



Working Group Issue Paper: Integration of Faith and Health

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Preamble

Each of CCIH's four thematic working groups (integration of faith and health, health system strengthening, community-based primary care and health of women and children) was invited to develop an 'issues paper' to serve as an agenda for CCIH action. This is one of the four resulting papers. Working groups are developing action plans based on these at the CCIH Annual Conference in June 2019. Suggestions and contributions are always welcome.

The Why

Why write a statement regarding the connection between faith and health? What more can be said about faith and healing that hasn't already been stated? Isn't it already clear what the Church, those who call on the name of Jesus as Savior and Lord, believes about faith and well-being or shalom? It is precisely because the connection between faith, by this we mean to say faith in Jesus as Christ, healing, health and well-being has not been thoroughly developed within the Church that this document is being produced.

The real why of the matter is because it is the way of our Lord. In the creation narrative, His original intention was that man and woman, those beings He created in His own image, should live in complete health. They were in perfect relationship with God, with each other and with creation. These harmonious relationships were fractured when His creation decided they wanted to be independent of God and ate of the tree of the knowledge of good and evil, blessing and calamity and so disease, death and destruction entered the world.

*After many millennia and after much trial and error with and through the nation of Israel, God in His great mercy sent His one and only Son, Jesus the Messiah, to provide a way of reconciliation (healing) between humans and their Creator, and indeed all of creation. The brief three-year ministry of Jesus the Christ changed the world. The 1st chapter of the Gospel of Mark provides a complete snapshot of just how integrated the ministry of Jesus was. His first act was to **preach** and declare, "The time is fulfilled, and the kingdom of God is at hand; repent and believe in the gospel." (vs 15) Immediately thereafter he began His ministry of **discipleship** by recruiting if first four followers; Simon, Andrew, James and John. (vss 16-19) As Mark is want to do, he describes Jesus' movements as immediate with the next stage of Jesus' ministry being one of **teaching** in the local synagogue. (vs 21)After this teaching session, "immediately*

*there was in their synagogue a man with an unclean spirit.” (vs 23) Jesus **delivered** this suffering soul from this demonic possession. (vs 26) And finally, after what must have been a very full and busy day of work this small group of initial followers of Jesus moved to the home of Simon and Andrew where we are told their mother-in-law was suffering from a fever. It is not indicated from what source this fever emanated, perhaps it was malarial in origin, but Jesus’ response was to take her by the hand and lift her up and she was immediately **healed** of this fever. (vs 31) And, He wasn’t finished yet for “That evening at sundown they brought to him all who were sick or oppressed by demons. And the whole city was gathered together at the door. And he healed many who were sick with various diseases and cast out many demons.” (vss 32-34) This integrated type of ministry, and the way he interacted with the existing political and religious powers, is a model His followers are called to carry on until His return.*

However, the ministry outreach of the Church continues to be very fractured and nonintegrated. Many are they who have gone before us and who continue to preach the Good News and effectively “evangelize” many. Disciple making has received much attention as of late and many are involved in ministries of teaching and equipping workers for the Kingdom. Church planting efforts abound in all parts of the world, though more than 6000 ethnics remain without a single Gospel witness. Multitudes of healthcare professionals have gone forth from many locations with the intention of meeting the health needs of the poorest and most impoverished peoples. Hundreds of healthcare facilities have been built and remain where they are serving in the most difficult places on earth. The size of our efforts rival those efforts being made by non-Christian entities such as the World Health Organization and Doctors Without Borders.

Also, stories abound from those doing ministry outreach at the frontiers of mission of miraculous healings which have led to many conversions to belief in Jesus and even to whole movements to Christ! But our efforts are very fractured and NON-integrated. And our efforts to reach the most difficult to reach people groups is suffering because of this. And many, in countries long thought reached with the Gospel of Jesus, continue to suffer from age-old scourges such as TB and malaria.

To answer the question, WHY, then we would say is because #1, it is the way Jesus did ministry and is the way He expected His Church to continue what he began. And #2 is because the need is still great, and overwhelming when we think about it. But when we consider the God we serve, the power that He has entrusted to us and the size of His Church we are assured that when we do ministry as He demonstrated to us and when we rely on the power of the Holy Spirit we are convinced that health for all nations is possible.

The What

From this foundational understanding of the why, we, the Integration of Faith and Health working group, have identified a number of key issues that should be addressed to benefit the constituency of Christian Connections for International Health (CCIH). As members of Christ’s Body and co-laborers on behalf of Christ’s Church, we must explore what it means to practice integrated health and wholeness. In fact, CCIH members and organizations should provide global leadership in the authentic analysis and application of integral health. We are not

pursuing integration to justify our role in global missions, rather, we seek to address a dichotomy which exists within the understanding of the Gospel's healing power for individuals, families, communities, and the globe.

To fully achieve these aims, the following considerations represent issues that should be more fully explored by CCIH over the next 1-3 years:

- Clarify obstacles, from inside and outside the Church, to integrating faith and health in our various ministries. What is a unifying theological basis for integral health?
- Clarify contextualized approaches to integral health ministry. How do we avoid applying high-income models to low-resource settings across cultures?
- Apply a Biblical understanding of health and wholeness to global health practice at organization and systems levels. How do we encourage a sustainable gospel-centered organizational culture?
- Apply a Biblical understanding of health and wholeness to leadership development and capacity building among CCIH membership (organizations and individuals)
- Explore the concepts of "global health" and "planetary health" as God's creation and His people as responsible stewards
- Explore the intersection of the integration of faith & health with the other 3 CCIH focus areas: 1) maternal child health, 2) health systems (include NCDs), & 3) community based prevention & care

The How

To address the issues we have identified as salient for our working group, we will pursue the following strategies:

- Provide existing resources for exploring a Biblical understanding of integral health and
- identify gaps for further study (example: add to CCIH website resources, host a "book club" or "journal club")
- Engage diverse voices from inside and outside CCIH to develop a robust
- understanding of integral health and integral ministry (example: story project)
- Investigate opportunities for intentional discipleship related to integral health
- (organizational and individual level)
- Articulation and distribution: writing projects, presentations, etc. for diverse stakeholders - health care practitioners, pastors and theologians, missions organizations, NGOs (secular and faith-based), governmental organizations, academia.

In conclusion, we ultimately seek to support CCIH's constituents in discovering and living out their identity as Christ followers engaged in global health ministry. As a working group, we would like to fill a unique niche by helping CCIH members and organizations become "comfortable in their own skin" as it relates to living out integrated ministry. We desire to communicate effectively for change and lead through influence.

Working Group Co-Chairs

Gil Odendaal, Chair

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