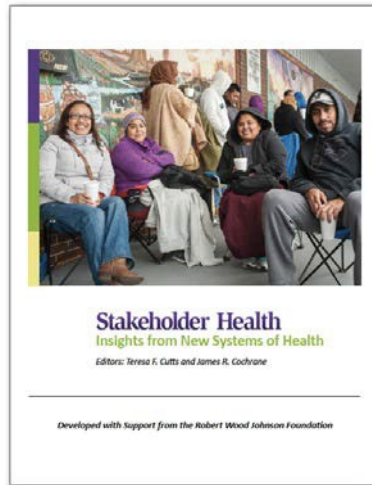


# Stakeholder Health

## Appendix 4 Mission and Vision Statements



From

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# Mission and Vision Statements

## The Vision for Adventist Healthcare Ministry in North America\*

*...seek the peace and prosperity of the city to which I have carried you into exile. Pray to the LORD for it, because if it prospers, you too will prosper.” Jer 29:7 NIV*

*I will bring health and healing to the city; I will heal my people and will let them enjoy abundant peace and security.  
Jer 33:6 NIV*

*I am come that they might have life, and that they might have it more abundantly. John 10:10 KJV*

*...the angel showed me the river of the water of life ... flowing from the throne of God and of the Lamb ... on each side ... stood the tree of life ... And the leaves of the tree are for the healing of the nations. Rev 22:1-3 NIV*

*...I have set before you life and death, blessings and curses. Now choose life, so that you and your children may live 20 and that you may love the Lord your God, listen to his voice, and hold fast to him. For the Lord is your life, and he will give you many years in the land ... Deut 30:19-20 NIV*

*“He sent them to preach the kingdom of God, and to heal the sick” Luke 9:2*

*“During His ministry, Jesus devoted more time to healing the sick than to preaching. His miracles testified to the truth of His words, that He came not to destroy, but to save.” Ellen White, The Ministry of Healing*

## Introduction

Since the 19th Century, Seventh-day Adventists have been developing faithful, innovative approaches to health for the whole person. The successes of the past have laid the foundation for renewing a vision of faith-inspired healthcare in which patients experience seamless excellence, integrating the best of spiritually nurturing care. The challenges of providing health care in the 21st Century make the renewal of this vision imperative. The opportunities for leading our society, as it seeks to reform its health system, are unprecedented.

Developing new forms of collaboration between our Church and its health systems will open new channels for service throughout North America. By embracing the mission and core values we share, we will find new ways to bear witness to our Creator’s love, and new avenues for vivifying the prophetic message of the Advent movement. The central convictions of this movement have caused us to plant healthcare institutions in the “furrow of the world’s needs.” Today, more people come into personal contact with Adventist ministry through our healthcare institutions than in any other way. These institutions, in cooperation with faith communities within their regions, can elevate the health outcomes for countless people with complex needs.

In this brief statement of vision, we express some of the theological and ethical convictions we believe are most essential for faithfulness in our Adventist health ministry. We know that clarity regarding these beliefs is necessary if we are to sustain genuinely faithful Adventist healthcare institutions that are strategically aligned with the mission of our Church.

## Convictions

At its best, health care is mission-focused love in action. We believe that we have been created by our loving God as whole persons—each one a unity of body, mind, and spirit, capable of experiencing the joy of wholeness within relationships of trust. Healing ministry, as given to us by Jesus Christ, is the work of helping persons to regain their wholeness. This ministry includes careful attention to the physical, emotional, spiritual, and relational dimensions of a person’s life. Such work is always more than business exchanges. Many of the persons who most need care are in socially complex circumstances and have little to offer in the exchange of commodities. We believe that all persons in need of healthcare, regardless of their social or economic status, are beloved of God. Each one presents us with a unique opportunity to serve our Lord Jesus personally.

We are committed to providing the highest quality of evidence-based health care in ways that nurture the human spirit and offer transcendent hope. Because of the vastness of medical needs in today’s society, we are also committed to offering care that is efficient and cost-worthy. We are eager to advance effective, new approaches to disease prevention and health promotion. We are convinced that the establishment of trust is crucial to our work, so we are dedicated to principles of transparency and integrity in the communities we serve.

As we live by these convictions, we aspire to serve our Lord and our Church by finding creative approaches to healthcare ministry. Such approaches include developing partnerships between healthcare institutions and communities of faith enabling every congregation to be a center for health, healing and wholeness in the community. We can express this vision with a concluding invitation to imagine a world in which the communities we serve are blessed by the healthcare ministry to which our Creator has called us:

## Imagine

- I – Incarnational ministry ... becoming one with our community, knowing and understanding their needs and together striving to elevate their well-being.
- M – Making a tangible, measurable and meaningful difference in people’s lives.
- A - Actions that are culturally competent, data driven, professionally developed and personally delivered.
- G- Geographically touching every community on this continent with the needed and helpful ministry of Healing.
- I – Inculcating integrative, grace-filled partnerships with community resources, thereby re-envisioning, re-energizing, and leveraging resources to meet the community’s need.
- N – Network of congregations and healthcare institutions, partnering as the Church to educate, nurture and inspire a culture of wholeness.
- E – Evangelizing as Jesus did: Seeking first to fill the people’s needs, He then invited them to follow Him.

## American Muslim Health Professionals (AMHP) Mission Statement

### MISSION

American Muslim Health Professionals (AMHP) was created with the intent of bridging the tenets of Islam with key public health issues facing our communities. AMHP aspires to be a leader in improving public health through efforts inspired by the Islamic tradition in three unique ways: 1) professional development of Muslims across health professions; 2) health education and community outreach; 3) state and national advocacy on issues of access and awareness. Over the past 11 years, AMHP has provided outlets for American Muslims who work in the healthcare sector to network and collaborate on issues that operationalize their faith by serving the community.

### ACCESS TO HEALTH COVERAGE

AMHP believes that faith communities can and should be major partners in the movement to improve healthcare. It is for that reason that AMHP has spearheaded the “Connecting Muslims to Coverage” campaign for the last three Affordable Care Act (ACA) enrollment cycles. The campaign’s objective is to help American-Muslims become informed about their health insurance options and obtain health insurance coverage through the open enrollment periods. The concepts of caring for ourselves and promoting the common good is central to our as well as other faith traditions. It is narrated that the Prophet Muhammad (PBUH) said that “your body has a right over you”; in other words, we have been entrusted with a physical body, and we have an obligation to take proper care of it.

American-Muslims are an especially critical group to target with regards to health insurance coverage since they are often composed of self-employed and under-employed individuals. As a result, they do not have the option of employer-sponsored coverage, which is one of the main avenues through which individuals obtain coverage for themselves and their families. To reach the diverse and widespread Muslim communities in the United States, AMHP hired a team of on-the-ground organizers independently working in their respective states to identify local mosques and community-based organizations where they can host enrollment and outreach events. This grassroots approach has been critical to reaching the uninsured American-Muslims.

### Mental Health

Survey done with AMHP membership in 2012 indicated mental health literacy as an area of public health concern among Muslims in the U.S. In response, over the past few years, AMHP has conducted a Mental Health First Aid program for Imams and Chaplains, hosted a series of Mental Health Webinars in partnership with the Department of Health and Human Services and will be launching a series of events to help Muslim youth deal with issues of discrimination, trauma and alienation.

### ENABLEDMUSLIM PROGRAM

Another avenue through which AMHP translates their faith into public health and social justice work that benefits the community is through the EnabledMuslim program. EnabledMuslim is an online community that offers spiritual and practical support for Muslims with disabilities and their loved ones. EnabledMuslim provides Muslims with access to relevant information about their situation and the ability to connect and sustain long-lasting relationships with others who have similar experiences. We estimate that there are approximately 600,000 Muslims with disabilities in the United States. Almost one-third of all families in the U.S. have at least one family member with a disability. Through our work with Muslims with disabilities and their loved ones, AMHP learned about some of the most common challenges and opportunities to best address them. It is reported that the Prophet Muhammad (PBUH) once said, “The believers, in their mutual mercy, love and compassion, are like a (single) body; if one part of it feels pain, the rest of the body will join it in suffering” (Sahih Bukhari).

### CONCLUSION

For this reason, we believe that as American-Muslims, we have a moral obligation to address the health needs of our communities. As a small community in America (Muslims are roughly 2% of the U.S. population), it hurts us all when even a single brother or sister faces hardship.

# Caring for Health: Our Shared Endeavor A Covenantal Rededication to Mission

Lutheran HealthCare, Brooklyn, NY

*And what does the Lord require of you but to do justice,  
love mercy, and walk humbly with your God.”  
(Micah 6:8)*

## PREAMBLE

Upon this, the 130th anniversary of Lutheran Medical Center and 10th anniversary of the adoption of the Evangelical Lutheran Church in America’s (ELCA) Social Statement, “Caring for Health: Our Shared Endeavor”, Lutheran Health Care (LHC) affirms its ongoing moral partnership in healthcare ministry with the church. As a direct expression of this relationship and our shared heritage, we will actively cooperate together in a vital social ministry of health, healing, and healthcare.

## GUIDING PRINCIPLES

Consistent with the nature of this relationship, the integrity and autonomy of each partner is recognized, while at one and the same time an environment of shared mission is nurtured in which each partner acts upon the rich potential for cooperation. This posture recognizes that LHC and the ELCA are each fully responsible for their own management, operations, and financial affairs; further, each is ultimately accountable through its own governing bodies to its respective mission statements, constitutions, and by-laws.

In shaping its ongoing missional life, LHC continues to draw heavily on the ethical and theological framework found in the ELCA’s Social Statement, “Caring for Health” (CFH). We reaffirm our shared mission and relationship with the church as being grounded in the following major tenets of that statement:

- Healthcare and healing are concrete manifestations of God’s ongoing care for all of creation. (CFH, p.2)
- At the center of the Judaeo-Christian tradition and Jesus’ ministry is love ... in response to God’s love, we work to promote the health and healing of all people. (CFH, pp. 2,18)
- Our commitment is shaped by the witness of Scripture, together with the church’s historical and contemporary ministry in healing and health. (CFH, p. 2)
- Health is always a matter of both love and justice ... caring for the health of others expresses both love for our neighbor and responsibility for a just society. (CFH, p. 1, p. 18)
- God creates human beings as whole persons—each one a dynamic unity of body, mind, and spirit ... concern for health should attend to the physical, mental, spiritual, and communal dimensions of a person’s well-being. (CFH, p. 3)
- Healing is restoration of wholeness ... it is more than physical cure alone .... we can always care, even when we cannot cure. (CFH, p. 4, p. 15)
- We are committed to equitable access for all people to basic healthcare services. (CFH, p. 3)
- Patients and caregivers are more than consumers or providers; they are whole persons working together in healing relationships that depend on and preserve community ... healthcare cannot be reduced to a commodity. (CFH, p. 6)
- Together, we commit to working for and supporting healthcare for all people as a shared endeavor. (CFH, p. 2)
- Caring for health affirms the diversity of our community and the values of its many religious and spiritual traditions. (CFH, p. 5, p. 14)

## HALLMARKS OF PUBLIC HEALTHCARE MINISTRY

Just as a craftsperson identifies a work by a hallmark embedded in his/her product, so the work of Lutheran-affiliated healthcare has some essential, identifiable markers embedded in its public ministry of care and hospitality. While we believe that every act of genuine human care is an expression of mission, at LHC we will continue to commit to maintaining the following activities as both intrinsic and vital to our unique heritage, identity, and ongoing mission:

- Promoting an Institutional Climate of Compassionate, Whole-Person Care—one that informs and permeates all that we do and why we do it, including the vital interconnections of health and spirituality.
- Mission Awareness and Integration—intentional and purposeful ways of interpreting and actualizing mission, vision and core values.
- Ethics and Ethics Consultation Services—grounded in the shared core values of LHC and “Caring for Health”, nurturing shared moral deliberation with/among all who serve and are served.
- Pastoral/Spiritual Care and Clinical Pastoral Education—including provision of chapel space and regular worship opportunities for persons of all faith expressions.
- Community Congregational Faith/Health Ministries—growing congregationally-based health ministry partnerships with local faith groups.
- Advocacy—active involvement in issues of healthcare justice, equitable access, governmental policy and reform.
- Heritage and Identity—preservation and interpretation of our story and archives as they continue to shape institutional identity and mission-driven service.
- Communication—regular contact with the church and all ministry partners for purposes of sharing vital information and nurturing relationships and cooperation.

## National Baptist Congress of Christian Education, Health and Wellness Initiative

The National Baptist Congress of Christian Education Health and Wellness Initiative is a collaborative effort of National Baptist churches, medical professionals, and health related organizations committed to health outreach and prevention education (H.O.P.E.).

### VISION

We see a day when all National Baptist churches will have vibrant health and wellness ministries resulting in members being good stewards of their health and wellness.

### MISSION

We will achieve this vision by reaching across the depth and breadth of our denomination to inspire and enable our fellow National Baptists to commit to healthier lifestyles through

- health and wellness education;
- resource materials and services;
- support networks of trained resource persons and facilitators; and
- evidenced based outcomes assessment.

### CHALLENGE

We want to make the NBCUSA the healthiest major denomination in America over the next ten years as measured by the ABCS (aspirin use for those needing it, blood pressure, cholesterol, and smoking cessation).



## Hopes and Aspirations for Providence Ministries From the Sisters of Providence, Mother Joseph Province

### NEW BEGINNINGS

In establishing Providence Ministries as a public juridic person of the Roman Catholic Church, the Sisters of Providence take another step in our continuing journey with lay persons to provide leadership for the ministry. This is a significant step for our Sisters and our lay colleagues. We have no fixed blueprint for how to express the role and responsibilities of Providence Ministries other than by reading the signs of the time, trusting in Providence, and embracing our Baptismal call to follow Christ. Except for the requirements of canon law, there are but minimal requirements to provide the frame of hope and faith for the Sisters of Providence. We hope this document will capture some of that spirit and offer to future leaders our hopes and aspirations for the ministries we have been entrusted by the Church and blessed to lead for 153 years.

With confidence that our Providential God will continue to bless, guide and pray for you, we ask that you:

#### *Remain Faithful to the Mission*

Although expressed in different words in different times, we believe that our Mission as Sisters of Providence is to be the living expression and continuation of the Mission of Jesus. We have taken inspiration from the phrase, “*Caritas Christi Urget Nos*,” which for us means that the love of Christ moves us, even compels us, to follow his example in providing healing, education and service to all we encounter, with a special concern for those who are most poor and vulnerable. Through compassionate service, we believe we continue the Mission of Jesus, bringing forth “the reign of God,” helping to make our world a more just, peaceful and loving place for all. We understand this to be the Mission of Jesus so it remains our Mission, and we ask that it be held in trust as the continuing Mission of Providence Ministries.

We ask that you reflect often and deeply on this Mission so it may become a source of inspiration and strength for you and for all who participate in the work of Providence. Be mindful of the values Jesus expressed in the Gospels, and let those values guide all your actions. We hope you will develop regular practices of education and formation so that all who work in Providence Ministries understand the Mission and these values and find in them a source of personal inspiration. At the same time, we expect that you will continue our practice of inviting into this work people of good will who share our commitment to compassionate service and to our values, whether their individual religious and spiritual traditions are the same as or different from our own.

We expect Providence Ministries to be a voice for and a servant to those who are poor and vulnerable among us. This special concern for the poor is at the core of the Mission we share. Like Our Mother of Sorrows, we want to be a sign of compassion and hope to them. Drawing upon the example of St. Vincent DePaul, whose model of service we follow, we first called ourselves, “*Daughters of Charity, Servants of the Poor*.” When Emilie Gamelin was dying, she called us to the virtues of Humility, Simplicity, and Charity as in the legacy of St. Vincent DePaul. In her final words, Mother Joseph also reminded her companion Sisters, “*Whatever concerns the poor is always our affair ...*.” We offer the same words to the future leaders of Providence.

We hope you will also pay special attention to care for those who carry out the work of Providence. Our workplaces should always strive to model the values we profess and be places where each person is treated with dignity, respect, and justice. As you attend to the physical, mental, social, and spiritual needs of those we serve, pay equal attention to the same needs of those who serve in Providence. We must model in our own ministries the values we profess.

We ask you to pay particular attention to the spiritual needs of people. It is often those spiritual needs that make us most vulnerable and that are ignored by our society. Our tradition offers many resources that can help people. May Providence Ministries always be known as a ministry that attends, in a special way, to the spiritual dimension in our lives as well as the lives of those we are called to serve.

We ask that you be good stewards of all we have been given for this ministry—our people, our resources, and our earth. We have been blessed, particularly in Alaska, Washington, Montana, Idaho, Oregon, California, and El Salvador with an abundance of natural resources that have allowed our ministries to flourish. Yet our society has not always been wise in its use of our land, water, and air. We hope Providence will be a model of good stewardship that we may demonstrate faithfulness to our values and that others may learn sound stewardship practices from us.



## **KEEP OUR IDENTITY AND HERITAGE ALIVE**

We have always partnered with people of many faiths and expect the diversity within our ministries to grow in the future. Bringing together people of many backgrounds into a common ministry of service creates an important opportunity to build understanding and community. At the same time we must honor our own heritage and identity. As ministries of the Catholic Church, Providence Ministries is part of a larger community to which it must be faithful and with which it must be in regular dialog.

We expect Providence Ministries to ensure that Providence Health & Services engages in regular practices to help sustain its identity and to celebrate its heritage so the Mission and values come alive in all it does. Today we see evidence of this commitment in programs of formation of leaders, education for employees, rituals and celebrations, decision-making processes, and in many other ways. We hope these efforts will develop even more in the future. As Sisters we have understood that we cannot take for granted our heritage, Mission, or values. Only by responding to the call to education, and to the initial and continuing formation of the members, have we been able to continue our work over generations. We expect Providence Ministries to cherish the Mission and values and develop ways to assess the effectiveness of the people and practices required to sustain them.

To help keep our heritage alive, we expect Providence Ministries will see that our practice of maintaining the Chronicles is continued, preserving for future generations a written history of the good works of Providence Health & Services.

We hope you will also continue to embrace and tell the stories of those who have gone before us, women like Blessed Emilie Gamelin, Mother Joseph, Mother Bernarda, Venerable Mary Potter, and those other religious women, as well as lay men and women who have inspired us and on whose shoulders we stand. These are our ancestors. Honor them and let others know them so they too can draw inspiration from their lives. In your own time celebrate the living legacy of Providence as lived among your colleagues. In this way, Providence lives faithfully.

## **CONTINUE TO RESPOND TO THE SIGNS OF THE TIMES AND REACH OUT TO OTHERS**

The Sisters of Providence have always responded to changing times, reaching out to those who are poor and vulnerable. It was this spirit of service that responded to the call of the Bishops to send the first Sisters of Providence to the Oregon Territory in 1852 and 1856. In the same way, Mother Joseph did not remain in the initial foundation in Vancouver but she and her small bands of Sisters continued to respond to serve needs of education, health care, and social services in Walla Walla and Montana that would otherwise have been unmet. Reaching out to new forms of service was done with complete trust in God's Providence as the Sisters moved forward making decisions that were never foolish, but did involve risk. They did all they could for success, but also trusted in Divine Providence. This tradition has continued as we established ministries for vulnerable people who are in need of housing, shelter from violence, education, and pastoral service in El Salvador.

This outreach or "missionary" spirit is fundamental to the Sisters of Providence and to our tradition in the Church. We expect that Providence Ministries will continue outreach to the poor as a central element of the work of Providence Health & Services, responding to emerging needs of the poor and using its resources to address them with wise stewardship, but also with a willingness to take risks. We expect them to reach beyond the borders of our own country as global citizens exemplified through the witness of Providence International Missions. Such efforts provide transformation, not only for the recipients of the services but also for Providence people who provide services.

In the future, collaboration with other Catholic ministries and organizations that share our values will continue to be strengthened. As transportation and communication bring us closer together, we hope Providence Ministries will embrace a spirit of collaboration, not competition, in service of the Mission. Stewardship of the resources of Providence, our communities, and our society require that we work with others to find new ways to advocate more effectively for the poor and to meet their needs and avoid wasteful duplication. We expect Providence Ministries to search for new ways to carry out the Mission, honoring Providence tradition, but not letting past practice constrict the vision of what is best for the future. Changing needs, social structures and institutions will require new and different responses. We expect that you will be open to the call of those who suffer by addressing emerging needs with wise and discerning responses so the poor and vulnerable may be served in new and more effective ways.

## **COLLABORATE WITH MINISTRY LEADERS**

As Sponsor of Providence Health & Services, Providence Ministries will address the hopes and aspirations we have outlined through its collaborative work with the governing boards and management. We expect that all in Providence leadership will work to see that these relationships are healthy, creative, and collaborative. We know there will be disagreements on

important matters, just as there always have been, but we know too that these will be resolved most effectively when all parties listen carefully to each other in a spirit of discernment and focus on what best serves the Mission.

Providence Ministries has reserved powers which it must exercise effectively. We do not see this as a mere formality. We expect that Providence Ministries will be fully engaged in those matters on which it exercises its reserved powers and that it will have the information and time for discernment needed to make wise decisions. Sponsor, board and management must work together to ensure the integrity of each role is respected in the decision making process.

Experience in other ministries has shown that the role of Sponsor can be viewed in two extreme ways. At one extreme the Sponsor passively receives recommendations and accepts them, but does not participate in identifying issues, placing issues within the context of the role of the ministry, or fashioning potential responses. At the other extreme the Sponsor is actively engaged in all significant matters, but does not distinguish its role as Sponsor from the essential roles of the board or of management. Providence has its roots in community that embraces collegiality, delegation, and respectful distinction of roles allowing each body in governance and management to experience their contribution to the common good. Similarly, we work in communion with the Church to advance the mission of Jesus to the world. We gather with discerning hearts, open to the direction of the Holy Spirit, while honoring those we have entrusted with authority.

We hope Providence Ministries will avoid both extremes and that sponsor, board and management will work collaboratively within their appropriate roles, supporting each other and bringing their special talents and perspectives to the common work. In this way the ministry will be best served, and each body will attract and retain committed and capable people who are willing to serve in the respective roles.

We recognize that organizational structures will evolve in Providence as they have in other ministries that have adopted new forms of sponsorship. We begin our journey as sponsors, both Sisters of Providence and Catholic laity for Providence Ministries. Providence Health & Services will continue to have a board of directors. We do not know whether this initial arrangement will best serve the ministry in the future, or whether some overlapping or more integrated structure would ultimately be preferable. We leave that to the good judgment of those who serve in those roles in the future, and we invite their ongoing assessment of how best to develop structures that will effectively serve the needs of the ministry. We also understand that Catholic ministry is being shaped to more effectively respond to the crying needs of our time. You will be challenged as well to respond to those who call out for our care and the hard choices will be there when our resources are constrained. However, as St. Vincent DePaul commended to us, "Love is inventive to infinity." Compelled by God's providential love, you will be invited to do more than you ever believed possible because of God's goodness and love of all.

## CONCLUSION

We know that Providence Health & Services will thrive with the kind of leadership it enjoys today, and we expect that the leadership of Providence Ministries will be equally talented. With people of this caliber and commitment, Providence will continue the Mission for generations to come.

As we express our hopes for the future, we also express our gratitude to all the Sisters of Providence, Little Company of Mary Sisters and the lay women and men who have brought us to this day.

Providence of God, we believe in You.

Providence of God we hope in You.

Providence of God we love You with all our hearts.

Providence of God, we thank you for all.

Dated this 31st day of December, 2009

## United Methodist Church

### Theological and Historical Statement on Health and Wellness

Health is the ultimate design of God for humanity. Though life often thwarts that design, the health we have is a good gift of God. When God created humankind, God declared it to be very good (Genesis 1:31). Among Jesus' statements on the purpose of his presence is the statement that he came that we might have abundant life (John 10:10). Every account of Jesus' ministry documents how Jesus saw restoration to health as a sign of the Kingdom of Heaven becoming present amongst us. When John the elder wrote to Gaius (3 John 1:2), he wished for him physical health no less than spiritual. The biblical narrative is filled with stories of God's healing presence in the world. This includes spiritual, psychological, emotional, social, as well as physical healing.

For John and Charles Wesley, health was integral to salvation. In the Wesleyan understanding of salvation, Christ's self-giving on the cross not only freed us from the guilt of sin, but restored us to the divine image in which we were created, which includes health. John Wesley not only preached spiritual health, but worked to restore physical health among the impoverished people who heard his call. He wrote *Primitive Physick*,<sup>1</sup> a primer on health and medicine for those too poor to pay for a doctor. He encouraged his Methodists to support the health-care needs of the poor. Charles Wesley's hymns reflect early Methodism's awareness of spiritual health as a component of salvation.

#### ACHIEVING HEALTH

Health has, for too long been defined only as the absence of disease or infirmity. The World Health Organization took a more wholistic view when it termed health as "a state of complete physical, mental and social well-being."<sup>2</sup> We who are people of faith add spiritual well being to that list, and find our best definition in the biblical concept of "shalom." Shalom conveys or expresses a comprehensive view of human well being including "a long life of happiness ending in natural death (Gen 15:15)."<sup>3</sup> From the perspective of Shalom, health includes biological well being but necessarily includes health of spirit as well. From the perspective of Shalom, health is social harmony as well as personal well being, and necessarily presumes the elimination of violence. Thus the health that God wants for humanity both presumes and seeks the existence of justice as well as mercy, the absence of violence as well as the absence of disease, the presence of social harmony as well as the presence of physical harmony.

As disciples of the One who came that we might have life and have it abundantly, our first and highest priority regarding health must be the promotion of the circumstances in which health thrives. A leading health expert encourages the study of health not from the perspective of what goes wrong, but of what goes right when health is present. These "leading causes of life" include coherence, connection, agency (action), blessing, and hope.<sup>4</sup> Our lives are healthy when we are linked to a source of meaning, when we live in a web of relationships that sustain and nurture us, when we know we have the capacity to respond to the call God has placed on our lives, when we contribute to the affirmation of another at a deep level, and when we lean into a future that is assured, in this life and forever.

No one portion of the six billion members of God's global family has a monopoly on the expertise of achieving health. Achieving health, therefore, assumes mutual respect among the peoples of this Earth and the sharing of lessons learned in each society among the others.

Physical and emotional health is the health of the bodies in which we live, and we are therefore urged to be careful how we live (Ephesians 5:5).

As spiritual beings, our physical health affects our spiritual health and vice versa. St. Paul has termed our bodies as "temples of the living God (1 Corinthians 3:16; 6:16, 19-20), echoing Jesus himself (John 2:21). We therefore are stewards, custodians, managers of God's property: ourselves, our bodies, minds and spirits. Paul urges us to present to God our bodies as a living sacrifice and this is our spiritual worship (Romans 12:1, 2), and to do everything for the glory of God (1 Corinthians 10:31). When we honor our bodies and those of others, we are honoring God and God's good creation.

The biblical mandate has specific implications for personal care. We must honor our bodies through exercise. We must honor our bodies through proper nutrition, and reducing consumption of food products that we discover add toxins to our bodies, excess weight to our frames, and yet fail to provide nourishment. We must recognize that honoring our bodies is a lifelong process.

The second priority must be the correction of those circumstances in which health is hindered or thwarted. The interconnectedness of life is such that those things that diminish our health are most often things beyond the control of physicians, clinics, or insurers. The Ottawa Charter for Health Promotion identified the basic prerequisites for health as peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity.<sup>5</sup> One estimate of factors influencing health gives medical health delivery only 10 percent of the impact; family genetics account for 20 percent of the variability in health, environment 20 percent, and lifestyle 50 percent.<sup>6</sup> John Wesley recognized the great influence of lifestyle on health and its impact on the ability to perform excellent ministry in his caution against works of supererogation,<sup>7</sup> “voluntary works-besides, over and above God’s commandments to do more, for His sake, than bounden duty is required” highlight that faith-influenced lifestyle factors are a factor in health.<sup>8</sup> Thus the achievement of health requires attention to:

- **Environmental Factors.** Environmental factors include clean air, pure water, effective sanitary systems for the disposal of wastes, nutritious foods, adequate housing, accessible, people-oriented transportation, work for all who want to work, and hazard-free workplaces are essential to health. Environmental factors include not only the natural environment, but the spiritual environment, the social environment, and the political environment, including issues of war and peace, wealth and poverty, oppression and justice, environmental profiling and environmental racism. The best medical system cannot preserve or maintain health when the environment is disease-producing.
- **Public Health Factors.** Disease prevention, public health programs, and health education including sex education, appropriate to every age level and social setting are needed globally. Services should be provided in a compassionate and skillful manner on the basis of need, without discrimination as to economic status, mental or physical disability, race, color, religion, gender, age, national origin, language, or multiple diagnoses.
- **Social Lifestyle Factors.** Lifestyle factors detrimental to good health include inadequate education, poverty, unemployment, lack of access to food, stress-producing conditions which include such critical issues as domestic violence and other crimes and social pressures reinforced by marketing and advertising strategies that encourage the abuse of guns, tobacco, alcohol, and other drugs. Other societal pressures that affect health are overachievement, overwork, compulsion for material gain, and lack of balance between family/work responsibilities and personal renewal.<sup>9</sup>
- **Spiritual Lifestyle Factors.** A relationship with God, learning opportunities throughout life, personal renewal, recreation, green space and natural beauty add essential positive spiritual focus to life which influences health through fulfillment and positives attitudes of hopefulness and possibility.<sup>10</sup>
- **Personal Lifestyle Factors.** Those factors, which may be choices, habits or addictions destructive to good health include overeating or eating nonnutritious foods, substance abuse, including alcohol, tobacco, barbiturates, sedatives, and so forth. Failure to exercise or to rest and relax adequately is also injurious to health.
- **Cultural Factors.** Harmful traditional practices such as child marriage can result in serious health problems such as obstetric fistula<sup>11</sup> and the spread of HIV & AIDS. Other practices such as female circumcision can result in pain and the spread of infection.<sup>12</sup> Having multiple partners, a practice in many countries, has significantly increased the spread of AIDS and other diseases.<sup>13</sup>

The biblical view of health integrates the physical and the spiritual, and therefore both are needed in the achievement and restoration of health. In Western Protestant interpretation of health and healing, however, the union of the body and spirit is often dismissed. Cultures that respect and revere that union are often disregarded or looked upon in a condescending manner. Jesus did not make these distinctions, and the early church struggled with it. An illustrative narrative is that of the healing of the woman who suffered from a hemorrhage (Matthew 9:20-22).

She believed that touching his garment would make her well. He told her that her faith had made her whole, which includes physical wellness. We must, if we are to achieve good health, unite the body and spirit in our thinking and actions.

## RESTORING HEALTH

The experience of ill health is universal to humankind. When environmental factors have contributed to ill health of body or mind, the restorative powers given to the body and spirit by God, even with the best medical care, will be severely challenged if the environmental factors themselves are not changed.

God challenges our global church, as God has challenged God's servants through the ages, to help create networks of care around the world for those who are sick or wounded. Global networks of care should emphasize:

1. health care as a human right<sup>14</sup>;
2. transforming systems that restore health care to its identity as a ministry rather than as a commodity, and reforming those economic, financial and legal incentives to treat health care as a commodity to be advertised, marketed, sold, bought and consumed;
3. citizen leadership from the lowest levels to the highest in each society so that all can have active involvement in the formulation of health-care activities that meet local needs and priorities;
4. public financing mechanisms suited to each society that assures the greatest possible access of each person to basic health services;
5. advocacy care that engages the broader community in what the Ottawa Charter for Health Promotion terms the Five Pillars of Action: building healthy public policy, creating supportive environments that promote health, strengthening community action, developing personal skills, and reorienting health services<sup>15</sup>;
6. health promotion and community health education that enables each person to increase control over his or her health and to improve it<sup>16</sup> and then to be a neighbor to another, in the fashion of the Good Samaritan, who took the steps that he could, simply because he was there (Luke 10:29-37);
7. primary care workers who are drawn from the community and are trained to assist with the most common illnesses, as well as educate about the impact that can be achieved by improving environmental factors, such as health and sanitation;
8. basic health services that are accessible and affordable in each geographic and cultural setting;
9. medical care when the degree of illness has gone beyond what can be assisted by primary health workers;
10. hospital care, compassionate and skilled, that provides a safe environment for surgery and healing from illness under professional care; and
11. complete and total transparency to persons (or their designees) under the care of a medical practitioner, of their medical condition, so they can be an active director in their own care.

### THE CALL TO UNITED METHODISTS

Therefore, we call upon United Methodists around the world to accept responsibility for modeling health in all its dimensions. Specifically, we call upon our members to:

- continue the redemptive ministry of Christ, including teaching, preaching, and healing. Christ's healing was not peripheral but central in his ministry. As the church, therefore, we understand ourselves to be called by the Lord to the holistic ministry of healing: spiritual, mental emotional, and physical;
- examine the value systems at work in our societies as they impact the health of people and promote the value of shalom in every sphere;
- work for programs and policies that eliminate inequities around the world that keep people from achieving quality health;
- work for policies that enable people to breathe clean air, drink clean water, eat wholesome food, and have access to adequate education and freedom that enable mind and spirit to develop;
- make health concerns a priority in the church, being careful not to neglect the special issues of gender or age, treatment or prevention;
- collaborate as the body of Christ through establishment of networks for information sharing and action suggestions; and
- work toward healthy societies of whole persons.
  - o Part of our task is to enable people to care for themselves and to take responsibility for their own health.
  - o Another part of our task is to ensure that people who are ill, whether from illness of spirit, mind, or body, are not turned aside or ignored but are given care that allows them to live a full life.

- o A related obligation is to help society welcome the sick and the well as full members, entitled to all the participation of which they are capable.
- o People, who are well, but different from the majority, are not to be treated as sick in order to control them. Being old developmentally disabled, mentally or physically disabled is not the same as being sick. Persons in these circumstances are not to be diminished in social relationships by being presumed to be ill.
- o We see this task as demanding concern for spiritual, political, ethical, economic, social, and medical decisions that maintain the highest concern for the condition of society, the environment, and the total life of each person.

In addition, we call upon specific entities within our United Methodist connection to take steps toward health and wholeness as follows:

### CONGREGATIONS

United Methodist congregations are encouraged to:

- organize a Health and Wholeness Team as a key structure in the congregation. Among the team’s responsibilities would be to seek each member to develop their spiritual gifts in order that the body of Christ be healthy and effective in the world. The apostle Paul commented that “many are sickly and die among you” (1 Corinthians 11:27-29, NRSV). We suggest that this may have resulted not simply from failing to discern the body of Christ present in the communion bread, but from failing to discern the body of Christ as the congregation. When church members are not allowed to use their spiritual gift, they stagnate or die spiritually and the spiritual affects the physical health of the individual. The spread of health and wholeness should be discerned clearly as a guiding factor in why it is that we make disciples;
- accept responsibility for educating and motivating members to follow a healthy lifestyle reflecting our affirmation of life as God’s gift;
- become actively involved at all levels in the development of support systems for health care in the community; and
- become advocates for a healthful environment; accessible, affordable health care; continued public support for health care of persons unable to provide for themselves; continued support for health-related research; and provision of church facilities to enable health-related ministries.

### ANNUAL CONFERENCES

We encourage annual conferences to:

- continue their support and provision of direct-health services where needed through hospitals and homes, clinics, and health centers;
- work toward a comprehensive health system which would provide equal access to quality health care for all clergy and lay employees, including retirees;
- undertake specific actions to promote clergy health, physical, mental, emotional and spiritual; and
- support the establishment of Health and Wholeness teams in every congregation.

### Seminaries

We call on our United Methodist theological schools to:

- become involved in a search for Christian understanding of health, healing, and wholeness and the dimensions of spiritual healing in our congregations. Include coursework that will train clergy not only in pastoral care, but also in intentional caring of the congregation that promotes the physical and spiritual health of each church member; and
- work toward a comprehensive health system that would provide equal access to quality health care for all clergy and lay employees of seminaries, including retirees.

### EDUCATIONAL AND HEALTH CARE INSTITUTIONS

We call on our United Methodist colleges, universities, hospitals, and seminaries to gain an added awareness of health issues and the need for recruitment and education of persons for health-related ministries who would approach such ministries out of a Christian understanding and commitment.



## GENERAL AGENCIES

We call on:

- the General Board of Discipleship to develop educational and worship resources supporting a theological understanding of health and stewardship of our bodies;
- the General Board of Church and Society and General Board of Global Ministries to support public policies and programs that will ensure comprehensive health-care services of high quality to all persons on the principle of equal access; and
- the General Board of Pension and Health Benefits to undergird the social teachings of the Church by enacting policies and programs for United Methodist employees that ensure comprehensive health-care services of high quality to all persons on the principle of equal access.

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See Social Principles, ¶¶ 162V and 165C.

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