

DNA Markers of Comprehensive Health Ministry
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Introduction:

Seventh-day Adventists are very conscious of living at the end of time. Our speech and other forms of communication are shaped by the idea that the Second Coming of Jesus is imminent. This singular event conditions our ideas of and engagement in mission. “End-of-time” thinking can do interesting things to one’s mind.

A lady in her mid-30s arrived at the departure gate for her flight. She had come early and thus had time to relax and read her book. Moments passed. Suddenly she leaped to her feet and exclaimed, “I left my phone in the car!”

She glanced at her watch, threw her book and jacket on the chair, cried, “I’ll be back” and headed down the corridor. Determination of an Olympic athlete was on her face though her body lacked Olympic athlete fitness. Through the corridor, past security and check-in counters, out the door, across the road and down the walk to the parking lot, she reached her car, grabbed the phone, slammed the door and began the return journey.

All out of breath she arrived at the security line—the place where one experiences eternity in the present. After what seemed like a century she made it through security and raced (slowly now) for the departure gate. Other passengers had already boarded. Without breaking stride she grabbed her coat, presented her boarding pass and headed on to the plane. She made it just in the nick of time—clutching her phone, but she had forgotten her book on the chair. Living under a sense of urgency had so concentrated her attention on one thing that she overlooked another matter.

How does a church live under the pressure of end-time consciousness? How should it organize what seem like multiple priorities? Is it possible that end-time thinking might lead to an overriding attention on one aspect of witness and the unintentional neglect of another? What constitutes our mission in the last days? How would Jesus deal with this?

More specifically, how does one live in the last days? What should be important on a person’s or the church’s agenda? How would Jesus deal with this?

Fortunately there is a story in the Bible that may be very instructive for us. The story of blind Bartimaeus.¹

¹ Mark 10:46-52

This is one of the last healing miracles of Jesus who was on His way to Jerusalem--and sacrifice. Just fifteen miles from His goal. A roadside ministry which really would make no difference to the great end He had in view. Why care about the blindness of one man when the whole world lives in darkness?

The immediate setting of the story presents three universal tensions in life: the multitude and the minority, the theological and the social, the momentary and the momentous. How easily we can magnify the tension and mistake the artificial for the real.

The multitude and the minority. We live in an age where bigness counts. Large quantity is valued. Mass is important. "How many people came to campmeeting this year? More than last year? Good!" "How many members do you have in your church?" "How many baptisms resulted from that campaign?" "I'm sorry, I cannot see you now. I'm on my way to a meeting, there will be many people there."

Jesus arrests our preoccupation with quantity and mass by demonstrating a consuming interest in the plight of one person. The message of Jesus is that an individual matters greatly. The growth of the kingdom is not measured in averages or rates or bushels or in millions. It is prefaced upon the importance of one. One sheep out of a hundred, one coin out of many, one planet out of billions.

Secondly, this story raises the issue of tension between the spiritual and the secular, between theology and sociology. The crowds and disciples who followed Jesus heard the same cry as He did. But they dismissed it as something that was not of interest or concern to Him because it wasn't of interest or concern to them. They had built a wall of distinction between the religion and relief. The burning issues of the day were theological: who is the Christ? have you been keeping the law? did you return tithe on your capital gains when you sold the house? And the crying need of humanity was relegated to the periphery of life.

Jesus shows that theology and service belong together. Any attempt to segregate the two diminishes both. The cry of Bartimaeus is that poverty, suffering, unemployment, sickness, hunger are religious problems. Yet we often say: Keep the church out of economic questions. Jesus demonstrated that all human need is His business. It still is.

Could it be that the Church concentrates itself in the realm of theology and doctrine to the exclusion of ministry. That we use our brains and our tongues more than our hands and our feet. That we are more concerned about doctrinal truth and purity than we are about the actual truth of human suffering. Do we offer prayer when what the person needs is potatoes?

Thirdly, we see in this story that Jesus has resolved the tension between the momentary and the momentous. He is on His way to Jerusalem where the final scenes of His earthly life will be played out in awful and public array. His ministry is coming to a climax. All the strands of His teaching, the great focus of prophecy is about to be revealed. Big things are at stake. Yet the Master stops! This single moment, which really would be unnoticed

amidst the heightening drama just on the horizon, represents a moment of destiny for a solitary soul.

A work of love is never a small thing. Jesus put a high value on small acts: the widow's mite, the cup of cold water...

If this story prompts us to recognize anew the value of demonstrating compassion what should be the distinguishing features of our presence in a community. What should Comprehensive Health Ministry look like?

We shall consider four characteristics of Comprehensive Health Ministry. Maybe we could think of these as the genetic markers, the DNA pattern that distinguishes the healing ministry of the Seventh-day Adventist Church.

1. Comprehensive Health Ministry is whole person care patterned upon the ministry of Jesus. It seems as if Jesus is back in town!

The Apostle Paul urged the believers in Colossae: "...whatever you do in word or deed, do all in the name of the Lord Jesus, giving thanks to God the Father through Him."²

Although it is not possible to fully conclude from the biblical record, it appears that Jesus devoted more time to healing than to teaching. The Gospels bear record of His healing fever, atrophied limbs, deafness, blindness, leprosy, paralysis, and injury and He did this even on the Sabbath.

The whole spectrum of society received His attention and care. The wealthy and the destitute. Children and adults. Male and female. Israelite and Gentile. Wise and otherwise. He ministered to the demon-possessed and the disfigured, to those with withered limbs and wounded spirits. The blind, deaf, and dumb were recipients of His tender mercies. Jesus identified with human need. He showed a special regard for the least, the lost, the last, the lowest and the left-out—those at the margins of society and sinners of the worst kind (see Matthew 4:23, 24). In the minds of many, his reputation was sullied by the time and attention he gave to those society had marginalized.

There is one short statement in Loma Linda Messages that might well inform our sense of mission for the future.

"Christ stands before us as the pattern Man, the great Medical Missionary—an example for all who should come after. His love, pure and holy, blessed all who came within the sphere of its influence...He gives to all the invitation, 'Come unto Me, all ye that labor and are heavy laden, and I will give you rest.' What, then, is the example that we are to

² Colossians 3:17

set to the world? We are to do the same work that the great Medical Missionary undertook in our behalf.”³

Christ is the pattern Man. He brought meaning and purpose amidst the emptiness, confusion and chaos of people’s lives. He brought hope to the hopeless, help for the helpless, fullness to dispel emptiness, wholeness in the place of brokenness. And that is what we must do.

In the writings of the Old Testament prophets it is “God who executes justice for the orphan and the widow, and who loves the strangers, providing them with food and clothing. This phrase, ‘the orphan, the widow and the stranger’ recurs many times in the Old Testament. It denotes those people within Israel who had no natural protection within the community; and so becomes a kind of shorthand for all who are weak and vulnerable, the marginalized of society, who are most likely to be pushed to the wall when things get tough. Given their precarious situation, Yahweh has a special concern for them.”⁴

“The tendency of the religions of all time has been to care more for religion than for humanity; Christ cared more for humanity than for religion--rather, His care for humanity was the chief expression of His religion.”⁵

The prophet Jeremiah contrasts the ungodly and wicked king Jehoahaz with his illustrious father, Josiah. Of Josiah he writes:

“Did not your father have food and drink? He did what was right and just, so all went well with him. He defended the cause of the poor and needy, and so all went well. Is that not what it means to know me?” declares the LORD.”⁶

Knowledge of God is here inseparable from serving the needs of individuals.

2. Comprehensive Health Ministry is a ministry, not simply a methodology.

We are well-practiced in quoting a wonderful word picture from Ellen White:

“Christ's method alone will give true success in reaching the people. The Saviour mingled with men as one who desired their good. He showed His sympathy for them, ministered to their needs, and won their confidence. Then He bade them, ‘Follow Me.’”⁷

³ Ellen G White, *Loma Linda Messages*, p. 61

⁴ Peskett & Ramachandra, *The Message of Mission*, The Bible Speaks Today series, InterVarsity Press, p. 112.

⁵ Henry Drummond (1851-1897), *The Programme of Christianity*, New York: J. Potts, 1891, p. 9

⁶ Jeremiah 22:15-16 NIV (Emphasis supplied)

⁷ Ellen G White, *The Ministry of Healing*, p. 143

But ministry is more than method. Method might mean only technique. Ministry means attitude. It is important to exercise caution lest we see in this statement only a method and not an attitude—as a method of church growth rather than a ministry of compassion. The gospel writers seem to suggest that Jesus performed healing miracles for the sake of healing people—not as a pretext to count them as disciples or donors or members.

Comprehensive Health Ministry:

As a ministry: demonstrates compassion in the face of human need

As a methodology: it is used for ulterior motives

As a ministry: it looks to the well-being of others

As a methodology: it looks to the well-being of ourselves—a means to membership growth, a means to positive church image in the media,

As a ministry: it is the engine of our service to God

As a methodology: it is the caboose, the storeroom for tools if needed

As a ministry: it is measured by how we impact the health and wellbeing of a community

As a method: it is measured by how many baptisms resulted from a particular program

The typologies that we use, while very valid in the right context, can limit our vision, engagement and effectiveness in ministry. We speak of the “right arm” and the “entering wedge”. Taken to their extremes both of these helpful metaphors can serve to weaken instead of strengthen our understanding of comprehensive health ministry and its place in the mission of God today.

Jesus was obviously concerned about the eternal interests of every human being—but this did not deter Him from dispensing kingdom blessings in the present—not as a way of gaining disciples, followers or donations. But simply as a way of showing that the power of the kingdom can be known here, now, in the most forbidding of circumstances.

“There is need of coming close to the people by personal effort. If less time were given to sermonizing, and more time were spent in personal ministry, greater results would be seen. The poor are to be relieved, the sick cared for, the sorrowing and the bereaved comforted, the ignorant instructed, the inexperienced counseled. We are to weep with those that weep, and rejoice with those that rejoice.”⁸

In a very real sense, to be Christ-like we must be servants of the poor. In order to pursue that dimension of our mission we strive to operate healthcare institutions that

⁸ Ellen G White, *The Ministry of Healing*, p. 143

are marked by sustained financial viability. But let us never mistake pursuit of profit as our primary objective.

The opening line of Ellen G White's book, *The Ministry of Healing*, paints an indelible image about the life and work of Jesus Christ. It is a statement that provides a framework for understanding His mission as well as ours who seek to do all "in His name."

"Our Lord Jesus Christ came to this world as the unwearied servant of man's necessity. He "took our infirmities, and bare our sicknesses," that He might minister to every need of humanity. Matthew 8:17. The burden of disease and wretchedness and sin He came to remove. It was His mission to bring to men complete restoration; He came to give them health and peace and perfection of character."⁹

Here we see His keen social conscience—commitment to serve the poor, disadvantaged, those on the borders of mainstream society, those with mental illness, the elderly, immigrants and minorities.

In the Exodus God responded to all dimensions of Israel's need. Our commitment to God's mission must demonstrate the same totality of concern for human need. The story of the exodus is the metanarrative within which the Old Testament people of God find their identity and purpose. It is an example of God engaged in mission.

God's redemption is political, economic, social, and spiritual. In the exodus God responded to all the dimensions of Israel's need. Our commitment to mission must demonstrate the same broad totality of concern for human need that God demonstrated.

There are two ways of falling short in our understanding of mission: One is to concentrate on its spiritual significance and marginalize the political, economic and social dimensions. The other is to concentrate so much on its political, economic and social dimensions that the spiritual dimension is lost from sight.

God's mission involves the restoration of all that was true about his whole creation, and the eradication of all the evil that has worked its way into this world. Our mission therefore has to be as comprehensive in scope as the gospel the whole Bible gives us.

3. Comprehensive Health Ministry is concerned with wellness, not just disease treatment.

⁹ Ellen G White, *Ministry of Healing*, p. 17

Jesus' declaration that "I have come that they may have life, and that they may have it more abundantly"¹⁰ leads the Christian healthcare worker to focus not just on the eradication of disease or discomfort but on every thing that will enhance life.

Therefore we cannot work solely within institutional walls and offices. We must be involved in the community's health. Our attention needs to be on community wellness and lifestyle. Adventist healthcare from its beginning has emphasized wellness and prevention—on lifestyle issues such as exercise, rest, balance, nutrition, self-control and spirituality.

Yes, we must face the challenge of how to make this an economically viable part of our service to the community. But we must never abandon our commitment to do more than cure disease and mend broken limbs.

We must not be content to think that the delivery of healthcare is accomplished by having people come to us; that ministry is done solely within the walls of our buildings and offices. We may be specialists in the treatment of disease. But we are lifestyle advocates.

The idea that the salvation Jesus offers is salvation from the penalty of our sins is a cheap version of the gospel because it deals with only the beginning of one's spiritual journey. What God has in mind for us is complete transformation in every area of our lives that has been touched by sin.

4. Comprehensive Health Ministry is a continuum of care—for physical, social, spiritual and mental wellbeing.

In the truest sense, the Church and the hospital are connected—connected in a continuum of care. For the whole Church is called to be a healing community.

There is widespread evidence that affluent societies have largely figured out how to deal with infectious diseases—these no longer pose as fearful perils in our societies. And to a significant extent, discoveries in science are informing us how to handle lifestyle diseases like cancer, hypertension, and diabetes. But in the midst of affluence we seem to be encountering increasing illness of the spirit—depression, emptiness, guilt, and various disorders stemming from emotional injury and pain.

In this kind of culture every local church needs to see itself as a healthcare institution. Healthcare in the hospital may rely heavily on the science of medicine. Healthcare in the community relies heavily on the science of love, forgiveness, grace and companionship. What would happen in our churches if we became the healthiest, happiest, holiest, and helpingest groups in the community. Would it not be, as in the

¹⁰ John 10:10 (NKJV)

days of Jesus, that people would break down the walls to get in—because such a community ministers to their deepest needs.

Conclusion

We have talked about the DNA of Seventh-day Adventist Comprehensive Health Ministry—that it is a ministry in the name of Jesus. And because it is done in the name of Jesus it deserves our best energies and thought. We are committed to excellence in this ministry, not for competitive economic advantage, but because excellence best represents the character and work of God Himself.

Three ways that local churches can demonstrate a healing presence:

1. Live the health message we have received. Seventh-day Adventists have been blessed with so much information about healthy living. “Wholeness” should be one of our trademarks.

Principles of healthful living are not something we invented or discovered. They came to us as a gift and for quite some time in our history their acceptance was a matter of simple faith. Today we take pride in the research that repeatedly confirms the advantages that we were told long ago would attend this kind of a lifestyle.

Is it not a bit strange that today, in the presence of all this evidence, we as a faith community seem less committed to the message than were our forefathers? Should we not celebrate this gift in ways that enable us to be known for what we affirm rather than what we deny? Can we not be known as a people of joy, peace, health, longevity, and love?

2. Careful and thoughtful articulation of a theology of suffering. We must not proclaim a gospel of prosperity under which people are lead to believe that if they eat right, pray often, keep the Sabbath and tithe faithfully God will pave their way into eternity. This line of thinking is a treacherous deception.
3. Practice neighborliness. Get out of the church and into the community. Notice needs and act in ways to relive suffering. We sometimes believe that the way to finish the work is to have another meeting at Church. Instead, we should think of getting into the world rather than retreating from it. Christians are “called out of” and “sent into” the world.

The hard truth of it all is that “the world cannot possibly begin to believe in the reality of an unseen God, extravagant in mercy, lavish in goodness, bent on redeeming and reconciling and restoring creation, until our churches are living object lessons of this very thing.”¹¹

¹¹ Mark Buchanan, *Your Church is Too Safe*, p. 170

“In *Christ Plays in Ten Thousand Places*, Eugene Peterson recounts the story of the fourth century church father Gregory of Nyssa whose brother Basil had arranged for him to be made bishop of Cappadocia. ‘Gregory objected,’ Peterson writes. ‘He didn’t want to be stuck in such an out-of-the-way places. His brother told him he didn’t want Gregory to obtain distinction from his church but to confer distinction upon it.’”¹² Isn’t that the motivation that is worthy of all our work in Jesus’ name?

¹² John Koessler, “George Bailey Lassos the Moon,” on his blog *A Stranger in the House of God* (3-18-10). Cited in *Leadership Journal*, Fall 2010, p. 57