

CHURCH IN HEALTH SERVICE

Introduction

Health services include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health. They include personal and non-personal health services. Health services are the most visible functions of any health system, both to users and the general public. Service provision refers to the way inputs such as money, staff, equipment and drugs are combined to allow the delivery of health interventions.¹

In the late 19th and early 20th centuries, church-based hospitals were founded all over the world, frequently growing to major institutions with thousands of co-workers. For many people, Christianity and hospitals became almost identical, particularly in the former colonies where mission hospitals frequently constituted the back-bone of diaconal work of the new churches. Although mission hospitals could never cover the entire population, they were an essential element of the healthcare sector in most regions of the world, particularly in Sub-Saharan Africa and Asia.²

However, the concept of medical-mission-based big hospitals where “white doctors” provided western medicine was challenged. The healing ministry of the church covers all dimensions of human existence: body, soul, and spirit. Thus, Christians are called to holistic healthcare as an essential of their faith. Consequently, Christians have almost always been engaged in healing, caring for the sick, and establishing institutions of charity for the poor and needy. This paper discusses what health services entails and the existence of the church in the health services.

What is Health Service?

Health service is the maintenance or improvement of health via the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in human beings. Healthcare is delivered by health professionals (providers or practitioners) in allied health professions, chiropractic,

¹Morrissey Michael, *Health is Wealth: The Response of the Church to Health Care Services* (Chicago: Harper Intl, 2008), 12.

²John Hopkins, *Patients Care in the Church: More to the Ministry* (NY: H and R Publishers, 1999), 34.

physicians, physician associates, dentistry, midwifery, nursing, medicine, optometry, pharmacy, psychology, and other health professions. It includes the work done in providing primary care, secondary care, and tertiary care, as well as in public health.³

Access to health service varies across countries, groups, and individuals, largely influenced by social and economic conditions as well as the health policies in place. Countries and jurisdictions have different policies and plans in relation to the personal and population-based health care goals within their societies.⁴ Healthcare systems are organizations established to meet the health needs of target populations. Their exact configuration varies between national and sub national entities. In some countries and jurisdictions, healthcare planning is distributed among market participants, whereas in others, planning occurs more centrally among governments or other coordinating bodies.⁵

In all cases, according to the World Health Organization (WHO), a well-functioning healthcare system requires a robust financing mechanism; a well-trained and adequately-paid workforce; reliable information on which to base decisions and policies; and well maintained health facilities and logistics to deliver quality medicines and technologies.⁶ Healthcare can contribute to a significant part of a country's economy.

The Need for a Health Ministry

It was observed that; “Today many Americans die and are disabled from health conditions that are greatly impacted by lifestyle behaviors. In fact, 54% of our health status is a result of lifestyle choices. These conditions might be prevented or better managed if we 1) knew the risks associated with many health problems, 2) believed that healthy activities could be beneficial, and 3) could receive appropriate health care services and resources.”⁷ Lifestyle changes that can improve the quality of life have been identified as engaging in consistent moderate exercise; cessation from smoking and other addictions; consuming a

³Cambria Anderson, *The Health of the People in the Yesteryears: African-Americans Churches* (Downer Grooves: Hillary Calving, 1999), 56.

⁴ John Hopkins, 37.

⁵Ibid, 57.

⁶Dorothy Kamaker, *The Health of Everyone in the Sight of Vices: A Christian Approach* (Geneva: Queen and Princes Publishing Company, 1991), 126.

⁷Ibid, 127.

diet high in fiber, and low in fat and cholesterol; increasing social support; and actively managing stress.⁸

Today, several of the leading causes of death - Heart Disease, Cancers, Strokes, Injuries, Chronic Lung Disease, Pneumonia/Influenza, Diabetes, Suicide, HIV/AIDS, Homicide, Liver Disease—are considered "lifestyle" diseases because they could be reduced through common sense changes in lifestyle. Oftentimes we speculate on or presume to know the causes of these "lifestyle" diseases and disabilities from specific behaviors exhibited by the individual at risk. For example, the person who suffers a heart attack might consume a diet high in saturated fat, engage in little or no exercise and might smoke. The person involved in a motor vehicle accident might have been speeding or consuming alcohol. Perhaps the person was not wearing a seatbelt. These are examples of things that we observe and speculate on and, when a family member, loved one or friend whose death, disease, disability is caused by a specific behavioral action, we discuss and share with one another our own need to "do better" or admit that we "need to make some changes." Sadly, the time for making needed changes in our own lives gets pushed on the back burner until a crisis hits.

And then there are those diseases that often go undetected until it is too late—sadness, loneliness, hopelessness, helplessness, lovelessness, insecurities, personal guilt and persecution, abandonment, discouragement, low self-esteem and image, stress, depression, and a broken heart (to name a few). These are symptoms of pending disability and serious health change if they continue to go undetected. These are the diseases that we often cannot readily observe. They are masked. People are masking these emotions because they fear rejection if anyone really knew what they were going through if anyone knew the "real deal."⁹

It is in the context of these often "undetected" diseases that the emotional, mental and spiritual dimensions of health must further emerge. It is in these three dimensions that the church must take the lead role. For many, health is narrowly defined and specifically targeted to one dimension—the physical. Health consists of five dimensions - physical, social, emotional, mental, and spiritual. An

⁸Timothy Dolan, *The Health Care of the People in the Church* (Maryland, NY: Evergreen Press, 2000), 345.

⁹Roy Porter; *The Greatest Benefit to Mankind - a Medical History of Humanity from Antiquity to the Present* (Michigan: Harper Collins, 1997), 60.

individual is considered healthy when all of these dimensions are working together in harmony.¹⁰ Because healing does not necessarily mean curing (as we tend to think), a Health Ministry in a congregation involves emotional, mental and spiritual healing which can occur during illness even when curing of the disease is not present. Galatians 5:15 reminds us to "Love our neighbors, as ourselves."¹¹

As Christians, we are called to love as Jesus Christ has loved. We are called to service, as Jesus Christ served. We have the responsibility to minister to those in need. In the parable of the sheep and the goats (Matthew 25:37-40) Jesus invites the righteous (the sheep) to receive their inheritance by entering the kingdom which has been prepared for them because of their faithful service and unselfish, compassionate giving. ("I tell you the truth, whatever you did for one of the least of these brothers of mine, you did it for me"). We should strive to be sheep.

The Church in Health Services

Can the church make a difference in reducing disability and death? The church today still represents a natural point of reference for many communities. It is because it is a natural reference point that focusing health promotion and disease prevention activities should be given careful thought. On this, Henze opined that, "we are finding that all the 'expert and expensive health care solutions' still do not guarantee better health outcomes and quality of life. It may be that to mobilize, educate, and coordinate resources through congregation works better."¹²

It is not a new idea for churches to develop health programs whose purpose is to have an impact upon the most significant health risks and crippling health conditions in congregations. However, it is an increasingly important one as health care funding and services gradually shrink. Local churches can help address the need for more appropriate and accessible health care services and the inadequacy of our health care system.¹³ In addition, the local church can

¹⁰ Peter Carry, *The Role of the Church in the Health Services in the Time Past* (Canada: Joggle Up Press, 2009), 126.

¹¹ Moberg D. "Spiritual well-being of the dying" In: Lesnoff-Caravaglia G, (ed.) *Aging and the Human Condition*. (New York: Human Science Press, 1982), 96.

¹²Daniel Henze, http://www.ucc.org/justice_health_why-a-health-ministry (Accessed on 28/03/17).

¹³Ibid.

bring a holistic perspective to an understanding of health as being in harmony with self, others, the environment, and God. Health is a continuum of physical, social, psychological, and spiritual well-being.

Today, social service and social action are seen as integral and complementary forms of ministry. Church-related social services and institutions serve many needs. Church-related social action and policy formation cover a wide range of contemporary issues which include: urban life, poverty, housing, health care, family life, women's issues, child care, aging, hospice, racial and ethnic concerns, needs of handicapped persons, peace, and refugees and immigration.

As both social services and social action ministries remain faithful to God's vision of shalom, they will respond to the changing needs and new possibilities among people and within society, working always toward liberation from life's bondage and reconciliation of the alienated. The development of health ministries within the congregation helps focus the members' awareness on the essential Christian ministry of health and healing.

When health ministries are an essential part of congregational life, the members:

- a) Find opportunities to volunteer their help to those who are in the hospital, or those who are home bound or living in residential care centers;
- b) Have the opportunity to learn about wellness and disease prevention. Healthy lifestyle choices are promoted through seminar and workshops, giving information in such areas as exercise, nutrition and handling stress;
- c) Through health screening, make early detection and treatment possible; and
- d) Provide appropriate resources and advocacy to individuals and community.

The Effects of the Church in Health Service

Healing is from within and involves the mind, body, and spirit. Many people who are faced with serious illnesses are relying solely on a medical breakthrough rather than healing through prayer. The author states that there are various types of prayers. Prayer will influence and motivate people to have hope and persevere

during a time of illness or tough times in a person's life. There are some people who do not realize that health ministries are effective.

Some people participate in prayer during regular worship services, but there are liturgical healing ministries that are offered in a public healing service. According to Evans, prayer should be done in private for the self as well as corporately which is intercession for other people publicly. Although some people may die before physical or mental healing takes place, this gives us the opportunity to depend on God. God is in control of our lives.¹⁴

Many people lose faith when their prayers are not answered according to their desires. Prayers are conducted in many ways. The author states that prayers are done in silence or meditation. This is a time for us to be still and listen to God's voice. This is a time to trust and be obedient to God's will and not that of our own will or desires. Prayers are a form of communication to God and with God. It gives us the ability to seek guidance. According to the statement of John Fitzpatrick, we can pray for various things such as asking God for help with the cessation of smoking or tobacco use. It was then he realized that he had an attitude that consisted of rebellion against God.

Many people who are faced with addictions or cravings begin to realize that they cannot go things alone without the help of others praying for them and God assisting them to make a transformation within their lives. According to William Temple, prayers will draw us closer to the Holy Spirit. The Holy Spirit intercedes for us when we cannot articulate our own needs.

According to the Evans in his book he discussed the impact of the church in health services and he narrates that there was an evangelist preacher named David Watson, he prayed for many sick people and even battled cancer himself. Although he died without physical healing, he feared no evil and had a confirmation that God was in control over his life. Healing should not be reduced to prayer and faith only, but other instruments such as medicines, physicians, and other persons are used in the healing

¹⁴A. R. Evans, *The Healing Church: Practical Programs for Health Ministries* (Cleveland Ohio: United Church Press, 1999), 72.

process. Jesus used commands, touch, physical agents, faith, prayer, and other things for healing purposes.¹⁵

Harry suggests that there are a variety of ways that spirituality and religion can be used to help healing churches to provide resources in practical programs for health ministries to people in the community. Pastors, physicians, nurses, and other professionals can come together and establish educational groups within a church setting to accommodate individuals with information about certain issues.¹⁶ This type of group provides information on topics of interest such as: health related conditions, development of an exercise program for the elderly, issues of a divorce and family matters, and other areas of interests. The educational groups would help assist people in the community to make better health care decisions and participate in health prevention and wellness.

The church acts as a referral agent and provides a network to resources within the community to empower people to develop effective health ministries. The educational program provides assistance to families when a person is hospitalized, by participating in babysitting, cooking, and shopping, to ease burdens during difficult times. The educational program provides help to the elderly to prevent them from living in isolation. The healing ministry can help the elderly with challenges of retirement, old age, and preparations for funeral expenses. The program is designed to give respect and adds value to the elderly person's life. The author discussed the biblical principles of youth and aging as addressed in letters written by Apostle Paul as he aged during his time in prison.

Evans reveals that elderly people are added measure to churches and the community, for they have wisdom and experience in life. The elderly shows the younger generation how to develop character and patience during hardship or failing health, this produces hope while enduring life's challenges. Liturgical practices or rites of healing are witnessed when the elderly call upon the elders of the church to pray and lay hands upon them for their ailments. Also, sacraments of anointing one with oil or taking communion is evidenced and used in worship services to assist the elderly with healing and prayer.

¹⁵Ibid, 73.

¹⁶G. Harry , *The Health of the Church in the Present age: Medical Perspective* (Illinois: Halving-Prints, 1992), 76.

The author presents other forms of sacraments that the laying on of hands on the sick is acknowledgement of power that one receives healing from Jesus Christ. The laying of hands on individuals expresses love by the use of touch. Touch is used as a natural way that is used to minister to others socially, physically, and psychologically. Various scriptures in the Holy Bible gave indications that laying hands on the sick is a healing process that was used by the great Prophets Elijah and Elisha and other disciples and apostles. Laying on of hands is always linked to prayer.¹⁷

There is some controversy in the use of sacraments involving the Eucharist. Some people feel that only an ordained clergy or people with the gift of healing should practice the anointing and laying on of the hands should be recognized by a church and set apart in some way. But nonetheless, the power of the rites of healing of the Eucharist is connected with Christ; we are joined with one another.

Many people used the sacraments and rites of healing by practicing exorcism or casting out demons. It is very important to connect a person with a Christian companion to help assist the person to experience a deeper call and relationship with Christ. These types of sacraments must be done in a careful and orderly fashion to provide medical and psychological treatment combined with prayer to assist the person holistically.

Evans exposes various ways that churches can be used as a healing ministry to provide resources to people in the community. Churches are used for worship, this allows for the people's needs to be met spiritually, physically, and mentally. Prayer to God is one of the first things that are used in a church setting to help heal a church and community. The concept of a healing church from within the community and churches can be an effective method to heal one another, as Christ healed people. We are in a time of life where church needs a revival. We need more of a holistic approach. This will promote and maintain healthy lives.

¹⁷Ibid, 77.

Conclusion

A health ministry can promote healing and health as wholeness, as a mission of a faith community to its members and the community it serves. This takes a variety of people, paid and volunteer, laity and clergy, all committed to sharing the compassionate love and grace of Jesus Christ. Church attendance is an important correlate of positive health care practices, especially for the most vulnerable subgroups, the uninsured and chronically ill. Community and faith-based organizations present additional opportunities to improve the health of low-income and minority populations.

As we weep for the hurt and pain of each as we stand in amazement, silent, and dumb with grief; as we wonder if there is medicine in Gilead; as we wonder if there is a physician there; as we wonder if God is going to do something or if God will help, God will, for God is the ultimate Balm in Gilead. But, God also wants us to be a Balm, a healing salve. Developing a health ministry does not require vast sums of money. It only requires us to become the body of Christ. We must have the compassion of Christ, the heart of Christ, the soul of Christ, and most importantly, the love of Christ. And above all, healthy people serve God better.

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