R. McLeroy, Daniel Bibeau, Allan Steckler, and Karen Glanz, "An Ecological Perspective on Health Promotion Programs," *Health Education Quarterly* 15:4 (Winter 1988): 354.

For example, a personal decision to wear a facemask when you go out in public could be impacted by your individual beliefs about and experiences with masks (intrapersonal); whether or not your spouse thinks you should wear one (interpersonal level); whether masks are encouraged in your church or place of work (institutional/organizational level); their availability in your neighborhood stores (community); and the presence (and enforcement) of a local, state, or national policy requiring mask wearing. All of these levels are embedded in a historical and cultural context which includes beliefs about personal rights versus the greater good, as well as who you should listen to and trust (or distrust). These are just a few of the many determinants of mask-wearing, and an intervention to increase compliance could target any of those levels (or more than one).

The health and healing class I propose will spend six weeks examining contemporary health issues (such as COVID-19) at the differing levels of the SEM. Students will come to understand how issues and factors at each level impact health and well-being, as well as how the church could deploy its strengths to intervene at multiple levels. Each student will choose one health issue that they are passionate about and analyze it at each level of the SEM as the class progresses, with the goal of not only understanding it deeply, but also constructing a vision of where and how the church can intervene to bring *shalom* and restoration.

Class instruction on the intrapersonal level of the SEM will include an overview of how health beliefs and behaviors interact, as well as what kinds of interventions have been shown to be effective at bringing about positive behavior change. It will also introduce empowerment education, a method of health education pioneered by Paulo Friere that centers around praxis and participation and links personal empowerment to health. Finally, it will include a spotlight

on trauma and ACE scores (a tally that roughly quantifies childhood experiences of abuse, neglect, and toxic stress), since current research suggests these are strongly associated with health risks, behaviors, and beliefs. I believe that the church has powerful healing gifts to offer in response to the brokenness of trauma, but it is imperative that we understand and listen to the growing body of research in this area.

Week 5: Interlude for Epidemiology 101 (What is Evidence-Based Health?)

One of the most useful skills I learned while earning my MPH was how to understand and evaluate medical research by looking at studies themselves rather than simply reading articles about them. There are key components to scientific research, such as study type (experimental or observational), sample size and method, randomization, blinding, funding sources, and statistical measures and analysis that can make a huge different in how important and generalizable results are. In other words, if you know what kinds of things make a health research study strong and valid and applicable to those beyond study participants, you can decide whether it has any relevance to your own context and if it’s important to pay attention to its recommendations. These basic epidemiological skills can be taught, learned, and practiced in a short amount of time (they can even be fun to practice together), but they have outsize usefulness in empowering leaders. Often, church members will mention health recommendations they’ve read or heard about and want to know the pastor’s views, and knowing how to read and interpret studies (as well as how to explain them in layperson terms) allows leaders to respond with clarity and confidence. This is one of the key skills that pastors found they needed (and lacked) during the COVID-19 pandemic.

Week 6: SEM Interpersonal Level

Our individual health beliefs and behaviors are strongly influenced by our relationships with others, and the quality of those relationships themselves can have a huge impact on our holistic health. This class session will provide an overview of how relationships impact health. It will include a discussion on social networks, since these have dramatically risen in importance over the last decade, as well as describing church health models that train lay health advisors/ ministers. Finally, this class will include a spotlight on abuse in relationships, an issue that churches have historically ignored or mismanaged, protecting abusers instead of victims. Churches must become places in which abuse can be safely brought to light, where the vulnerable are honored and safe, and where victims are respected and empowered and healed.

Week 7: SEM Organizational/Institutional Level

Organizations and institutions include schools, workplaces, local providers, faith-based and community organizations, and the media. For many of us, the impact of institutions on our own health began with our mother's first prenatal care visit (or lack thereof), and they continue to affect our health daily. It is important to know which organizations and institutions a particular community utilizes, as well as how those institutions promote or threaten health. This means not only knowing the important organizations in a community, but also assessing the identities of institutional providers and understanding organizational culture. Do service providers match the identities of the communities they serve? Do they speak the same language and share the same cultural background? What are the health implications of the answers to these questions?

The church itself is an institution, and it is important to know what a healthy church looks like and honestly assess the health of our own churches.[353] It is also vital for the church to partner with community organizations. In an in-depth study of churches that had health ministries, pastors "expressed a need to work with community partners and receive hands-on training,"[354] and those who "had little to no health awareness exposure in their church felt that partnering with affiliated churches that have health-related programs and activities would lay a strong foundation for community fellowship."[355] Pastor José Humphreys envisions churches "sustaining a web of health,"[356] bringing together and integrating community partners in the work of *shalom.* This class session will examine the importance (and possible pitfalls) of organizational partnership.

Week 8: SEM Community Level

A community institution may have a committed, culturally sensitive staff and abundant resources for fostering holistic health. However, if the community members who most need those services cannot access them, much of their health promoting potential remains dormant. This is just one example of a community-level determinant of health. The community level of the SEM includes a focus on the natural and the built environment of a particular geographic community. It includes issues like the quality of air and water, public and sanitation services, transportation options, safety, the availability of parks and recreation and healthy food, and the

[353] Scott McKnight and Laura Barringer's book, *A Church Called Tov* (Carol Stream, IL: Tyndale Momentum, 2020), provides an insightful and practical description of a church that "resists abuses of power and promotes healing."
[354] Latiena F. Williams and Lakeshia Cousin, "'A Charge to Keep I Have': Black Pastors' Perceptions of Their Influence on Health Behaviors and Outcomes in Their Churches and Communities," *Journal of Religion and Health* 60 (2021):1077. doi.org/10.1007/s10943-021-01190-0
[355] Williams and Cousin, "'A Charge to Keep,'" 1079.
[356] Humphreys, *Seeing Jesus,* 211.

accessibility of facilities and services. This class session will include a focus on how geography impacts health and an overview of how to map out health inequalities.

Week 9: SEM Policy Level

A team of scholars recently reviewed 29 published descriptions of health interventions in Black churches. They made a list of all of the factors (as identified in the literature) that either helped or hindered the effectiveness of the health programs, then categorized them using the SEM.[357] They found that almost all of the determinants of health identified in the literature came from the inner two circles of the SEM: the intrapersonal and interpersonal. There were a handful of institutional and community factors identified, but "none of the published articles identified policy as a facilitator or barrier in impacting a health program, health promotion activity, and a church's readiness to conduct health programs."[358] This does not mean that health ministries in Black churches are unaffected by policies. Instead, it represents a substantial and significant gap in the literature and in church-based health promotion programs, particularly since policy has had such a severe impact on the health status of African Americans and continuing disparity in health outcomes.

The powerful and emotional national reaction to well-publicized policies such as mask and vaccination mandates or abortion restrictions shows that as the public, we understand the impact they have on our health. What we don't always grasp, however, is that it's not just health-focused policies that affect our well-being. All public policies and laws, from

[357] Eduardo Gandara et al., "Facilitators and Barriers When Conducting Adult Health Programs Within the African American Church: A Systemic Review," *Journal of Religion and Health* (14 February 2022), doi.org/10.1007/s10943-022-01532-6.
[358] Gandara et al., "Facilitators and Barriers," 17.

environmental guidelines to prison reform to bank lending practices, impact every single level of the SEM, and changing a policy can be one of the most effective and wide-reaching ways to make a difference in the health of an entire community.

Policy is the level of the SEM at which justice and health most clearly interconnect, since policies legislate and institutionalize justice (and injustice). Many national, state, and local policies in this nation continue to reflect and perpetrate the systemic racism which pervades our history and society. Churches cannot fully engage in their health and healing mission without understanding policies and engaging in justice and reconciliation work: "Christians should proclaim 'health justice' as part of the gospel. This action and proclamation will be in the context of given socio-political forms of oppression which need to be identified, repudiated, and exposed as being against God's law."[359] José Humphreys writes that "justice and healing [are not] mutually exclusive but go hand-in-hand,"[360] and "church services will be most healing when they engage both personal and social ruptures."[361] This class session will identify policies specifically connect to students' chosen health issues, as well as how to communicate the importance of those policies to church members and advocate together for change and justice.

Week 10: Cultural & Historical Context

Although the original SEM developed by McLeroy et al. did not include cultural and historical context, I believe that it is an important addition because it permeates every single level. Cultural and historical context includes the systemic racism and misogyny that we unconsciously breathe, ideologies such as Christian nationalism, and our "American" values of

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[359] Allen, "Healers in Healing Community," in *Health, Healing, & Transformation,* ed. Allen et al., 33.
[360] Humphreys, *Seeing Jesus,* 190-191.
[361] Humphreys, *Seeing Jesus,* 186.

individual rights, freedom, self-sufficiency, and democracy. It also includes the cultural values and backgrounds of specific ethnic communities.

Values and culture interact with history on a profound level. At the very least, healers must understand the impact that our nation's history of slavery continues to have on us today. However, there are other historical memories that deeply impact trust and access to care, and knowing and understanding them is imperative for pastors who wish to do health ministry well. These stories include the US-government sponsored Tuskegee syphilis study (in which Black men were deliberately denied effective treatment for syphilis so that their suffering and death could be documented in detail); Henrietta Mears (a Black woman whose cancer cells were harvested without her knowledge or consent and continue to be the source of one of the most important immortalized cell lines in medical research); the tens of thousands of women (mostly minorities, immigrants, poor people, and women with disabilities) who were forcibly sterilized in the 20th century;[362] and the compulsory boarding school institutionalization of generations of Native American children. It's important to understand how these very real injustices make it difficult to trust the goodwill or outreach of particular institutions, as well as how historical trauma may be passed down through generations and manifest in physical health symptoms or diseases in the present (although research on this remains inconclusive).[363]

Week 11: Student Presentations

In the final class, students will give short presentations on their chosen health issue. They will describe not only its possible causes (using the different levels of the SEM as a

[362] Alexandra Minna Stern, "Forced sterilization policies in the US targeted minorities and those with disabilities," *Institute for Healthcare Policy & Innovation,* University of Michigan, Sept. 23, 2020, https://tinyurl.com/4twcszyj.
[363] Rowe, *Healing Racial Trauma,* 12.

framework), but also share how the church could mobilize its resources to reach out with health, healing, restoration on multiple levels. Students will prepare handouts for each other and every class member will leave with specific insights, resources, and skills that can prepare them to lead a church or organization in addressing a variety of health issues.

Conclusion

There is an urgency to the present moment. The pandemic has uncovered and intensified our brokenness as individuals, families, and communities. The American church, too, has been revealed as profoundly broken and in need of healing and transformation. May we choose to linger in our displacement and allow our healing God, Yahweh-*rôpē'*, to renew us. Like Jesus' earliest followers, may we be [re]formed into a diverse "circle of people who have been healed"[364] by him. And finally, may we accept the commission of being sent as Jesus was sent, empowered by the Spirit to participate together in restoring *shalom* and healing broken people, relationships, systems, and creation.

[364] Harnack, *The Expansion of Christianity,* 122.

APPENDIX A: CONDENSED THEOLOGY OF HEALTH AND HEALING

1. The well-being of our bodies matters because God created us as embodied creatures in God's own image and said we are good, and Jesus' incarnation emphatically affirms our essential embodied worth. We are called to be unapologetically appreciative and protective of the goodness and particularity of each human body.
2. Genesis 1-2 paints a picture of holistic health in its portrayal of the embodied life God intends for all humanity: good, whole, interdependent, and flourishing in a state of *shalom,* in harmony with God and all creation*.*
3. Adam and Eve's choice to act independently from God's intentions ruptured relationships of *shalom* and introduced pain, suffering, injustice, and brokenness into every part of creation. Sickness and suffering are a departure from God's intent for us and for creation.
4. God responds with healing and restoration to the brokenness of humanity and creation. Sickness and suffering are not meant to be endured, but to be protested and lamented, because God hears and acts.
5. Although God alone heals, we have agency in our own health. We participate in God's healing when we live out God's righteousness and justice and act with wisdom.
6. In his incarnate life, ministry, death, and resurrection, Jesus embodied and enacted healing and salvation and freely offers it to us.
7. The church is also called to be a community of holistic healing for its members, in which human suffering (individual and corporate) is acknowledged, shared, lamented, alleviated, and brought to God for healing.
8. As Jesus' disciples, gathered as the church, we called to be apostles of healing. We are sent as Jesus was sent, to heal in the same way that Jesus healed.
9. Healing is holistic, interdisciplinary, participatory, and community-centered, oriented towards repairing broken bodies, broken relationships, broken systems, and broken creation so that the *shalom* of Genesis 1-2 might be restored.

APPENDIX B: PROPOSED COURSE OUTLINE FOR *HEALTH, HEALING, AND THE CHURCH*

Seminary graduate-level class, 2-3 credit hours
11-week quarter, class meets 1x/week for 2 ½ hours

Week	Topic	Description
1	What is health?	Theology of health Western & non-Western views of health
2	The church & health	History of the church & health Health-promoting strengths & assets of churches The church's mission of health
3	Looking intently: Where is health present? Where is health lacking? What's your context?	Assessing health needs & church strengths/assets Exegeting a community Participatory, empowerment-based assessment methods *[Students choose health issue to focus on]*
4	What's at the root? Socio-Ecological Model (SEM) SEM: Intrapersonal level	Introduce Socio-Ecological Model (SEM) as a tool to identify determinants of health Individual-level health beliefs, behaviors & interventions • Spotlight on individual trauma & ACE scores • Empowerment education
5	Interlude: Epidemiology 101	What is "evidence-based" health? • How to evaluate health "evidence," process health information, and make educated decisions • Correlation vs. causation • How to communicate health information clearly
6	SEM: Interpersonal level	Social & interpersonal determinants of health • Relationships & health • Social networks • Spotlight on abuse • Lay health advisors/ministers
7	SEM: Organizational/ Institutional level	How organizations & institutions affect health (i.e. schools, faith-based & community organizations, workplaces, local police force, media) • The church as an institution (church health) • Spotlight on partnering with organizations
8	SEM: Community level	How do communities affect health? • Natural & built environment • Access issues • Spotlight on mapping health inequities
9	SEM: Policy level	How local, state, & national laws & policies affect health
10	SEM: Cultural & historical context	Cultural & historical determinants of health • Spotlight on racial & historical trauma
11	Presentations	Students present final projects *[chosen health issue analyzed at all levels of SEM, with vision mapped out of where/how the church can intervene to bring health]*

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