

Keynote speech: The Healing Ministry of The Churches Today

By Prof. Isabel Apawo Phiri, Associate General Secretary for Public Witness and Diakonia, World Council of Churches (WCC) at the international symposium on “Christian Responses to Global Health and Development” - 50 years after “Tübingen I” German Institute for Medical Mission (DIFAEM) 26 - 29 June 2014

All the guests of honour:

Dr Gisela Schneider, DIFAEM director

All Resource persons to this symposium

All Delegates to the symposium

Sisters and brothers in the Lord

Introduction

I bring you greetings from the general secretary of the WCC, Rev. Dr Olav Fykse Tveit who was invited to be a keynote speaker by Dr Gisela Schneider.

The WCC congratulates the DIFAEM for 50 years of Christian responses on global health and development. Let me take this opportunity to clearly state that the WCC is committed to the healing ministry of the churches today as it was 50 years ago when it co-organized with the Lutheran World Federation (LWF) and the DIFAEM the Tübingen I and II Consultations in 1964 and 1967. The WCC traces the motivation and the creation of space for the birth of its former Christian Medical Commission (CMC) of the WCC in 1968 to the Tübingen I and Tübingen II consultations. It is within this context and spirit that the invitation that was sent by Dr Gisela Schneider to Rev. Dr Olav Fykse Tveit was received. The invitation stated that “our invitation honours the significant role WCC and its former Christian Medical Commission has played in promoting the implementation of the Christian healing ministry through its member churches.”¹ At the same time, the WCC honours the commitment of the DIFAEM to keep the vision of Christian responses on global health issues and development alive and focused. It is therefore befitting that at an international symposium of this nature, the WCC acknowledges the significant role played by DIFAEM in keeping the torch burning on the discourse of Christian responses to global health and development.

Brief background and development of WCC’s Work in healing ministry

In the WCC 2015 project plans for Health, Healing and Human Dignity,² we remind ourselves of our roots, which connect us to Tübingen I and Tübingen II consultations and how we have developed over the years in our health ministries with the churches. I take the liberty to quote substantial sections of the background information of the plans because it explains the WCC background and development of involvement in the healing ministry in a very concise way. It starts by acknowledging the engagement between the WCC and the DIFAEM over a period of 50 years in the area of health, healing and wholeness.

The WCC (through Christian Medical Commission(CMC): Churches’ Action for Health) played a critical role in the 1960s and 70s in facilitating data collection, research and evaluation helping to

¹ Gisela Schneider, DIFAEM Director in a letter to Rev Dr Olav Fykse Tveit dated February 2014.

² The 2015 project plans were developed by Rev Dr Nyambura Njoroge and Dr Sue Parry, taking into account the outcomes of the ecumenical conversation EC 20 Ecumenical health and healing ministries, offered at the 10th assembly of WCC.

deliver in most appropriate ways health services relevant to local needs and the mission and resources of the churches. The CMC was concerned with determining “what specific or unique contribution to health and medical services can be offered by the churches”. CMC also facilitated many conversations on theological roots of health, healing and wholeness, a task that is ongoing today.

CMC used *Contact Magazine* (first issue published in 1970) to communicate its findings, and articles on theological discourse. By 1973, one of the major outcomes of the CMC was to bring to world’s attention many projects that offered innovative ways to improve the health of populations in developing countries. Eventually the World Health Organization (WHO) paid attention and several meetings took place between the staff of the CMC and the WHO to explore “possible collaboration and the mechanisms of action”. A joint working group was established which prepared a six-page statement that was subsequently approved by both organizations.

On 27 May 1974 the statement formed the “Memorandum of Understanding” between the WCC’s CMC and the WHO, which enabled a working relationship by “joint involvement in common endeavors on very practical level.” The WCC through CMC became the first Non-State Faith-Based-organization (FBO) through which churches’ health workers could have a voice and a platform for advocacy on health policies at the annual WHO Assembly and the Executive Board. CMC was in fact instrumental in WHO’s Primary Health Care Approach. Equally important, WHO became instrumental in WCC’s ecumenical response to the AIDS crisis from 1986. Subsequently collaboration was established with the UNAIDS (since 1996) but no formal memorandum of understanding exists with WCC.

Sustaining the WHO-CMC collaboration was based on mutually agreed objectives and activities for a three year period, the results of which are reviewed by the WHO Executive Board every three years. The current agreement is due for review in 2015. This review is a very important milestone for WCC Health and Healing work in 2015 and beyond. ...³

So much has changed since the joint statement in 1974, however, some important things remain the same especially data collection, surveys, research and evaluation (evidence-based documentation) on how churches, as a key audience of the WCC Health and Healing work, have engaged and/or lack of engagement on the Millennium Development health related goals (2000-2015) and how they are preparing for post 2015 global health agenda.

On the other hand, many of the UN bodies working on health related issues such as UNAIDS, UNFPA, Global Fund to fight Malaria, TB and AIDS – another WCC key audience for this project, have come a long way in acknowledging that religion and faith have a lot to do with people’s health and decisions they make about health and healing and that they have both positive and negative impact for various reasons. These UN secular bodies acknowledge the volume of health work carried out by religious institutions but inevitably require evidence-based documentation on the data and the impact.

Invitation to Join a Pilgrimage of Justice and Peace

³ It is important to note that after WCC Assembly in 2013, a decision was taken by the leadership to present the Health and Healing project to WHO under the brand name of “WCC” rather than “CMC: Churches Action for Health”. A letter dated May 4, 2014 was sent to Dr Margaret Chan, Director-General of WHO, to communicate officially of this change and at the same time assuring her of WCC’s commitment to Health and Healing as well as specific engagement on the global HIV and AIDS response.

Through the theme of this symposium, the WCC is indeed grateful for the invitation to reflect on the healing ministry of the churches today. The resolutions of the WCC 10th Assembly to journey together on the “pilgrimage of justice and peace” in Busan, Korea to the 11th Assembly in 2021 provides the basis of the work to be carried out. The Assembly message stated:

“We intend to move together. Challenged by our experiences in Busan, we challenge all people of good will to engage their God-given gifts in transforming actions. This Assembly calls you to join the pilgrimage! May the churches be communities of healing and compassion and may we seed the Good News so that justice will grow, and God’s deep peace rest on the world.”⁴

Through the ecumenical conversations, 1WCC 10th Assembly created spaces for detailed engagement on issues which are important in the ecumenical movement. Of particular significance to this symposium is ecumenical conversation on Health and Healing Ministries. This ecumenical conversation developed a road map to give direction to the healing ministries of the churches today and to identify challenges which we need to overcome. In the final report of this ecumenical conversation the participants affirm that:

Churches, ecumenical partners and the WCC sees health and healing as a primary area of mission to which we are called by God, that member churches offer a significant percentage of health services, particularly in the global south, often going where governments and NGOs do not reach.

The WCC has a strong history of supporting Christian health associations and serving as a bridge to UN agencies and other similar agencies.

Since 1986 the WCC has engaged in HIV response, including the creation of the Ecumenical Advocacy Alliance and the work of Ecumenical HIV and AIDS Initiative in Africa (EHAIA).

The WCC has supported the “Healing of Memories” initiative for dealing with trauma, especially in relation to atrocities, and for addressing individual and collective wounds of the past.

The participants acknowledged the following challenges:

Christian health associations are facing difficulties in the areas of advocacy, resource mobilization and capacity building. There is the need for the WCC to continue to actively engage in support of Christian health associations and facilitate the sharing of best practices that promote health and healing, including contextual bible studies an, “Healing of Memories.”

Despite medical advances, HIV continues to be a significant global health crisis. There is the need for the churches, ecumenical partners and the WCC to emphasize the responsibility and role of the Christian church in overcoming stigma, addressing social determinants, sharing effective practices among regions, and serving the needs of persons living with and affected by HIV for prevention, care and support.

⁴ Message of the 10th Assembly

There has not been collective ecumenical action in relation to addressing the health-related Millennium Development Goals (MDGs) and participants encourage the WCC to develop a collective strategy to address the Post MDGs 2015.

There are tensions in the church for addressing specific health-related concerns, such as human sexuality and gender-based violence. The WCC is encouraged to develop:⁵

Affirmations and challenges that have informed the WCC strategic plans for 2014 to 2017⁶ and have been translated into the project plans for Health and Healing and for the Ecumenical HIV and AIDS Initiative and Advocacy.⁷ It is through these plans that one sees very clearly WCC's commitment to the healing ministries of the churches as indispensable part of our Christian calling. In the spirit of the pilgrimage of justice and peace, the WCC through the Health and Healing and Human Dignity and Ecumenical HIV and AIDS Initiatives and Advocacy (EHAIA) projects plan to be involved in the following activities: Advocacy in Health and Healing with WHO and UNAIDS; Strengthening global networks to promote voices on health issues in all their fullness; human sexuality, dignity and health; Increased capacity of churches to respond effectively and compassionately on HIV and AIDS; transformed life-affirming theology;

Integrated comprehensive sexuality and reproductive health education and EMTCT (elimination of mother-to-child-HIV transmission) in HIV interventions. Theological literature production and documentation of ecumenical HIV response.⁸

Method of working

Of significance to mention here as one of the mandates of the WCC 10th Assembly which has a bearing on the healing ministry of the churches today is the WCC's methodology of operations as reflected in the report of the Programme Guidelines Committee (PGC). The report stated that:

At the 8th Assembly (Harare, 1998) the need to find a new balance between the WCC as a fellowship of churches and the WCC as an organization was acknowledged (*Common Understanding and Vision*). Since the 9th assembly (Porto Alegre, 2006) the WCC has been in a period of transition because of major financial challenges which necessitated restructuring. Subsequently, there is the likelihood that as an "organisation" we will keep facing the prospect of diminished financial resources. As a "fellowship" however, we have much greater potential, and this is an opportunity to actively reconsider how we want to engage with each other through the WCC.

A question that must be asked is, how does viewing ourselves as a fellowship of churches change the WCC's programmatic methodology? Can the WCC continue designing programmes from the Geneva offices, or has the time come that we plan and implement programmatic work more systematically together with the member churches? The PGC believes that our programmatic work has a strong relational dimension, and that relations with our member churches are a condition for effective programmatic work. With respect to the fellowship, the

⁵ EC 20 Ecumenical health and healing ministries. WCC Assembly, Busan, South Korea, 30th October -8 November 2013.

⁶ In the WCC strategic plans for 2014 to 2017, it is stated that 2017 is the midpoint at which the plans of WCC will be evaluated. The results of the evaluation will form the basis in which further plans for the 2018 to 2018 will be structured.

⁷ The last A for EHAIA has been changed from Africa to Advocacy by the WCC governance leadership to accommodate the expansion of the WCC HIV and AIDS work from Africa to Global starting with Jamaica, Philippines and Ukraine.

⁸ 2015 Project plans for Health, Healing and Human Dignity and EHAIA.

criteria should therefore be that programmes will be run only when they are undertaken in cooperation, at both planning and operational stages, with member churches.⁹

The WCC 10th Assembly also decided that the work of WCC as an organization is to be done together with member churches and ecumenical partners. This is why at the 10th assembly, in the ecumenical conversations it was an imperative to have both the member churches and ecumenical partners work together to shape the future programmatic work of the Council and the fellowship. In the context of this methodology of working, this symposium needs to reflect on how the healing ministry of the churches today is to be undertaken together in cooperation through planning, implementation, reporting and evaluation levels within the framework of the pilgrimage of justice and peace.

Engagement in the pilgrimage as a response to the *Missio Dei*

The framework in which the WCC as a fellowship of churches embarks on the pilgrimage of justice and peace and understands and reflects on the healing ministry of the churches today is well articulated in the document *Together Towards Life: Mission and Evangelism in Changing Landscapes*.¹⁰ In the section entitled Mission as Healing and Wholeness of this document, it is stated that:

‘Actions towards healing and wholeness of life of persons and communities are an important expression of mission. Healing was not only a central feature of Jesus’ ministry but also a feature of his call to his followers to continue his work (Matthew 10:1). Healing is also one of the gifts of the Holy Spirit (1 Corinthians 12:9; Acts 3). The Spirit empowers the church for a life-nurturing mission, which includes prayer, pastoral care, and professional health care on the one hand, and prophetic denunciation of the root causes of suffering, transforming structures that dispense injustice and the pursuit of scientific research on the other.

Health is more than physical and/or mental well-being, and healing is not primarily medical. This understanding of health coheres with the biblical-theological tradition of the church, which sees a human being as a multidimensional unity, and the body, soul and mind as interrelated and interdependent. It thus affirms the social, political and ecological dimensions of personhood and wholeness. Health, in the sense of wholeness, is a condition related to God’s promise for the end of time, as well as a real possibility in the present.ⁱ

¹¹Wholeness is not a static balance of harmony but rather involves living-in-community with God, people and creation. Individualism and injustice are barriers to community building, and therefore to wholeness. Discrimination on grounds of medical conditions or disability – including HIV and AIDS – is contrary to the teaching of Jesus Christ. When all the parts of our individual and corporate lives that have been left out are included, and wherever the neglected or marginalized are brought together in love, such that wholeness is experienced, we may discern signs of God’s reign on earth.

Societies have tended to see disability or illness as a manifestation of sin or a medical problem to be solved. The medical model has emphasized the correction or cure of what is assumed to be the “deficiency” in the individual. Many who are marginalized, however, do

⁹ 10th Assembly report of the Programme Guidelines Committee page 3.

¹⁰ *Together Towards Life: Mission and Evangelism in Changing Landscapes*. (Geneva: WCC, 2013, 19-21). This is WCC Publications 2013, prepared by Commission on World Mission and Evangelism and approved by WCC Central Committee in 2012.

¹¹ *Healing and Wholeness: The Churches’ Role in Health*, Geneva, WCC, 1990, p.6.

not see themselves as “deficient” or “sick”. The Bible recounts many instances where Jesus healed people with various infirmities but, equally importantly, he restored people to their rightful places within the fabric of the community. Healing is more about the restoration of wholeness than about correcting something perceived as defective. To become whole, the parts that have become estranged need to be reclaimed. The fixation on cure is thus a perspective that must be overcome in order to promote the biblical focus. Mission should foster the full participation of people with disabilities and illness in the life of the church and society.

Christian medical mission aims at achieving health for all, in the sense that all people around the globe will have access to quality health care. There are many ways in which churches can be, and are, involved in health and healing in a comprehensive sense. They create or support clinics and mission hospitals; they offer counselling services, care groups and health programmes; local churches can create groups to visit sick congregation members. Healing processes could include praying with and for the sick, confession and forgiveness, the laying-on of hands, anointing with oil, and the use of charismatic spiritual gifts (1 Corinthians 12). But it must also be noted that inappropriate forms of Christian worship, including triumphalistic healing services in which the healer is glorified at the expense of God, and where false expectations are raised, can deeply harm people. This is not to deny God’s miraculous intervention of healing in some cases.

As a community of imperfect people, and as part of a creation groaning in pain and longing for its liberation, the Christian community can be a sign of hope, and an expression of the kingdom of God here on earth (Romans 8:22-24). The Holy Spirit works for justice and healing in many ways and is pleased to indwell the particular community which is called to embody Christ’s mission.

After the assembly, the WCC leadership has been engaged in drafting the WCC strategic plans 2014 to 2017. This document will be presented to the WCC Central Committee in July 2014. In one section, the document explains further that:

The pilgrimage is the overarching approach of the Council’s work enabling the fellowship to move forward together. In the period between the 10th and the 11th assembly, the WCC will fulfil its purpose by supporting the member churches and ecumenical partners to journey together, promoting justice and peace in our world as an expression of faith in the Triune God.¹²

Conclusion

This presentation has shown that the WCC is committed to health, healing and human dignity because it is core to the work of the churches. There is a very clear biblical mandate on health and healing. Over the years the WCC assemblies and Central Committees have made clear statements and minutes that have shown its commitment to health healing and wholeness for all. As the WCC embarks on a pilgrimage of Justice and peace, I quote again from the final recommendation of the report of the Programme Guidelines Committee:

The assembly invites member churches and ecumenical partners to commit to working together as a fellowship in “A Pilgrimage of Justice and Peace”.

¹² WCC Strategic Plan 2014-2017, page 9.

Two questions for discussion today should be: how does the group present at this symposium intend to be engaged in the pilgrimage of justice and peace in the context of Christian response to global health and development? What do you see as the most important contribution from the WCC in the process of this engagement?
