

**An Anabaptist Theology of Health Care**  
**Keynote for MWC Global Healthcare Leaders Summit**  
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It is an honor to be asked to address this important topic at this meeting, especially when health care leaders gather from across the globe. At the outset, I want to recognize and affirm that the means and resources for health care differ greatly in the varied cultures here represented. A significant aspect of our learning in this Summit meeting will be to understand the global face of health care needs and how Anabaptist Mennonites go about, or might go about, fulfilling the gospel mission to meet these varied health care needs (see point 5 on p. 23).

The foundations that undergird the Anabaptist vision and theology for health care are:

1. to seek to fulfill the biblical vision of *shalom* in our health care efforts;
2. to heal and save—the church’s mission;
3. to live as community in (*koinonia*) sharing; and
4. to practice mutual aid—providing aid assistance to each other in times of need.

In the Old Testament *shalom*, usually translated as peace, includes wholeness and wellness for the person and the community. Inspired by the model of the early church, the church’s mission through the centuries has included health care as part of the gospel, along with preaching and literacy efforts—making God’s word available in the language of the people. While these three streams are basic to the gospel as understood by all Christian denominations, the Anabaptist practice of health care integrates these biblical and historical practices with strong commitment to be a community of care for one another, even at great costs.

In this Global Summit a fifth crucial point must be added to the four above:

(5) What can we learn from each other in several areas: natural health remedies, especially for preventive healthcare, from the varied world agricultural and ecological systems and resources, and how we manage (administer) health care with limited financial resources? My knowledge here is limited, but I will open the topic to your contribution on these matters.

### **Shalom Vision for Health Care**

*Shalom*, the Hebrew word for *peace* (210 occurrences; over 350 uses, including derivatives) has many dimensions of meaning: wholeness, well-being, peace, salvation, and justice. The biblical concept of *shalom* (Hebrew word for peace) means more than the usual translation, *peace*. It includes physical, emotional, and spiritual well-being within communal structures of support for one another. It is the opposite of homelessness, helplessness, and hopelessness. *Shalom* occurs often in the Old Testament inquiring about one’s *welfare* (Gen. 26:6; 37:14; 43:27; Exod. 18:7; 1 Sam. 10:4; 17:18, 22; 25:5; 30:21; Jer. 38:4 and 15:5 for the *shalom* of Jerusalem). This inquiry about one’s “welfare includes everything necessary to healthful living: good health, a sense of well-being, good fortune, the cohesiveness of the community, relationship to relatives and their state of being, and anything else deemed necessary for everything to be in order.”<sup>1</sup> This

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<sup>1</sup> Claus Westermann, “Peace [*Shalom*] in the Old Testament” in *The Meaning of Peace*, ed. Perry B. Yoder and Willard M. Swartley (Elkhart, Ind.: IMS, 2001), p. 49. While *peace* is the usual translation of *shalom*, English

## Anabaptist Theology of Health Care

relational state of *well-being* shades over into shalom's cognate, *shalem* (used 33 times), which denotes health. Shalom assumes relationship with God and meaningful relationships with fellow-humans. Living selfishly deprives the community of shalom. Mutual aid, given with a generous, loving heart, enables shalom to flourish. The shalom of each person and the shalom of the community are intertwined, and specifically so on the topic of health care. If a person lacks health care the community's shalom is compromised.

Anabaptists are known for their peace witness, based on truth, love, and justice. A commitment to peacemaking seeks to restore shalom to the community when natural or moral catastrophes occur. Anabaptist theology and practice requires generous, even costly, response to such tragedies. Example: Mennonite Central Committee and other MWC related agencies are responding now with generous aid through partner agencies to victims of the massive earthquake catastrophes in Nepal.

Shalom is one part of community wellness, interrelated to many other conditions of the spirit and psyche, especially the freedom to thank and praise God for life as we experience it, even amid adversity. This diagram illustrates the point:

### OT view of healing shalom



In my book, *Health, Healing and the Church's Mission*, I list numerous Psalms (Handout) that are petitions or thanksgivings for healing. The Old Testament views the Lord as Israel's healer and depreciates medical contributions. In Exodus 15:26 the Lord God declares: *Yahweh-rapha*: "I am the Lord who heals you." In a later text (Sirach 38), however, physicians and pharmacists also are regarded as God's gift for our healing. We should not pit faith against

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versions may translate shalom also as prosperity (Ps. 37:11; 72:3; 128:5; Isa. 54:13; 66:12; Zech. 8:12). Shalom has moral connotation as well: it is opposed to deceit (Ps. 34:13-14; Jer. 8:22-9:6). Unless noted otherwise, the NRSV (New Revised Standard Version) will be used for Scripture citations in this article.

## Anabaptist Theology of Health Care

medicine for healing. It is important to see the divine presence in healing whether it comes through the contributions of the health professions and/or faith in God/Jesus/Spirit as Healer.

In chapter 1 of *Health, Healing and the Church's Mission* I develop seven theses on sickness and healing. These provide a theological framework as we face dilemmas in healing care. They are foundational to our theology for the church's mission in health care.

I refer to these here briefly:

1. God intends shalom for all humans, but sin and Satan play adversarial roles.
2. God is God and we are weak, mortal, and frail creatures.
3. Illness puts us in a quandary before God; it challenges God's good creation. Note healing Psalms—cries of lament (Ch. 2)
4. God is present in suffering with comfort, love, and healing power, even through death.

From these voices we learn:

Jeremiah: some sufferers shed God's tears.

Habakkuk: some are worshipping saints.

Isaiah: some are Servant "Savior" to the covenant community.

Job: some sufferers are friends of God.

5. Jesus is Healer-Savior. Jesus empowers us in healing.  
Miracles and Christology are interlinked. **See Acts 10:36-38.**
6. The Spirit too is Healer, the divine pledge of complete healing beyond death.

**Romans 8:17-26; 2 Cor. 1:22; Eph. 1:13.**

7. The church is called to be agent of God's healing power (chap 5 in *Health, Healing...*)

Anabaptists rooted their theology and life on Scripture. For this reason I give space here to Scriptural emphases on healing. I expand on point 2, since it so basic to our understanding ourselves as mortals before the Creator God and heavenly Father.

### **Thesis Two. God is God and we are weak, mortal, and frail creatures (Pss 49; 103).**

On the one hand, we marvel at the wonder of the human being, created in God's image. Yet on the other, we are reminded that we are of the earth, frail and mortal. Even though animated by God breathing his spirit into a dusty artful human body to become a living soul (*nephesh*), we are needy vulnerable people, dependent upon God's sustaining presence and power. Waldemar Janzen rightly argues that if we want to understand the human being properly, we must begin by emphasizing our human frailty, thus avoiding an easy, shallow optimism and unrealistic appraisal of the human situation (see Ch. 2). This is the created duality of our human nature: constrained by mortality and yet by God's life-giving Spirit capacity to soar from one degree of understanding, discovery, and invention to another. Finitude and freedom coexist in our being.<sup>2</sup>

Dying and death must also be affirmed in our vision of shalom. Hence we pray:

God, you are our Creator and we are creatures, human and mortal. We know that all of us will one day die. We view our life as a gift from you. Even though we die, you grant us eternal life through

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<sup>2</sup> Cf. Gilbert Meilaender's "Introduction" to *Bioethics: A Primer for Christians* (Grand Rapids: Eerdmans, 1996), pp. 3-4.

## Anabaptist Theology of Health Care

your victory over death in raising Jesus Christ. We promise to live for you, for Christ, and by the Spirit's power, knowing that our living and dying for you is life with you forever. Amen.

### Salvation and Healing, the Church's Mission

Salvation and healing are one in Jesus proclamation of God's kingdom come and coming. The Greek word *sōzō* means both save and heal. Healing and salvation are linked in Jesus' ministry and in his commission to his disciples as well. Healing, twinned with both salvation and peace, is intrinsic to the New Testament gospel. Jesus is Savior/Healer/Peacemaker.

Doctor Luke summarizes Jesus' mission with two key themes: *preaching peace* and *healing* in Acts 10:36-38:

You know the message he sent to the people of Israel, *preaching peace* by Jesus Christ-- he is Lord of all. <sup>37</sup> That message spread throughout Judea, beginning in Galilee after the baptism that John announced: <sup>38</sup> how God anointed Jesus of Nazareth with the Holy Spirit and with power; how he went about doing good and *healing* all who were oppressed by the devil, for God was with him.

In chapter 3 of *Health, Healing, and the Church's Mission*, I list Jesus' many healing miracles, drawing on Morton Kelsey's *Christianity and Healing*. Kelsey counts forty-one distinct healing miracles (seventy-two, with duplications). See **Handout** of this list. This listing identifies also the method of healing and exorcism: by word only, touch, preaching, or other action.<sup>3</sup> Since Jesus' proclamation of the kingdom of God is intertwined with healing miracles, we conclude that healing was and is an essential part of the gospel of Jesus Christ, then and now.

Luke, a physician, emphasizes Jesus' healings in his Gospel and the apostles' healings in Acts. F. F. Bruce suggests that Paul's illness, perhaps allergies in the highlands of Asia Minor, prompted him to go to Troas for medical care. It was there at Luke's outpatient clinic in Troas where Paul got medical help and then was urged by Luke to go home with him to Philippi (there the "we" sections in Acts begin). That physician Luke wrote the only history of the early church in the NT canon is most significant. It testifies to the blending of the divine and the medical in healing. This testimony of healing continues in the early church, since healing care for the sick has been foundational to the church's mission from its beginning (Ch. 8 in *Health, Healing...*).

Hector Avalos, who is agnostic regarding Christian faith, has nonetheless done extensive study on healing in the early church. Avalos says:

*Early Christianity may be seen as a Jewish sect that had, as one of its primary goals, the reformation of the health problems found in the health care systems of Greco-Roman traditions. Far from being a marginal interest, health care was part of the core of its mission and strategy for gaining converts to this Jewish sect.*

*A variety of features afforded Christianity an advantage over its many competitors. . . The combination of benefits offered by the Christian approach to health care was one of the*

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<sup>3</sup> Morton Kelsey, *Healing and Christianity: A Classic Study* (Minneapolis, Minn.: Augsburg Fortress Press, 1995), pp. 43-45. See also Frank Bateman Stanger, *God's Healing Community* (Wilmore, Ky.: Francis Asbury Publ. Co., 1985), p. 33. Stanger's even longer list is in two sections: "individual" healings (26) and "multiple healings" (21), some of which are summary statements of healing of "Crowds." Only Kelsey cites the "Method" of healing.

## Anabaptist Theology of Health Care

*primary factors in the rise of Christianity.*<sup>4</sup>

Christians in the second and third centuries not only provided healing care for its own members, but they sought also to alleviate the socioeconomic poverty conditions of the empire.<sup>5</sup> Early Christianity witnessed to Jesus Christ's victory over the powers by means of the church's incredible practice of charity and mutual aid. The Roman world treated human life with contempt in many instances, allowing especially female infants to die, with their bodies decaying in open sewers running down the middle of city streets. Rodney Stark, from his sociological study of early Christianity says, "We've unearthed sewers logged with the bones of newborn girls." The early Christians "had to live with a trench running down the middle of the road, in which you could find dead bodies decomposing."<sup>6</sup> Christians did not put sewer systems in the cities, but they did speak against infanticide; they cared for each other and for the weak in a society that otherwise blinded itself to human need.

Stark is convinced that the early Christians made a striking difference in their world, by standing for life over against death, caring for each other and valuing women and children, granting them dignity and worth that manifested God's kingdom values amid an immoral degenerate social order.<sup>7</sup>

Christianity has a rich health care history. The Christians' response to the sick and dying lies at the heart of Christian moral praxis. Jesus' parable of the Good Samaritan (Lk 10:25-37) and Jesus' healing ministry inspired the early church. Health care was integral to the church's mission. Amanda Porterfield, in her study of the history of health care, documents this point,

As a number of primary documents attest, care for the sick was a distinctive and remarkable characteristic of early Christian missionary outreach. Early Christians nursed the sick to emulate the healing ministry of Jesus, to express their faith in the ongoing healing power of Christ, and to distinguish Christian heroism in face of sickness and death from pagan fear.

Polycarp, bishop of Smyrna, in the early second century, identified care of the sick as one of the chief tasks for which church elders were responsible. A guidebook for Christian communities written in Rome around 215 instructed bishops to pay house calls on sick members.<sup>8</sup>

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<sup>4</sup> Hector Avalos, *Health Care and the Rise of Christianity* (Peabody, Mass.: Hendrickson, 1999), p. 119.

<sup>5</sup> For description of these dire conditions, see Meggitt, *Paul, Poverty and Survival*, pp. 41-73.

<sup>6</sup> Rodney Stark, "A Double Take on Early Christianity," interview by Mike Aquilina, in *Touchstone* 13, no. 1 (2000): 44, 47. For fuller treatment see Rodney Stark, *The Rise of Christianity: A Sociologist Reconsiders History* (Princeton, N.J.: Princeton University Press, 1996), esp. "Epidemics," pp. 76-94, and "Urban Chaos and Crisis," pp. 147-62. He says, outside "on the streets [was] mud, open sewers, manure, and crowds. In fact, human corpses—adult as well as infant—were sometimes just pushed into the street and abandoned" (*Rise of Christianity*, p. 154). Stark also describes the Christian communities as caring for each other through networks of support and doing much to alleviate the plight of sufferers during plagues and amid horrid urban conditions. Yet their survival rates were higher than those of the general population.

<sup>7</sup> Stark, "A Double Take on Early Christianity," p. 47. For a contemporary act of loving care for a destitute person, repulsive in dirty body and odor, read E.R. nurse Dawn Husnick's care for such a person, cited by Scot McKnight in *A Community Called Atonement* (Nashville: Abingdon, 2007), pp. 3-4.

<sup>8</sup> Amanda Porterfield, *Healing in the History of Christianity* (Oxford: Oxford University Press, 2005), p. 47.

## Anabaptist Theology of Health Care

For a wider view of this Christian ministry throughout the Roman Empire, the Council of Nicaea, which we know best for settling Eastern and Western doctrinal disputes regarding Christology, also discussed healing and approved an action on health care, a point rarely noticed:

Already in 325, the Council of Nicaea commanded that a building dedicated to the care of the sick be constructed in every cathedral town. The hospice of St. Basil at Caesarea in Cappadocia, for example, completed by 370, was renowned for its treatment of the sick and as a place of refuge for travelers and poor people.

Early Christians built similar hospices at Constantinople and Alexandria in Egypt and in cities throughout Syria and Asia Minor.<sup>9</sup>

Richard Foster, in his excellent book, *Prayer: Finding the Heart's True Home*, has a chapter on "Healing Prayer" where he describes St. Augustine's change of view on healing miracles. Siding with some of the Church Fathers (and only some), Augustine taught that miracles ceased after the apostles. Augustine took that view until in A.D. 424 a brother and sister came to his town of Hippo seeking to be healed. Every day they went to Augustine's church to pray, but nothing happened, until the Second Sunday after Easter.

The young man was in the crowded church, praying. Augustine was still in the vestibule, ready for the processional, when the young man fell down as if dead. People nearby were seized with fear, but the next moment he got up and stood staring back at them, perfectly normal and fully cured." Augustine was perplexed and took him and his sister home for dinner. Then on the third day after that Easter Sunday Augustine had the man and his sister stand on the choir steps and began preaching on healing. But he was interrupted by shouts from the audience. The young woman had also fallen down and was instantaneously healed. So she stood before the people and in Augustine's own words, "Praise to God was shouted so loud that my ears could scarcely stand the din."<sup>10</sup>

After Constantine the emerging Roman Empire Catholic Church took up the early church's practices of care for the sick and institutionalized this by building hospices and later hospitals.

I fast forward to the Reformation period—the Protestants didn't come off well on healing and health care. Calvin depreciated care of the body and health care. Lutherans did little better. King Henry VIII burned and destroyed five hospitals in England in reaction to Catholic hospital care. The Anabaptists had a strong sense of community and practice of mutual aid. Hence the sick, disabled, and healthy were valued members of the faith community. None was to be neglected. Many developed skills as midwives, physicians, and healers. When toleration began in 1570 for the Dutch Mennonites many went to university to study medicine. Many educated

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<sup>9</sup> Roth, John D. "The Christian and Anabaptist Legacy in Health care," in *Healing Health care: A Study and Action Guide on Health care Access in the United States*, edited by Joseph J. Kotva, Jr. (Scottsdale, Pa.: Faith & Life Resources, 2005), p. 13.

<sup>10</sup> Richard J. Foster, *Prayer: Finding the Heart's True Home* (HarperSanFrancisco, 1992), pp. 203-42. For the Augustine story, see pp. 215-16. Richard Foster's chapter 18 on "Healing Prayer" is a gem. The next two chapters, "The Prayer of Suffering" and "The Prayer of Authority" are superb as well—but so is the entire book.

## Anabaptist Theology of Health Care

pastors in the 1700s and 1800s also became physicians.<sup>11</sup> Some congregations employed a physician for a flat fee to treat everyone in the congregation—not a bad model for us to consider today! Many of the early Anabaptists may have gravitated to the healing arts because this vocation was transportable to another area, if persecution threatened a given area.

In the mid 1700's John Wesley (1703-1791) began a new turn for Protestants. He strongly emphasized healing of the sick and began a health clinic. He carried with his Bible a small bag of health remedies as part of his gospel mission.<sup>12</sup> In time this emphasis weakened. The Free Methodist denomination began in the mid-1800s to restore Wesley's emphasis on holiness and regain the healing and health care priorities of their founder, John Wesley.

By the mid 1800's also a new movement began its birth pangs. Porterfield links the modern missionary movement with modern knowledge of medicine: "The global expansion of Western Christianity in the modern period coincided with the development of scientific medicine and its worldwide preeminence as a resource for human welfare" (*Health, Healing...*, p. 155). The Edinburgh Medical Missionary Society was formed in 1849 and it currently administers the hospital in Nazareth, Israel, that serves both Jews and Palestinians.

The twin themes of salvation and healing are illustrated in the appointment of Peter Parker, an ordained Presbyterian minister and medical doctor, who was sent from New York City to China in 1834 by the Presbyterian Church. He was commissioned to give primary effort to preaching the Christian gospel to deliver people from their sin and cultural bondages. But he was also to practice medicine in support of the gospel mission. As time passed, he gave a greater and greater portion of his time to medicine, given the dire health needs of people—more than he could serve. This shift in time priority did not satisfy the sending Board who reprimanded him for giving more time to the medical needs and not enough to preaching and winning souls for Christ. The Board stopped his support in 1840!

A later fascinating story is that of Dr. George Dowkontt of Polish descent coming to Chicago to team up with Dwight Moody to integrate health and healing into the gospel. Their work in turn inspired Seventh Day Adventist J. Harvey Kellogg to begin a sanitarium in Battle Creek, Michigan, which offered a curriculum of healthful practices (preventive medicine) to support the medical mission movement of Moody and Dowkontt. Seventh Day Adventists have continued to combine healing and saving ministries. They are to be commended for doing so.

David Livingstone and Albert Schweitzer are icons of utmost commitment and sacrifice in medical missions. To sum up the significance of medicine as part of the gospel mission of the

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<sup>11</sup> See John D. Roth, "The Christian and Anabaptist Legacy in Healthcare," p. 14 in *Healing Healthcare: A Study and Action Guide on Healthcare Access in the United States*, ed. by Joseph J. Kotva Jr. (Faith and Life Resources, 2005), pp.13-15. Roth says, "One famous Mennonite physician, Govert Bidloo (1649-1713) published an anatomical textbook and served as a professor of medicine in the Dutch town of Leiden," p. 14, col. 1.

<sup>12</sup> See Howard Snyder's *Salvation Means Creation Healed: The Ecology of Sin and Grace: Overcoming the Divorce between Earth and Heaven* (2011), pp. 95-96. Wesley, who contended British physicians charged too much and didn't really help the poor, compiled his favorite remedies in a book: *Primitive Physick: Or, An Easy and Natural Method of Curing Most Diseases*, which went through twenty-three editions (Snyder, p. 95).

## Anabaptist Theology of Health Care

church since 1830 I quote a sentence from *Health, Healing ...*: “While preaching/teaching (schools) and print (Bibles and literacy) were the primary means of mission outreach in the modern era, health care was a third component of effective mission” (p. 155).

The Mennonite branches of the MWC constituency have sent many medical doctors and nurses to various countries beginning in the late 1800’s. These people established hospitals and clinics—perhaps too much on western models (See the Appendix 1 list). Anabaptist theology inspired these health care ambassadors to combine medical care and gospel witness.<sup>13</sup>

### Living as Community and Sharing

[E]arly Christianity[’s] survival, growth, and success [depended on] "a single, overriding internal factor," namely, a “radical sense of Christian community—open to all, insistent on absolute loyalty, and concerned for every aspect of the believer's life. From the very beginning, the one distinctive gift of Christianity was this sense of community.”<sup>14</sup>

Further, “an essential part of this sense of community depended on the willingness of Christians to aid those in need and on the teachings of the Christian church with regard to the right use of material goods.”<sup>15</sup>

Here we have it: community and mutual aid (see next section for mutual aid). These twin pillars undergirded the early Christians’ survival and growth. The early church expressed their affirmation of Christ’s lordship in its community life. When one member in the community suffered, all suffer; when one rejoiced, they all rejoice (cf. 1 Cor. 12). Few studies of the New Testament emphasize the centrality of community. Gerhard Lohfink’s *Jesus and Community* is an exception (see here also notes 13 and 14; more studies are directed to the “social world” of the New Testament, but not on church as “community”).<sup>16</sup> Paul Minear identifies ninety-four images used for the church (early Christian believers) in the New Testament and notes that virtually all are corporate plural images (such as “flock,” “salt of the earth,” “bride,” etc.).<sup>17</sup>

One Old Testament study, dating from 1962, hits the nail on the head. Norman Porteous in his article in *Peake’s Commentary on the Bible* identifies “knowledge of God” and “community” as two central emphases for OT theology. Knowledge of God is foundational to grasping the religion and spirituality of the Old Testament. This implies intimacy between the people of Israel

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<sup>13</sup> Three articles, “Health Education” (pp. 365-66), “Health Services” (pp. 366-68) and “Medicine” (pp. 553-56) in *The Mennonite Encyclopedia*, Vol. 5, edited by Cornelius Dyck and Dennis D. Martin (Scottsdale, PA: Herald Press, 1990) are especially helpful for grasping the scope of Mennonite health organizations and practices in health care in North America.

<sup>14</sup> John Gager, *Kingdom and Community: The Social World of Early Christianity* (Englewood Cliffs, NJ: Prentice-Hall, 1976), p. 140.

<sup>15</sup> William Walsh and John Langan, "Patristic Social Consciousness: The Church and the Poor." In *The Faith That Does Justice: Examining the Christian Sources for Social Change*, ed. John C. Haughey (Paulist, 1977), p. 112.

<sup>16</sup> Gerhard Lohfink, *Jesus and Community: The Social Dimension of Christian Faith* (Fortress Press and Paulist Press, 1982). Lohfink in Section III correlates community with discipleship. Section IV follows up with how discipleship was expressed in the early church. He devotes one chapter to “Healing;” another, to the community as “contrast society.”

<sup>17</sup> Paul S. Minear, *Images of the Church in the New Testament* (Westminster/John Knox Press, 2004 [Orig.: 1960]).

## Anabaptist Theology of Health Care

and their covenant God. Lack of this knowledge is “destructive of community.” The “word ‘community’ takes us very nearly to the heart of the OT theology, since the main purpose of God’s self-disclosure of his will was clearly the creation of a community obedient to himself. The ethics of community is, therefore, a very central part of OT theology.”<sup>18</sup>

In his Foreword to Graydon Snyder’s book, *Health and Medicine in the Anabaptist Tradition*, Martin Marty begins by quoting 1 Corinthians 1:28 and then describes Anabaptist health care practices as “countercultural because their approach to understandings of health and illness, care and cure, groping for meaning and coping with suffering and death, is communal.”<sup>19</sup> Of the four social science grids of Mary Douglas and Bruce Malina, Snyder classifies the Anabaptist types as “low individualism-high community.”<sup>20</sup> Snyder’s book documents how the Anabaptist sense of community developed various organizations to enhance community caring and sharing. Caring for one another is expressed in mutual aid, Christian service, and mutual (covenant) love.<sup>21</sup>

Based on the accounts of sharing of resources in Acts 2 and 4, and later on Paul’s collection of a relief gift for Jerusalem in Acts 9 and 11, it is fair to conclude that whenever the Holy Spirit guides the life of a community it will practice mutual aid, which includes at its best health care that is truly holistic, taking into account the physical, emotional, and spiritual dimensions of persons in their community’s culture. If it is truly community based, it will be community oriented in whatever delivery systems it develops. *Relationships* between the medical personnel and the sick, suffering, or dying will be at the top of the list for best health care. Health care organizations motivated by community relationships will make *health care* the priority, with the “bottom line” not “profit,” but *mission*: to practice holistic healing. Chaplains, prayer, and children will be included in best health care efforts. Retirement homes might reassess the clustering of the older generation of people into communities that stifle intergenerational relationships. The dominance of the nuclear family in North America lends itself readily to this separation of generations, especially when those living in retirement communities do not have children and grandchildren living close by. In our discussion I hope we can learn from our global experience on this matter.

### Mutual Aid and Caring for One Another

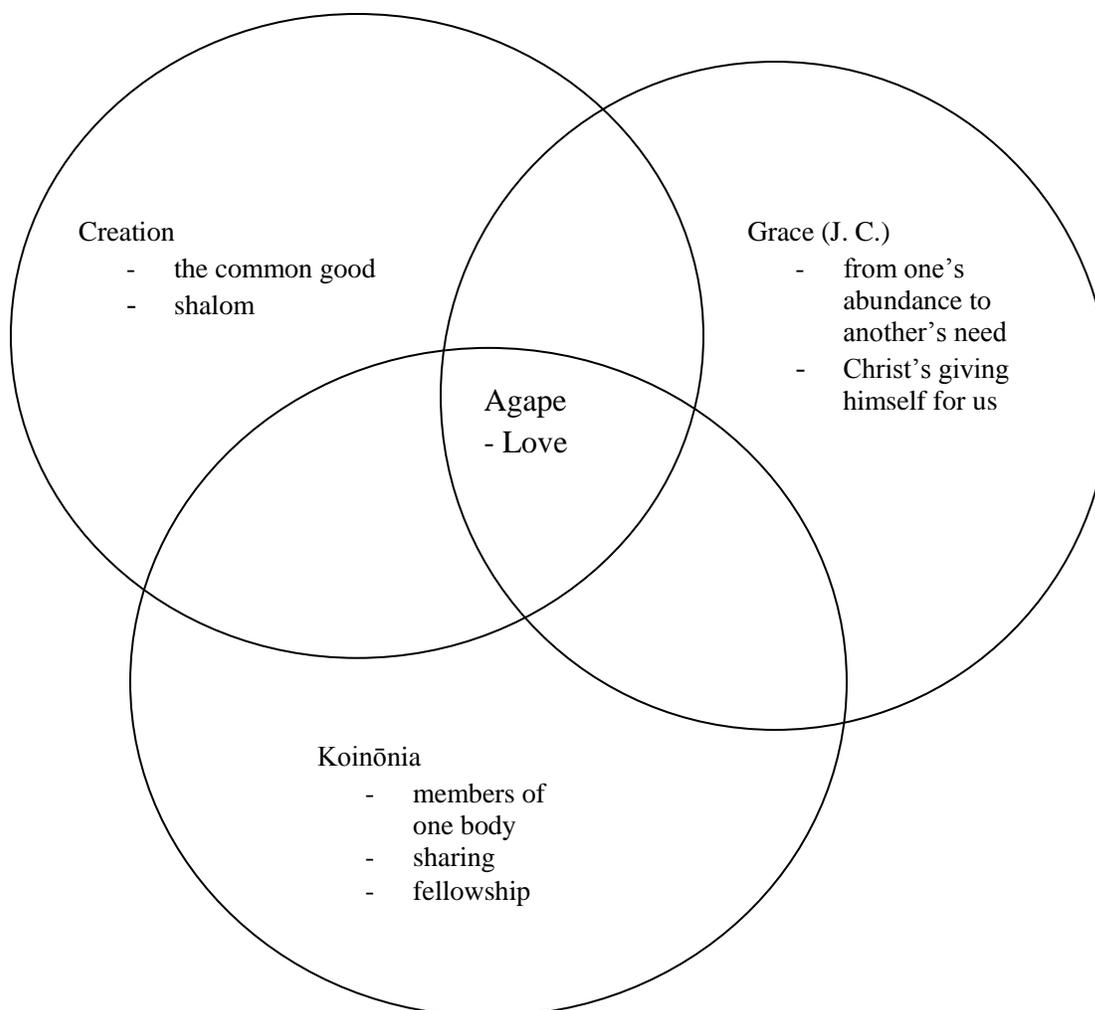
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<sup>18</sup> N. W. Porteous, “The Theology of the Old Testament,” in *Peake’s Commentary on the Bible* (Thomas Nelson and Sons Ltd, 1962), p. 152, col. 2.

<sup>19</sup> Martin Marty, Foreword to Graydon Snyder’s *Health and Medicine in the Anabaptist Tradition* (Valley Forge: Penn.: Trinity Press International, 1995), pp. ix, xi.

<sup>20</sup> Snyder, *Health and Medicine*, p. 21.

<sup>21</sup> *Ibid.*, pp. 73-81.

**Pictorial Diagram of Biblical and Theological Foundations of and Motivations for Mutual Aid in Early Christianity**

## Anabaptist Theology of Health Care

This diagram has at its center Agape Love, “Behold how they love one another.” Mutual aid is the practical expression of that love. Indeed, Origen in the 2<sup>nd</sup> century defended Christianity against Celsus's charge that Christians are wicked, by pointing out that Christian believers practice "generosity and sharing [*koinōnikon*]." Even unbelievers saw this as proof against wickedness.<sup>22</sup> When people share freely with those in need, they obviously are not wicked. Pagan Celsus's charge is a lie; the Christian practices of mutual aid prove it so.

The three circles that interconnect with each other either under-gird *Agape* love theologically or empower *Agape* love into the practical expression of mutual aid. One could begin with either circle; I start with the creation theme. We have been created in God's image. God's generosity evident in the beauty and wealth of creation is the basis for our generosity in sharing our resources in mutual aid that provides health care for the sick and dying. Creation theology means we generously help others because God has been so generous to us in the bounties and beauty of his creation. In applying this point to mutual aid organizations and health care institutions we need to ask how our policies help people with their needs. If our policies accommodate only the wealthy and exclude the poor, we must reassess those policies to provide, rather than deprive, the poor with the care they need. Let us not allow the “prophet” call to justice and shalom to be choked by the “profit” motive. Mission is first; profit is subordinate. This point is dramatically illustrated by Dr. James Gingerich's vision for the Maple City Health Center, Goshen, IN, in which he protested that the bottom line of profit comes before the health care mission. Dr. Gingerich confronted this challenge.<sup>23</sup>

Perhaps here, in light of this historic “MWC Global Healthcare Leaders' Summit,” is the place to put before us an even greater challenge. How can the health care institutions in the more wealthy countries share with those in poorer countries. Would it be feasible that North American and European and selected Asian institutions could build into their budgets a partial tithe (like 1-2% of the total budget) to enable sharing with the health care institutions and efforts in the poorer countries—all this within the Anabaptist family of faith. Such initiative might come from retirement institutions, as a demonstration of global health care unity, similar to Paul's commitment to take the Christian churches' relief gift from wealthier churches in Asia Minor to help those in need in Jerusalem (see below). This would match what early Anabaptists did for one another in the sixteenth to eighteen centuries.

In 1528 in the city of Augsburg, Germany, prospective members of the Anabaptist communities were asked, “If need should require it, are you prepared to devote all your possessions to the service of the brotherhood, and do you agree not to fail any member that is in

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<sup>22</sup> González, Justo L., *Faith and Wealth: A History of Early Christian Ideas on the Origin, Significance, and Use of Wealth* (San Francisco: Harper and Row, 1990), pp. 118-19; *Contra Celsus* 3.78.

<sup>23</sup> This story, told by Dr. Gingerich, is in Swartley, *Health, Healing, and the Church's Mission*, pp. 213-23. It is remarkable how this vision for health care has developed over thirty years. Many in the medical profession were initially skeptical that a payment scale linked to what patients were able to pay, could succeed. The tide has turned so that it has recently received an Elkhart Community Foundation grant to refurbish an historic large house in Goshen, IN, to expand its ministries. The Goshen-Indiana University hospital has extended a loan to assist in this program expansion. See the front page article in the *Elkhart Truth* (May 2, 2015). Thanks to God for this blessing!

## Anabaptist Theology of Health Care

need if you are able to help?'"<sup>24</sup> This is radical, for it suggests that church membership should require mutual aid participation: both in giving and receiving. Baptism, therefore, is initiation into mutual aid. I wonder how often this point is made in preparing catechumens for baptism.

In the next century the wealthy Dutch Anabaptists shared their resources with the impoverished and persecuted Swiss Anabaptists, continuing commitment to mutual aid. Especially in the 1630s, the 1660s, and again in the 1690s the Dutch gave huge amounts of aid, over a half-million guilders, a lot of money for that time. In the early years of Swiss Anabaptism, giving aid to fellow Anabaptists became a point in the trials leading to torture and sometimes death. Giving shelter, food, or drink, or secret refuge was cause for arrest. Yes, mutual aid was a crime. Anabaptists knowingly risked their lives to do it. What a shining testimony of love and commitment.

### God's *Charis-grace* as Basis for Mutual Aid

The second circle in the diagram on page 14 points to grace as the foundation and motivation for mutual aid. In Greek the word for grace-gift is *charis*, from which we get the English words *charity* and *charismatic*. Paul uses *charis* as the basis for mutual aid. The term for grace, *charis*, is used ten times in 2 Corinthians 8 and 9. Its first use marks action and initiative from God to us in Jesus Christ: "We want you to know, brothers and sisters, about the grace [*charis*] of God" (8:1). At the other end of the appeal is the return of grace, thanksgiving to God: "Thanks (*charis* grace) be to God for his indescribable gift" (9:15). The other eight uses point out the horizontal movement of *charis* grace. In these eight uses of *charis* (translated differently in English) we have a persuasive basis for mutual aid, with seven strands of rationale:

1. It is an expression of God's grace (8:1ff.).
2. It proves the genuineness of one's love (8:8, 24).
3. It expresses the fruit of the Spirit (8:7-8)—a *charismatic* action!
4. It follows the example of Jesus Christ, who, "though he was rich became poor" (8:9).
5. It works toward equality (8:13-15)—so that none is deprived of basic needs met.
6. It is to be done generously (8:2) and cheerfully (9:7), with assurance that the Lord will multiply the giver's resources (9:8-10).
7. It is a ministry that meets the needs of other saints (9:12-13).<sup>25</sup>

Similarly, in Romans 12, the last three gifts of grace are expressions of sharing with one another: "he who contributes, in liberality; he who gives aid, with zeal; he who does acts of mercy, with cheerfulness" (v. 8, RSV).<sup>26</sup>

Paul an apostle, in his energetic mission of spreading the gospel, carries forward the deacon work of collecting aid for the poor in Jerusalem. With passion Paul speaks of this relief

<sup>24</sup> Jeni Heitt Umble, "Mutual Aid Among the Augsburg Anabaptists," in *Building Communities of Compassion*, eds. Willard M. Swartley and Donald B. Kraybill (Scottsdale, Pa.: Herald Pr., 1998), p. 115.

<sup>25</sup> Swartley, "Mutual Aid in Early Christianity," in *Building Communities*, 26.

<sup>26</sup> The translation is markedly different in the NRSV: "the giver, in generosity; the leader, in diligence; the compassionate, in cheerfulness." While *proestamenous* can indeed mean leader (one who leads), as well as giving aid in deacon-type ministry, the cluster of financially related terms here would argue for the RSV interpretation.

## Anabaptist Theology of Health Care

gift in Romans 15 and “grounds” it in “the grace given me by God” (15:15). He regards this as his “priestly service of the gospel of God” and prays that this “offering of the Gentiles may be acceptable, sanctified by the Holy Spirit” (v. 16).

Later Paul describes the effort more explicitly: “At present, however, I am going to Jerusalem in a ministry to the saints; for Macedonia and Achaia have been pleased to share their resources with the poor among the saints at Jerusalem. They were pleased to do this, and indeed they owe it to them; for if the Gentiles have come to share in their spiritual blessings, they ought also to be of service to them in material things” (Rom. 15: 25-27). This mutuality, or mutualism as Justin Meggitt describes it,<sup>27</sup> arises from the peace-bond within the communities of faith, especially between the Gentile and Jewish Christians, which is central to Paul’s understanding of justification and reconciliation as the essential core of God’s saving work in Jesus Christ. Mutual care for one another is not only an important manifestation of the gift of grace within Paul himself and in the community, but it is also evidence that the formerly alienated people are now one in Jesus Christ who is their peace (Eph. 2:14). Meggitt identifies two characteristics of this mutual sharing:

Firstly, it was aimed at promoting *material well-being*. It was initially undertaken to achieve a tangible end: *the relief of the economically poor in the Jerusalem church...* Secondly, it was thoroughly *mutual* in its character. *It was in no sense an individual or unilateral undertaking for any of those involved.* Paul emphasizes that *all* the members were contributors as, indeed, were *all* the communities (we hear of no exceptions). It was not intended to be the work of a few wealthy members or congregations.<sup>28</sup>

Meggitt further notes that such assistance, because it was *mutual*, would be expected to be returned when and if the situation of need were reversed. This is a true expression of care for the purpose of sustaining *shalom* in its fullest sense in the communities of faith.

Paul regarded mutual aid as proof of the unity of Jews and Gentile believers in Jesus Christ. Hence he willingly gave his life for the cause, despite prophetic declaration that he would encounter arrest and imprisonment in Jerusalem (Acts 21:7-14). Paul says, “...I am ready not only to be bound but even to die in Jerusalem for the name of the Lord Jesus Christ” (v. 13b). Paul regarded his relief gift to Jerusalem as the crowning achievement of his apostolic calling, to provide convincing proof that Gentile and Jewish messianic believers are really, truly one in Jesus Christ, peace-fellows through the blood on the cross of the Lord Jesus Christ. The peace of the cross expressed itself concretely, in mutual care for one another. Mutual aid is not an add-on

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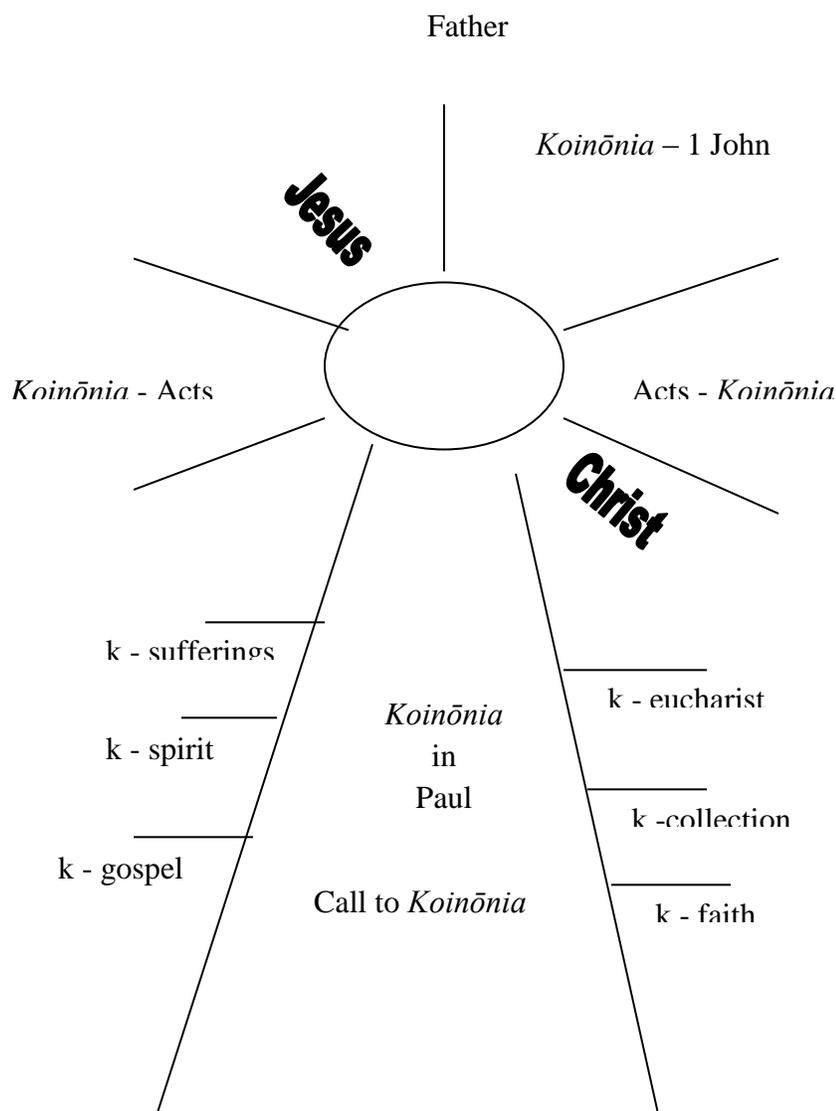
<sup>27</sup> Justin J. Meggitt, *Paul, Poverty and Survival* (Edinburgh: T&T Clark, 1998), pp. 157-64. See also my article, “Mutual Aid Based in Jesus and Early Christianity,” in *Building Communities of Compassion*, eds. Donald B. Kraybill and Willard M. Swartley (Scottsdale, Pa.: Herald Press, 1998), pp. 21-39. For monograph studies of Paul’s collection for the poor in Jerusalem, see Keith F. Nickle, *The Collection: A Study in Paul’s Strategy*, SBT 48, (London: SCM Press, Ltd, 1966); Dieter Georgi, *Remembering the Poor: The History of Paul’s Collection for the Poor*, trans. John Bowden, (Nashville: Abingdon Pr., 1992).

<sup>28</sup> Meggitt, *Paul, Poverty and Survival*, p. 159. Meggitt’s thesis as a whole is argued on the basis of careful study of primary sources on the economic realities of the first century. Paul and the churches he founded belonged to the 99% of the population’s poor people; they shared generously from their limited means. This fits with Paul’s profuse appeal to *grace* in 2 Cor. 8—9.

## Anabaptist Theology of Health Care

to the gospel any more or less than is peacemaking. It lies at the essential core of the gospel and is a chief characteristic of *koinōnia*, the sharing of and in the gospel.

Welcoming and receiving new members into the *koinōnia* of the church (third circle on p. 14) means that they now participate in the *fellowship of the gospel, sharing, suffering, faith, and Spirit*. This diagram (modified from its source)<sup>29</sup> illustrates how comprehensively *koinōnia* functions in the New Testament (k is an abbreviation of *koinōnia*):



<sup>29</sup> George Panikulum, *Koinōnia in the New Testament: A Dynamic Expression of Christian Life* (Analecta Biblica 85; Rome: Biblical Institute Press, 1979), p. 7.

## Anabaptist Theology of Health Care

### Care for the Disabled

In most literature on shalom, the plight of those with disabilities has been overlooked. We need to ask clearly and sharply what shalom means for those with disabilities, whether the disability be physical, mental, or emotional.

To stress this point, we need only to think of the many in our Mennonite communities that live with disability, and require special care by the church community. Already in the late 1980s David Barrett pointed out that we might analyze the church's mission in the world against numerous criteria of concern, eco-systems, a country's dependence on tourism for economic survival, etc. But a more important feature is the reality of mega poverty, urbanization, and the handicapped in this world. From this angle of analysis, he comments,

Our world contains 1.6 billion disabled persons, 80 percent in developing countries, a third being children, mostly among the absolutely poor in Africa, Asia, and Latin America. It also contains 13 million people with leprosy, 21 million totally blind persons, 48 million psychotics with severe mental disorders, 85 million severely handicapped children, 205 million partially handicapped children, 450 million deaf persons--of whom 320 million are partially deaf--and 950 million psycho-neurotics.<sup>30</sup>

Barrett then says there is no way we can deal adequately with the topic of mission without addressing the needs of those with handicaps. The biblical concept of *shalom* (Hebrew word for peace) is much related to conditions of justice and economic well-being. Indeed, *shalom* means more than the usual definitions of peace; it includes total well-being which assumes social relatedness, material blessings, and personal fulfillment. It is the opposite of homelessness, helplessness, and hopelessness. Chapter 9 of *Health, Healing and the Church's Mission* focuses on "Disability," and begins with this moving epigram statement:

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<sup>30</sup> David Barrett, *Missiology: An International Review* 15.1 (January 1987). See also David Barrett's article in *World Christian Encyclopedia*, "Getting Ready for Mission in the 1990's: What Should We Be Doing to Prepare?" This is a dated analysis, but the statistical reality has not changed much since that time. If anything, the gap between the wealthy and poor—and this affects care for the disabled—has widened.

## Anabaptist Theology of Health Care

*Disabled people are...living icons of the crucified Son.  
 They reveal the mysterious beauty of the One who emptied himself  
 for our sake and made himself obedient unto death.  
 They show us over and above all appearances that  
 the ultimate foundation of human existence is Jesus Christ.  
 It is said justifiably...that disabled people are humanity's privileged witnesses.  
 They can teach everyone about the love that saves us;  
 they can become heralds of a new world,  
 no longer dominated by force, violence, and aggression,  
 but by love, solidarity, and acceptance—a new world  
 transfigured by the light of Christ, the Son of God,  
 who became incarnate, who was crucified, and rose for us.*  
 Pope John Paul II<sup>31</sup>

Jean Vanier and Henri Nouwen speak eloquently of the positive role disabled people play in the family, their living centers, and in the church. Seeing the disabled as a gift to the community and means of kingdom blessing to us, Nouwen writes:

More than ever, I believe in the gift of handicapped people to create...community. Their weakness is God's strength; their dependence is God's invitation to create bonds of love and support; their poverty is one of God's ways to bring us the blessings of the Kingdom.<sup>32</sup>

People with disability do not necessarily lack shalom. Their shalom is refined and purified through suffering. Marva Dawn, with physical infirmities, testifies to this point, saying, I could find no [Scripture] texts that say anything about any incapacity to serve God when our infirmities encumber us. In several passages such as . . . [Ps 6:4-5] (see also Ps. 30:9; 88:10-12; 115:7; Eccles. 9:10; Isa. 38:18) the poet asks to be delivered from death and the grave because no one can praise the Lord there.<sup>33</sup>

At the deepest level, through trusting in God, suffering is a means of endearment to the heart of God, for God hears the cry of the sufferer.<sup>34</sup> Examples of “God’s creative and transforming power” at work among the disabled are present in the L’Arche communities, in Joseph Cardinal Bernardin’s personal reflections as a cancer sufferer, in Joni EarecksonTada’s testimonies, and more. These are stories of human courage and divine grace, finding wholeness which may be healing from sickness or disability or freedom in sickness to live life with purpose and fulfillment.

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<sup>31</sup> Stanley Hauerwas and Jean Vanier, *Living Gently in a Violent World: The Prophetic Witness of Weakness* (Downers Grove: InterVarsity Press, 2008), p. 39.

<sup>32</sup> Henri Nouwen, “The Gulf between East and West,” *The New Oxford Review* (May 1994).

<sup>33</sup> Marva Dawn, *Being Well When We're Ill: Wholeness and Hope in Spite of Infirmity* (Minneapolis: Augsburg, 2008), p. 130.

<sup>34</sup>C. S. Lewis, *The Problem of Pain* (New York: Macmillan, 1963).

## Anabaptist Theology of Health Care

In our health care ministries, as we serve older people who live with disability during their declining health we must keep these perspectives in mind. God is a friend to sufferers. Let us treasure the calm and hope of Psalm 23 as we walk through the valley to our life's end here on earth, knowing that Jesus has gone before us to prepare a place and space where we will be with him and his Father, God Almighty, forever (John 14:1-2).<sup>35</sup>

5. What can we learn from each other about health care in this Summit? In several visits to Echo's Global Village east of Fort Myers, Florida ([www.echonet.org](http://www.echonet.org)) I learned of some natural health/healing resources. Echo farms has developed six different global agricultural demonstration plots, for university graduate students to learn how to produce food that in turn fosters preventive health. From the time of my first visit I have been using Neem antibacterial toothpaste. Neem comes from the Neem tree that flourishes in parts of India. More recently I began using organic Neem spray on my fruit trees. Moringa in both Haiti and the Philippines provide excellent nutrition: "Moringa is one of the world's most nutritious crops. Ounce for ounce, the [fresh] leaves of moringa have more beta-carotene than carrots, more protein than peas, more vitamin C than oranges, more calcium than milk, more potassium than bananas, and more iron than spinach." --AVRDC/World Vegetable Center.

As was common through the centuries various remedies for illnesses have been used, as noted above in John Wesley's "remedy medicine" satchel. Graydon Snyder describes similar type remedies used among the Pennsylvania German and Dutch communities. Snyder describes this as countercultural health care.<sup>36</sup> While, personally, I don't advise these "shaman" type practices, I am open to learning what I don't know.

I do believe that we need to hear the critique of Raymond Downing and Joel Schuman regarding western medicine. Raymond Downing,<sup>37</sup> a Quaker medical doctor serving with Mennonite Central Committee in Kenya, acknowledges the good biomedicine does, able often to cure and heal. But its political power is a prime force driving Western global imperialism in the twenty-first century. He includes it in the "principalities and powers" of our time, clouding our vision of God's reign and the priority of the gospel. The tenor of Downing's thesis is that science has become our god. The *mechanistic* nature of medical research and treatment, rather than holistic health care, dominates in our technological culture. He draws theologically and philosophically on the contributions of Jacques Ellul, William Stringfellow, and Ivan Illich.

Downing points to the first International Aids Conference held in Africa (2000) to illustrate the contrast between the Western and local African explanation for the AIDS epidemic in southern Africa. South African president Thabo Mbeki pointed to the poverty, a

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<sup>35</sup> See here the rich song-lyrics of Rich Mullen, composed before his sudden death in a traffic accident, in Willard Swartley, *Living Gift: John's Jesus in Meditation and Poetry: Art and Song* (Evangel Publishing House, 2013), p. 98.

<sup>36</sup> *Health and Medicine in the Anabaptist Tradition*, pp. 22-32. See also "Medicine" in *The Mennonite Encyclopedia*, Vol. 5, p. 552, col. 1, and "Folk Medicine" in the same volume, pp. 304-05.

<sup>37</sup> Raymond Downing, *Death and Life in America: Biblical Healing and Biomedicine* (Scottsdale, PA: Herald Press, 2008), critique on pp. 25-84. See especially pp. 43-45, 68-69. Also, Joel Schuman, "Naming Medicine among the Powers," *Ex Auditu* 21 (2005): 52-56.

## Anabaptist Theology of Health Care

socioeconomic factor, to explain the rapid spread of the disease. The West with its political power of biomedicine explained it as a virus! Western media made a row of this, siding with the biomedical; Mbeki was ostracized. This, Downing says, illustrates the imperialism of the Western biomedical power.

Citing also an earlier case (1848, in Illich) regarding use of antiseptic methods in childbirth by Dr. Ignaz Semmelweis that reduced post-delivery infection fifteen-fold, which was taken to implicate medical practice negatively, Downing asserts that “those in power are more concerned about the political power to name what is going on than the medical power to heal.”<sup>38</sup>

How do we manage health care when both personnel and medical supplies are scarce? In USA primary care doctors are too few and overworked. Specialization in medicine has grown in recent years with rapidly increasing health care costs. In 1960 USA had 18 specialty boards with a handful of subspecialties. By 2011 there were 158 specialties and subspecialties.<sup>39</sup> What we need in our time is a medical version of Doris Janzen Longacre’s *More-with-Less Cookbook* (1976) serviceable to global health care needs and guidance on how to meet those needs.

### **Meditation, for Spiritual Reflection and Prayer**

Let us pray for those who do not have health care.

Let us pray for health care providers.

Let us pray for all in leadership positions...[May they] point the way to solutions that assure...the care...people need.

Let us pray for the sick and injured.

Let us pray for ourselves...for health, for caring hands to reach out, for loving hearts to share another’s pain, for the will to solve big problems.

We pray these things with gratitude for the life you have given us, for your care that enfolds us and for your love made known on the cross. Amen.

(*Worship resources, July 19, 2009, from MCC Washington, D.C. Office*).

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<sup>38</sup> Raymond Downing, *Death and Life in America: Biblical Healing and Biomedicine* (Scottsdale, Penn.: Herald Press, 2008), p. 69, but also see pp. 25-84, and especially pp. 43-45, 68-69. For further similar critique, see Joel Shuman, “Naming Medicine among the Powers,” in *Health and Healing, Ex Auditu* 21 (2005): 52-66.

<sup>39</sup> Joseph B. Martin, *From Alfalfa to Ivy: Memoirs of a Harvard Medical School Dean* (Edmonton, Alberta, Can.: The University of Alberta Pr., 2011), pp. 361-68.

**Questions for Table Group Discussion**

Questions and Answers (2 sessions). In both I stimulate with a few questions, but welcome their questions, written by someone in the group (15 minutes each in groups of 4 or 5).

Set 1: after Section 2 of my paper is completed, at end of page 11.

1. Give examples of how your health care efforts contribute to the shalom of your community. What might hinder this goal?
2. How does Jesus as Healer/Savior inspire you in your work? Are there stories of miracles of divine healing, through prayer (and fasting), that the Spirit prompts you to share.
3. What in the history of the church's health care inspires you most?

Set 2: at end of presentation (again in groups of 4 or 5)

1. What is your experience of community, as basis and motivation for your health care work? Or, is "sense of community" lacking for your mission of health care to be as effective as it might be?
2. Has "sharing" and "mutual aid" been a significant part of enhancing the health of your community?
3. What about care for the disabled? What has been your experience?
4. What can you bring to the table regarding indigenous health care remedies and knowledge? Has have blended differing models or understandings?