



# ADULT STUDY

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## PARTICIPANT HANDOUT Session 5

# Faithful Citizenship: An Adult Lenten Study

*Global Health*

## Introduction

Because Lenten devotion can include omitting something from our diet (or even fasting), it is appropriate to look at health as a Lenten topic.

You could say that weight loss and a healthy lifestyle are aspects of a contemporary kind of American individualism. If we extol the self-made man (or woman) who achieves economic and social success through hard work and individual effort, we also extol the person who achieves health and physical attractiveness through perseverance. A typical Horatio Alger novel might be updated so that the successful hero also has a gym membership.<sup>1</sup>

Of course, one shouldn't disparage healthy eating, exercise, and proper medical care. But our American focus on individual success and achievement applies to health topics as well. Those of us with good health and an exercise regimen are likely to be designated "winners," while we might cast a disdainful eye on those who are unhealthy, are obese, or have more limited access to suitable health care. We don't necessarily feel solidarity with those who struggle with poverty-related health issues, are stuck in unhealthy patterns of eating, and lack the health resources that we enjoy. We've already developed an "us and them" attitude—and we haven't even gotten to worldwide health issues!

In this session, we look at topics of health. What are the issues of medical care and global health? What connections can we make with our previous sessions? What does Scripture say concerning health and wholeness?

## Health Topics

Numerous health-related issues are worth studying. Health-care reform has been in the news for quite a long time. The Affordable Care Act (ACA), often called "Obamacare," was passed in 2010, and its primary provisions came about in 2014. The ACA retained the structures of Medicare and Medicaid, as well as employer insurance, but also mandated certain changes in the insurance market so that more persons could have health insurance. In two years, about half the population that had previously been uninsured had insurance. The popularity of the act varied widely along political, age, and ethnic lines, with many more older persons and many more Hispanic and African American persons approving of the act than white persons and younger Americans.

The American Health Care Act, or Trumpcare, passed in 2017 as a modification of the ACA. Among the differences, the AHCA has no "individual mandate," the requirement that everyone must purchase

health insurance, and the AHCA also allows states to change pricing rules.

Health-care reform has been supported by those who believe adequate health care is a right for all. But the possibility of government interference and inefficiency are among frequently heard criticisms.

Another hot-topic issue in medical care is genetic research. Genetic research—which has also been applied to food production for several years—promises discovery of cures for some of our most dreaded diseases like muscular dystrophy, Alzheimer’s, breast cancer, leukemia, and more. But genetic research also creates other moral and ethical dilemmas, with concerns ranging from the use of genetics to pursue “designer babies” to the possibility of denial of insurance coverage for people with genetic predispositions to diseases. At what point does the medical research begin to rob us of our essential humanity by reducing our genetic makeup to technology that can be tinkered with?

A related issue is stem cell research. Stem cells from embryos are not specialized like adult stem cells, so embryonic stem cells can be used to produce the 260 cell types in our bodies. This process is called therapeutic cloning, or somatic cell nuclear transfer. This research also raises essential issues about the use of human tissue in experimentation as well as the potential for “slippery slope” ethical issues. Yet such research holds promise of discovery of cures for some of our most dreaded diseases like muscular dystrophy, Alzheimer’s, cancer, and others.

The entire world has health issues related to poverty. About a billion people in the world have no access to health-care systems. About eleven million children under five die of malnutrition and preventable diseases each year, while the number of persons who die of infectious diseases also run into the many millions. A glance at the website for the World Health Organization provides good information about the health struggles of billions of people in the world.

Poverty affects health because economic destitution includes inadequate health care, unsafe environmental conditions like unsanitary and/or scarce water, and insects and vermin that carry malaria and other diseases. “Such institutional factors as unemployment, economic inequalities, rising crime rates, loss of credibility, poor services and poverty can lead to deep and

disruptive social problems which will undermine not only personal health but also social health.”<sup>2</sup>

If we desire to help the sick and impoverished of other countries, the hard truth is that we need to help improve their living conditions and to help solve the difficult political issues and regional conflicts of their countries. Unfortunately, those conditions are difficult to overcome. For instance, the debt crisis in developing nations (wealthier nations have loaned those countries money that, with the accompanying interest, is difficult to repay) hurts standards of living there. Similarly, Western-style privatized health care is unsuitable for many developing nations, since the poor cannot afford private health care and the accompanying user fees. But infectious diseases such as those prevalent in Africa are best addressed by public health-care services rather than private care.

Globalization contributes to the situation of world health, since the more contact we have with other countries, the greater the risk for the spread of diseases to the United States and other countries. Earlier predictions of the security threat of HIV / AIDS—specifically the feared destabilization of societies with high rates of the disease and thus a destabilization of governments in, for instance, Africa—did not come to pass. But the disease continues to be a global danger and the cause of immense suffering.

## Bible Stories of Healing

One of the implicit themes of this session is the sense of wholeness. How can we be faithful Christians in ways that are not excessively individualistic but that also embrace community and the good of others? How can we appreciate the problems that other people experience—economic distress, environmental problems like drought, problems associated with national crises—so that we live in ways that evidence concern for others?

The Greek verb *sozo* means not only to save but also to heal, a double meaning we see in, for instance, Acts 4:12, the context of which is the drama concerning Peter’s healing of a beggar. The Bible provides a close connection of healing, salvation, and wholeness.

God is often described as a healer. Old Testament healing stories include the wonderful story of Naaman,

a commander of the Syrian army who also has leprosy and is cured by Elisha, though not without some offense taken by Naaman.<sup>3</sup> The Bible addresses healing in holistic ways, for instance, by accounting for the person's social relationships and relationship to God. Although one should not argue that health is the direct result of God's favor nor that sickness is the direct result of divine punishment.

Of course, Jesus healed numerous people, including a paralyzed man (Luke 5:18–25), a woman with a hemorrhage (Matt. 9:18–26), a man who is deaf and mute (Mark 7:31–37), blind people (Mark 8:22–25; John 9), people suffering from leprosy (Luke 17:11–19), and a woman who couldn't straighten herself (Luke 13:10–17). In Acts, the disciples continued to be conduits for God's healing power (for instance, see Acts 3:1–10; 16:16–18). Bible stories seem to indicate that healing miracles happen on demand, but in the context of Jesus' ministry, such miracles were intended as signs pointing to God's reign.<sup>4</sup>

We often think of human nature in dualistic terms. Our physical bodies are subject to sin and death, but thanks to God's grace, our souls can be saved, and we'll live spiritually with God. Verses like 2 Corinthians 5:1–10 bolster a dualistic view of human nature as body and soul with separate entities. Western "Cartesian" philosophy also tends to distinguish people in dualistic terms like body and soul, mind and body.

The biblical picture of human beings is one of wholeness, in connection to the term "image of God" (*imago Dei*) that we find in Genesis 1:27. In the Bible, this image is the distinctive, constituent characteristic of human beings. The Old Testament has few uses of the term, but the apostle Paul takes up the term, uses it about Jesus (2 Cor. 4:4; Col.1:15), and applies it to human beings as they find redemption in Christ (Rom. 8:29; 1 Cor. 15:49; 2 Cor. 3:18).<sup>5</sup> The Bible makes distinctions among spirit (in Greek *pneuma*, in Hebrew *ruah*, which can also be translated as "breath") and body (the Greek word is *soma*, as in "psychosomatic") and soul (in Hebrew *nephesh*, and in Greek *psyche*). The word *nephesh* also means "throat" and life

or vitality. Interestingly, that Hebrew word for soul is used in Genesis 1:30 to refer to the life of animals.<sup>6</sup>

## Covenant and Wholeness

When we think along with the Bible, we deepen our understanding of human beings as essentially a unity—physical, spiritual, psychological, and in relationship with each other and with other life in the world. When medical science aims at only the physical side of existence, we begin to question whether the modern science truly addresses the totality of our well-being. This is additionally true because of the economic issues of medical health; modern medicine may cure us of a disease but do so at a tremendous and possibly unpayable economic cost. We also begin to question whether we can think only in terms of ourselves and our individual needs, without also looking at the well-being of others.

Eric Mount points out that health and health care are among the things in which people share a common interest: education, economic opportunity, public safety, food, shelter, a safe environment, and so on. If we all share these needs, the question immediately arises: How can we ensure that these things are provided for the sake of individual well-being and for the sake of the common good?<sup>7</sup>

One way is certainly to think about health not only in an individual way ("I have my immunizations") but also in terms of an equitable society and a healthy global society. This requires that we think about health in compassionate ways—ways that our own individual experiences of suffering can improve our largeness of spirit toward others who are suffering.

James Stuart writes that "individual health is directly related to social cohesion and integration, but

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unfortunately, the mechanistic notion of health as the absence of disease is unhealthy because it neglects the

integrative social aspects of health. But this means that we may have to change radically our scientific paradigm of health and health care esteemed by health care professionals, as well as politicians, which relies almost wholly upon data-gathering and a mechanistic view of sickness and health.”<sup>8</sup>

Beliefs enable us to find meaningful frameworks for our lives. In this sense, they can be powerful integrating forces. Because health is an integrating personal and social concept, its meaning is found only in terms of the important relationships of our lives. The mechanistic notion of health as the absence of disease is no longer adequate and, in fact, is anti-health. It ignores that which is an essential and unique capacity of human beings: the ability to create meaning and purpose in a world that often seems capricious. This is particularly true when a person is faced with a major illness in life.

The growing issue of wealth inequality in the world relates, as well, to the availability of health care in different parts of the world. Like other topics we’ve studied, if we look at health-care challenges only or mostly as difficulties faced by “them,” we’ll never get very far in enabling people to enjoy health and well-being.

## What Churches Do

Fortunately, we’ve plenty of traditions, examples, and contemporary ministries to guide us in our thinking about healthy societies and openness to other people’s problems. For instance, in the book *Medicine and Health Care in Early Christianity*, Gary Ferngren argues that health care developed from Christianity. Ancient Greeks had physicians and medical studies, and since the Greek practice had no appeal to their gods, Christians did not oppose medicine. Christians took care of people partly to affirm God’s care for all people. By about 250 AD, Roman Christians had about fifteen hundred sick and/or needy persons whom they cared for, and Christians were the only volunteers in the empire to care for the sick during a plague. By about 350 AD, Christians in Antioch cared for about three thousand people.<sup>9</sup>

Today, it is more difficult for churches to carry out that ancient healing aspect of the church, with insurance regulations, the Medicare system, the growth of technology, and other things complicating matters. The church cannot provide the skilled care and technology

that characterize modern medicine, but the church can certainly fulfill its traditional calling to seek wholeness and to work for people’s health in all its aspects (physical, emotional, and spiritual), thus complementing our modern health system. Churches have ministries such as promotion of weight loss, blood pressure checkups, and partnerships with local hospitals on disseminating information about health issues. Some churches have ministries that provide free medical service to those in need as well as programs to increase persons’ well-being and self-sufficiency.

When we think in terms of covenant and community, the challenge of health and health care comes into sharp relief as critical aspects of the common good. The challenges seem even greater because global health is connected to environmental, social, and political realities in distant countries.

In Judaism, the Hebrew term *tikkun olam* translates as “healing the world.” Healing, as we’ve seen, is not just the fixing of our physical bodies but an overall approach to the common good. It is a style of outreach and an aspect of everyday discipleship, not just a goal. Jesus said that his disciples are to “do the truth.” When we do something that’s healing, the truth is all the clearer to one’s self and one’s neighbors. These are hopeful words to remember as we proceed to our final session!

## Notes

1. Horatio Alger Jr. (1832–1899) wrote several novels (*Andy Grant’s Pluck*, *Risen from the Ranks*, *Julius The Street Boy*, and others) wherein the heroes, through hard work, virtue, and honesty, achieved economic and social success, while characters who made moral compromises enjoyed temporary success but then fell into hardship. Alger’s name is synonymous with “rags to riches” stories.
2. James Stuart, *Making Meaning: Finding Health* (St. Andrew’s Trust for the Study of Religion and Society, 1999), 50.
3. Joel B. Green, “Healing,” in *The New Interpreter’s Dictionary of the Bible*, Vol. 2 (Nashville: Abingdon Press, 2007), 757–59.
4. Green, “Healing,” 758–59.
5. Joel B. Green, “What Does It Mean to Be Human?” in *From Cells to Souls—and Beyond: Changing Portraits of Human Nature*, Malcolm Jeeves, ed. (Grand Rapids: Eerd-

mans, 2004), 196–97.

6. Green, “What Does It Mean to Be Human,” 184–87, 195–97.
7. Eric Mount, Jr., *Covenant, Community, and the Common Good: An Interpretation of Christian Ethics* (Cleveland: Pilgrim Press, 1999), 32–33.
8. Stuart, *Making Meaning*, 50–51.
9. Gary B. Ferngren, *Medicine and Health Care in Early Christianity* (Baltimore: The Johns Hopkins University Press, 2009), 40–41, 115.

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