

The Lafiya Guide. A Congregational Handbook For Whole-Person Health Ministry, Association of Brethren Caregivers, Elgin, IL 1993, 7-14. 19-27.

Foreword

In this age of health promotion, health education, health prevention, and all the economic and theological concerns that challenge our resources and talents, one might question the need to consider health in a wholistic Christian context. Yet the need is there. Within Christianity, the focus on service has often led to a habit of self-sacrifice and denial. These habits in moderation are healthy, but in excess they can lead to questionable life-styles. Along with this tradition are the ever-increasing problems of stressful living in today's modern world.

To consider these issues in the life of the church, a ministry of whole-person health must be addressed by each Christian and our communities of faith. As always, scripture is useful to this search. Reflect on a common concern of Americans-weight control-by reading Isaiah 58:3-5 below. This passage of scripture tells us how Christians might see the health habit of fasting in a unique perspective.

“Why do we fast, but you do not see? Why humble ourselves, but you do not notice? Look, you serve your own interest on your fast day, and oppress all your workers.

Look, you fast only to quarrel and to fight and to strike with a wicked fist. Such fasting as you do today will not make your voice heard on high.

Is such the fast that I choose, a day to humble oneself? Is it to bow down the head like a bulrush, and to lie in sackcloth and ashes? Will you call this a fast, a day acceptable to the Lord?”

It is clear that the biblical writer challenges the fast to focus on a search for the holy. It is not a fast to develop bodies fit for fighting or to achieve holier than-thou approaches to wellness. It is not the punishment of self-sacrifice. So what is it? Is this what secular health movements are all about? Below, Isaiah 58:6-9 presents a broader base for a whole-person health ministry.

“Is not this the fast that I choose: to loose the bonds of injustice, to undo the thongs of the yoke, to let the oppressed go free, and to break every yoke?

Is it not to share your bread with the hungry, and bring the homeless poor into your house; when you see the naked, to cover them, and not to hide yourself from your own kin?

Then your light shall break forth like the dawn, and your healing shall spring up quickly; your vindicator shall go before you, the glory of the Lord shall be your rear guard.

Then you shall call, and the Lord will answer; you shall cry for help, and he will say, ‘Here I am’.” |

For the Christian, the search for health and healing is centered in mind-body-spirit wholeness for self and community. The Bible clearly indicates that this is true. The path for the Christian is LAFIYA. It is more than self; it is more than disease. It is more than a program or self-help group. It is a continuing journey of self and the community of faith toward health and wholeness.

For this reason, *The Lafiya Guide* is a welcome resource from the Association of Brethren Caregivers (ABC) to the wider church. The use of the *Guide* in the community of faith will help our light to “break forth”, our healing to “quickly appear”, and our Lord to say, “Here I am”. Use the *Guide* in your journey, and I hope our paths will meet in this mutual search.

Lafiya, Dr. Tana Durnbaugh, RN, President, Association of Brethren Caregivers, Elgin, Illinois|

Acknowledgements

Many people have contributed to the development of *The Lafiya Guide* and to the vision of a congregational-based, whole-person health ministry. Special recognition must go to the Nigerian Church, Ekklesiyar Yanúwa a Nigeria, for both the name and the concept. Mission planners and Nigerian health workers established a community-based health approach in the 1970s under the name *Lafiya*. The focus was to train village health workers in primary health care and disease prevention. That approach – shifting from expensive medical treatment to education and prevention – changed the health care system in many Nigerian villages.

Through their experience in Nigeria, several missionary doctors became enthusiastic about the effectiveness of health care that stemmed from a preventative and educational perspective. They returned to the United States with stories that challenged churches to become involved with health, healing, and wholeness ministries as an integral part of faith. Key voices in this effort have been Drs. James Kipp, Norman Waggy, and David Hilton.

James Kipp inspired audiences with his speech “The Church as a Healing Community”. Norman Waggy was a member of a special consultation to shape the program “Lafiya: A Whole-person Health Ministry” and advocated the use the Lafiya name. David Hilton served as an ongoing consultant in the development of the Lafiya program for congregations in the United States.

As this *Guide* goes to press, the Lafiya whole-person health ministry has been launched in ten Church of the Brethren congregations. Though they are at various phases of implementing Lafiya ministry principles into congregational life, they all share the Lafiya vision of health and healing – a whole-person ministry that includes body, mind, and spirit. Many of their experiences are reflected in this handbook. These ten pilot congregations are in Crest Manor, Indiana; Daleville, Virginia; Elizabethtown, Pennsylvania; Germantown, Pennsylvania; Lansing, Michigan; Manchester, Indiana; McPherson, Kansas; Columbus, Ohio; Plymouth, Indiana; and Roanoke, Virginia.

Beyond these ten pilot congregations, many others helped shape the vision for Lafiya. Denominational wholistic health task forces under the leadership of Steve Tuttle, Carolyn Weddle, and Julie Liggett initially provided the energy that prodded the development of Lafiya. Other task groups called for congregations to become safe places for health and healing. Recent presidents of the Brethren Health and Welfare Association (BHWA), now the Association of Brethren Caregivers (ABC) – James Kipp, Mary Sue Resenberger, Mary Ann Harvey, Warren Eshbach, and Tana Durnbaugh – have all challenged ABC to | engage congregations in health and healing ministries. Ron Finney, associate district executive for northern Indiana, has helped field-test some Lafiya resources. Ann Raber, on staff with the Mennonite Mutual Aid Association's Wellness Program, has led a series of district workshops on congregational wellness. In the formation of Lafiya, Granger Westberg gave a motivational speech for congregations to move into health and healing ministries. Donald Miller, general secretary to the General Board of the Church of the Brethren, was most helpful in advocating Lafiya's inclusion in the Brethren's allocation of funds for the 1990s. Without that funding source, Lafiya could not have been developed. These and many others have helped shape the development of Lafiya.

Five primary writers contributed to this project. David Hilton, presently a denominational and congregational health consultant and formerly with the Christian Medical Commission of the World Council of Churches, provided the introduction and background materials. Thomas Droege, health consultant with the Carter Center and former theology professor, provided the theological section and served as writing

coordinator. Jay Gible, executive director of ABC and current staff for Lafiya, developed the Lafiya program sections. Constance Conrad, health consultant and retired Emory University faculty member from Atlanta, Georgia, provided the resource pages, and Dena Gilbert, Bethany Theological Seminary student intern, developed the suggested helps for the Lafiya care group section. |

Introduction

Surveys consistently report that one of people's most important concerns is their health. We all want to be healthy. Yet seldom do we seriously consider the question "What is health?" Below is a look at how the Lafiya concept of health came into being.

Lafiya: a gift from Nigeria to the USA

In the 1970s, Church of the Brethren Mission (CBM) workers learned about health in a new way as they served Lardin Gabas, a 10,000 square mile area in northeastern Nigeria. The missionaries noted that almost half of the children were dying before age five, mostly from preventable diseases. Missionaries treated thousands of people, but it became increasingly apparent that most of the patients returned home only to contract the same illnesses again.

In 1974, a committee of missionaries and Nigerians decided to emphasize community involvement in preventative medicine. The result was the Lafiya program. "Lafiya" is a word in the Hausa language that means "well being", or "wholeness". It can also mean "How are you?" ("Lafiya?") as well as "I am well" ("Lafiya!"). The customary greeting exchange goes on for a long time, with people asking "Is your wife lafiya? Are your children lafiya? Your farm? Work?" And so on.

The strength of the Lafiya program in Nigeria is its well-trained, community-based village health workers. A community organizer helps form a village health committee representing all segments of the community. The committee chooses a man and a woman from the community to be health promoters. The health promoters are trained to communicate health awareness and preventative strategies through local folk media such as stories and songs. Since the health workers are well known to, and chosen by, the villagers, their activities become not only accepted but expected by the community.

The results of the Nigerian Lafiya program have been impressive. In 1989 there were 67 active Village Health Posts in the Lardin Gabas area. In most of these villages, health has improved dramatically. For example, mothers learned how to prevent deaths from dehydration by giving a mixture of salt, sugar, and water to their children. Deaths from malaria, caused by a mosquito-borne blood parasite, were prevented by eliminating mosquito breeding places and giving children under five – the most vulnerable – a small dose of preventive medicine each month. Some communities have reported that, "No child has died in our village since the health promoters started work!" The people of Lardin Gabas have demonstrated that, when given the right information and motivation, people can make a great impact on their own health. |

Where we are now

In the United States, we have a condition similar to what existed in Lardin Gabas prior to Lafiya. Here, too, we often try to bring health simply by curing disease. We do not have a health care system, but rather a "disease cure" system. Many times we focus on sickness and restoring health rather than on preventing and promoting good

health. It is wonderful, and essential, to have skilled medical professionals to treat us when we get sick. But when this is the major focus of the system, a crisis develops. Some may not agree that a health crisis has indeed developed in a privileged nation like the United States. However, Russell Morgan of the National Council for International Health reports that:

- While life expectancy in Singapore is 74 years, for U.S. African-Americans it is 64.8.
- Eighteen out of every thousand African-American women die in childbirth in the U.S., while in Kuwait the number is six women per thousand.
- Sixteen of every thousand infants born in Jamaica in 1989 died, while in the District of Columbia the figure was over 22 per thousand.
- Thirteen and a half percent of African-American babies in the U.S. are low birth weight, while in Egypt the figure is only five percent.
- Ten percent of all babies born in the U.S. have been exposed to alcohol or other addictive substances.
- The measles rate in Costa Rica is less than half a percent, while in Los Angeles it is 15 percent, a 500 percent jump from the previous year's statistic.
- One-fourth of sexually active teens in the U.S. will contract a sexually transmitted disease by age 21.
- In the U.S. AIDS is increasing by 30 percent a year. Seventy percent of diagnosed cases have died.
- Limited housing for the poor leads to unsanitary conditions and homelessness, which threatens health.
- Many city dwellers spend one-third of the year breathing air with pollution levels well above government standards.
- More than 30 million Americans have no access to health care, and thousands lose their health insurance as they become unemployed or develop serious illness. |

Other studies have uncovered some startling observations:

- The Carter Center of Emory University has concluded after an extensive study that the leading causes of death in the United States are tobacco, alcohol, and violence. For young people living in cities the most common cause of death is homicide.
- Most illnesses are caused by what we do to ourselves, both individually and collectively. A report of a worldwide study by the Christian Medical Commission in Geneva reminds us that health is not primarily medical, but rather an integral part of justice, peace, environment, and personal life-style. The highest cause of illness in the world is poverty. These problems are beyond the competence of medicine and are best dealt with by changing behaviors and socioeconomic conditions.
- The surgeon general has been reporting for years that over 80 percent of all illnesses in the United States are preventable. Therefore we must complete our disease cure system by making it a health care system that focuses on keeping people well. The Lafiya experience in Nigeria has shown that this can be done by empowering people to take health into their own hands.

Progress, but not enough

Ironically, the preventative approach has been lost in the West, perhaps mostly due to the rapid advance of modern medicine. We have been slow to respond to the need for health promotion, so deep are our predispositions to cure rather than to prevent disease.

But we are now reaching a point where the “curable” diseases, such as polio, have met their match in penicillin and a host of versatile antibiotics. The diseases that are left – cancer, AIDS, heart disease, cirrhosis of the liver, and others – did not establish themselves in a human body overnight, nor can they be eradicated that easily. Most doctors now agree that the best antidotes for modern diseases are long-term, preventative, healthy life-style choices.

Still, many of us choose to wait and hope these afflictions do not happen to us. We fail to understand that we could save ourselves physical pain, worry, and unnecessary expense by adopting a proactive, rather than reactive approach to personal health.

But finally, more of us, Christians included, are taking a greater responsibility for personal health. We can watch and learn from the discoveries of modern medicine – much of which will confirm what we already suspect: psychologists, sociologists, and doctors are starting to agree that behavior, attitude, spirituality, and physical health are intricately related. Recent studies show that, in addition to the outbreak of the human immune virus HIV, which leaves the body unable to fight off normal diseases, some of the strongest immune system suppressors are feelings such as unresolved guilt, | anger, resentment, and meaninglessness. And some of the strongest immunity builders are loving relationships in community. Should we as Christians be surprised?

These findings have enormous implications for the church and for each of us as Christians. The gospel of Jesus Christ addresses each factor – all related to sin, of course – that plays a part in suppressing the immune system. So it turns out that the real places of health for Christians should not be hospitals but rather the warmth and acceptance we find in our Christian communities.

Lafiya’s challenge to the churches in the USA

We have seen that there is an urgent need to complete the health care system in our country by empowering people to take health back into their own hands. To be empowered, people need a rallying point. What better organization to serve this function than the church?

Churches are among the few remaining examples of community in this country. Churches provide a rallying point around which persons may share their faith, their concerns, their worship of God, and their lives. Here issues of justice, peace, environment, and life-style can be addressed within the framework of the gospel, Christian tradition, and the indwelling of the Holy Spirit.

With a supportive Christian community we can more easily make decisions about our lives that help us and others find real “life” – physical, mental, and spiritual. Health education is most effective when, with others, we are seeking answers to health questions. When we support each other in bad times and good, health is promoted. When we create a safe place to tell each other our stories of pain and brokenness we can become healing communities.

Doctors who take time to listen to their patients often hear them say, “I have never told anyone this in my life”, and then pour out a story of agony and suffering. Very often simply telling the story to a sympathetic and nonjudgmental listener, results in relief of illness, both emotional and physical. It does not take years of professional training to be this kind of listener. We can all learn to create a place where it is safe to share our life stories with each other and become healing communities. What is required is that we respect – love – one another enough to listen, carefully and without judging.

The question is: How do we translate this knowledge into action that leads to health?

The Lafiya program suggests activities that will help us on the journey toward being communities of healing and wholeness. What follows are guidelines; groups will need to find what works best for their members, each of whom has unique gifts and problems that they can learn to share with others on the same journey. Together we will grow toward the potential that God has given each of us: abundant life. |

Lafiya Foundations

Laying Faith Foundations for a Lafiya Ministry

Lafiya is a new way of doing ministry. Though some of us may be cautious about embracing the idea of “wholeness” – spiritual, relational, and physical well-being – we can trace the idea all the way back to the healing ministry of Jesus. In this section of *The Lafiya Guide* we want to concentrate on exploring the faith foundations of Lafiya's ministry of health and healing.

It is essential that we have a solid biblical and theological foundation for anything we do in the church, but that's particularly true when we are concerned with spiritual matters that relate to salvation, which ultimately means “wholeness”. The particular concern of Lafiya is to help people assume responsibility for their own health within the company of others who care for each other through listening, empowering, and resourcing. What is the biblical mandate for such a ministry and what are its theological underpinnings?

The church's healing ministry

Even a cursory reading of the gospels shows how central healing was in the ministry of Jesus. Healing means restoration to wholeness, the wholeness God intends for body, mind, and spirit. That's certainly what Jesus' ministry was all about. One-third of the stories in the gospels are stories of Jesus physically healing people. If we broaden the definition of “healing” to include spiritual and relational healing, then all stories about Jesus address some form of healing. Jesus came to “save”, and the meaning of that word in its original Greek is “to heal”. In fact, biblical Greek has only one word for those two terms, a word that is sometimes translated “save” and sometimes “heal”, depending on the context.

A good example of Jesus' whole-person healing ministry is the story of the | paralytic who is brought to Jesus by four friends (Mark 2:1-12). It's obvious the friends wanted Jesus to heal the paralyzed man; they were so determined to gain access to him that they broke a hole in the roof of the house where Jesus was speaking to a crowd of people. But instead of healing him, Jesus forgave him. Some religious leaders in the crowd disputed his authority to forgive sins so Jesus settled the dispute by saying to the paralytic, “Stand up, take your mat and go to your home” (Mark 2:11).

Where one may expect Jesus to heal, he forgives, and where he forgives, he also heals. That's characteristic of whole-person healing ministry, and the gospels are full of stories like that. If healing was so central to Jesus' ministry, then isn't this what Christians are called to do as well?

The answer of the church through the ages has been yes. We see it in the Acts of the Apostles and in the writings of the church fathers. We see it in the building of hospitals and in the sending of medical missionaries. We see it in the Pentecostal movement and in Christian Science, two prominent historic expressions of the healing mission of the church. The mandate to heal as well as to preach the gospel is a mission for every age. We must continually look for ways to bring about healing in others – those who are already in the church as well as those who have yet to accept

the love and forgiveness of Jesus Christ.

A Biblical Vision for Lafiya

“The Spirit of the Lord God has anointed me (is)...

... to bring good news to the oppressed,

... to bind up the brokenhearted,

... to proclaim liberty to the captives,

... to opening the prison to those who are bound,

... and to comfort all who mourn.

I was burdened with guilt, and you listened without blame;

I was imprisoned in addictive behaviors, and you empowered me to make healthy choices;

I was intimidated by abusive relationships, and you surrounded me with caring friends;

I was overcome by fear and despair, and you came to me with healing resources;

I was consumed by anger and alienation, and you met me with forgiving love.

“Just as you have ministered to one of the least of these who are members of my family, you did it to me” (Paraphrase of Isaiah 61:1f.; Matthew 25:35f. 40).

The church’s health ministry

The challenge for the church today is to provide *health* ministries as well as *healing* ministries. This model of health promotion, which is at the heart of the Lafiya ministry program, stems from the Church of the Brethren's involvement with the Nigerian Rural Health Project. The leaders of the Nigerian project were pioneers in empowering people to take responsibility for their own health by improving nutrition and the water supply, thus effecting dramatic changes in both the length and Quality of their lives.

The wisdom of that approach is beginning to catch on in this country as well. Though 98 percent of each dollar spent on “health care” is currently for “disease care”, changes are occurring. We can see it in the new kinds of research being done – research on what makes people sick, research on how attitude and behavior affect health, and research on the effects of diet and exercise. All of these are factors over which we have some control. More people are becoming aware of the need for life-style changes for health purposes than at any other time in the history of the world.

But why should the church be active in promoting health? We find rationale in the words of Jesus: “I came that they may have life, and have it abundantly” (John 10:10). That means eternal life of course, but it's obvious from the gospels that it also means the abundant life here and now. Lafiya means “I am well. I am whole”. Lafiya is a tree of whole-person health, one branch of which is healing ministry and another branch of which is health promotion.

Though healing ministries have always been vitally important to the church, the unique challenge for our day is health promotion. Instead of asking only “What makes people sick and how can we provide a whole-person healing ministry to heal or save them?” we need to also ask “What keeps people well and how can we provide a whole-person health ministry that will keep them that way?” That's the wave of the future in health care, and the church is the ideal medium for empowering people to assume responsibility for their own health. With the Lafiya program, we have a magnificent opportunity to provide leadership in defining and implementing the role of the church in health promotion.

The role of hope in health promotion

Why is it that among a group of people who are exposed to the same health threats some stay well while others become ill? Current studies have begun to address this question, and the answers all point to factors that have to do with faith. This makes

the issue a spiritual one, and Christians need to claim their authority to address it with the resources of the Christian faith.

In answering the question about what keeps people well, we can see that hope is a factor. Perhaps you heard the news report about the ten-year-old boy who stepped off the bus into the school yard and fell over dead. The report stated that he had led a lonely life. His mother had remarried, and she and his stepfather did not provide much attention at home. At school he did not have any friends, and those that did acknowledge him poked fun at him. The autopsy revealed no abnormalities; his heart had simply stopped beating.

Any attempt to offer an explanation for such a death is speculative, but certainly hopelessness was a contributing factor. We have evidence that animals literally give up when put into situations of helplessness and hopelessness. When dogs are given unavoidable, inescapable electric shocks, they seem to accept their situation as hopeless, even when later placed in a shock situation that includes an opportunity to escape.

The same is true of rats that are put into a situation from which they cannot flee or fight, such as a jar full of water. They quickly die from a slowing of the heart and respiration. That happens even more quickly if their whiskers, a principal source of orienting themselves to their environment, have been clipped. However, if the rats are periodically and briefly put in a jar of water and released quickly each time, they will later learn to swim in the jar for long periods of time without signs of giving up or dying.

If these observations are true of animals in hopeless situations, then it is | certainly plausible that the heart of a lonely and hopeless ten-year-old boy would simply stop beating.

Hope keeps people well and facilitates healing. Hope is spiritual energy that activates the human will. It is an expression of faith. Keeping hope alive is health ministry, and no institution in society is better equipped to promote real hope than the church. Physicians can offer the hope of recovery, but faith nurtures hope in eternal life, even in the most hopeless situations.

Think of people who live with chronic illness. It is usually those with the strongest sense of hope who are able to rise above the chaos of self-disruption that accompanies chronic or fatal illness.

Benefits of belonging

A strong sense of belonging, like hope, also helps keep people well. Studies show that those who lack strong relational bonds are more vulnerable to illness. For example, heart attack victims are 50 percent more likely to have a second attack within six months if they live alone. People who are single, separated, divorced, or widowed are two to three times more likely to die earlier than their married peers. The Hammond Report, which prompted the surgeon general's warning on packs of cigarettes, states that the effects of divorce are about the same as smoking more than 20 cigarettes a day. Whether heart disease, cancer, depression, tuberculosis, arthritis, or problems during pregnancy, the occurrence of disease is higher in those with weakened social connections, especially men.

How often have you experienced or heard a story about a dying person who suddenly rallies when distant family members arrive at the bedside? Sam received a call like that. His sister, only 55 years old, was dying of cancer. Her doctor said she was very close to death – only two or three days at the most. Sam and other members of the family went to be with her. Three weeks later he had to return to his job in Atlanta, as did others in the family. Within a day of his return his sister died.

One might say that the incident was poor calculation on the doctor's part, but surely the support of a loving family was an important factor in Sam's sister's will to live. It ought to be obvious to Christians that hope and belonging, as well as other faith-related factors such as meaning and purpose, are spiritual in nature. If these factors are important in the maintenance of both spiritual and physical health, then it ought to be equally as obvious that one of the greatest challenges facing the church is to provide a whole-person health ministry that sustains hope and strengthens relationships.

Spirituality and health

Spirituality is the turf Christians need to claim as their own – not exclusively, of course, but as the experts in a faith tradition that can satisfy the spiritual hunger that comes with being human. Spirituality often gets confused with religion; when we describe a person as “spiritual”, we usually mean that he or she is “religious”. But treating the terms as synonymous, keeps us from seeing that all people are spiritual beings whether or not they regard themselves as religious. Every person has an inborn hunger for meaning, hope, and belonging – all of which are characteristic results of being created in the image of God.

Spirituality, on the other hand, is the particular form that hunger – and the satisfaction of that hunger – takes in a person's life. Spirituality exemplifies what a person trusts and is loyal to, especially at the center of his or her life. Spirituality is what a person hopes for in life, what shapes meaning and purpose in each situation and throughout life.

- When you are at the end of your rope and have exhausted your own resources for coping, what or whom do you trust and remain loyal to, no matter what?
- If you were told that you had six months to live, what would be your source of hope and to whom would you turn for help?

Answers to these questions will reveal the content of one's spirituality – the extent to which one yearns for and depends on the sustenance of God.

Ultimately our spiritual needs can only be met in relationship with God. The challenge of Lafiya is not only to focus on spiritual needs but also to draw deeply from the well of faith in meeting those needs. Unless the content of spirituality is rooted in the Bible that defines our faith, Lafiya will be no different from any of other health promotion program that talks about the importance of spiritual health.

The root of spirituality: relationship with a God who heals

What do we know about God from the Bible that affects our understanding of health promotion? If God is like Jesus, then we know that God is a loving God who wants everybody to be whole. It's almost inconceivable that Jesus would say to someone who had come to be healed, “I'm sorry, but it's not God's will that you be whole.” Not God's will? Of course it is God's will! Jesus' whole ministry breathes the Spirit of a God who groans in yearning for restoration of the whole creation. Illness may serve a good purpose, but God never originally intended for people to suffer.

We also know that God has created our bodies with the capacity for self-healing. The real healer is not the physician nor the medication he or she prescribes but the healer within, the God who created our bodies. Eighty percent of all health problems people bring to their physicians are self-correcting, and those medical interventions that are successful simply facilitate the body's own healing power. This wonder of creation should not only prompt deep gratitude to God but also empower us to take more

responsibility for our own health.

After all, each Christian person is closest to the healer that is within him or her. Individuals know their own health needs better than anyone else. Within the limits of heredity and environmental factors beyond our control, we can count on the self-healing power God has given us – provided we do what we can to avoid harming or undermining the natural workings of our bodies, which are wondrous gifts from God.

Getting people to change

It is one thing to recognize health promotion as an imminent challenge of the church. It is something else to act on it. Motivating people to change is at the heart of any health promotion program. We need to examine this question not only in terms of what will work but also in terms of what is biblically sound.

A study by Dean Ornish, a clinical professor of medicine, demonstrated that coronary heart disease can be reversed without using cholesterol-lowering drugs or surgical interventions. Ornish used the term “transformation” to explain how life-style changes affected the experimental group. Transformation, he claimed, had to do with a spirituality that was rooted in meaning, purpose, values, and communal support.

Education, we can deduce, is not enough. The surgeon general's warning on cigarette packages, nutritional guidelines on food products, resources from The Interfaith Health Resource Center at the Carter Center in Atlanta – all the information in the world will be of no help without the motivation to change. That's why the first step must be to focus attention on individual transformation, which means a reformation in the center of the self. Christians often explain conversion as spiritual transformation, but Lafiya challenges the church to broaden the definition to include a greater respect for one's body and health as well as one's spiritual reconciliation with God.

Transformation. Isn't that what the church is all about – changing people? And not just changing their mind but also their heart, their way of understanding themselves and their relationship to God? Right behavior will flow out of a mind and heart that have experienced transformation. Nobody in the health care field is better positioned to address the issue of transformation than those of us in the church. That's our uniqueness, what distinguishes us from others who are pushing health promotion – for purely physical, or self-seeking reasons – as the most important aspect of health care for the future. |

Encouragement, not guilt, motivates

Transformation. How does it happen? The Bible speaks of two fundamental ways to change people – one by means of the law and the other by means of the gospel. Both have a place in scripture and both can be effective, but Christians accept the gospel over the law because of its rootedness in Christ.

Law as a method of changing people usually includes threats and generates fear. It assumes that people will change if they are fearful enough of the consequences of their actions. One gets what he or she deserves. Rewards follow good behavior, and harm follows bad.

One reason for the success of this approach is its solid scientific evidence, particularly in the health field. Linking life-style to health in health promotion means that we are responsible for our health. This is biblical. Few would dispute that there are self-destructive consequences to smoking, the lack of exercise, a poor diet, and general disregard for maintaining one's health and fitness.

But most of us don't find this approach very appealing. We don't like guilt trips and

scare tactics, especially when they are used on us. This law-oriented approach encourages self-righteousness and becomes destructive when used for self-justification and blaming the victim. Consider the story of Job and the ease with which we blame others for their own physical demise (“I thank you Lord, that I am not like that physical wreck who smokes two packs of cigarettes a day, never exercises, and pigs out on pork. I eat veggies and bran, run five miles a day, and meditate a half hour each morning and evening”). Surely as Christians we can find a more positive way to motivate people.

For a more positive approach to health promotion, we need to go back to the beginning of our relationship to God – back before humanity's fall in Eden when sin entered the world – to see what God intended for humanity. Adam and Eve were given the responsibility to care for everything God had made. The world was not theirs to do with as they pleased.

By implication, we are created in the image of God to care for the world as God cares for it. That includes our bodies. Instead of saying, “This is my body, and I have a right to do with my body what I choose”, a biblically informed response would be, “God has given me this body to care for, and whatever decision I make must be made in partnership with God”. There can be no question about the importance of this covenant relationship to God for health ministry.

Cautions when pursuing health ministry

The Bible is full of stories that illustrate humanity's failure to be responsible caretakers of God's good creation. The record has not improved. We live | in a world where all of us have some part in abusing God's blessings. We live in a world where greed prompts businesses and governments to destroy the environment with pollutants and as a result, contaminate food with dangerous chemicals. We live in a world where people abuse their bodies through the intake of smoke, drugs, junk food, and excessive stress. We live in a world where people abuse others through physical violence, sexual harassment, and excessive demands on their time and energy. In short, we live in a fallen world where disorder describes our individual and corporate lives, and any noble attempt at order, such as the quest for wellness, easily warps into a symptom of self-seeking, self-serving idolatry.

That last thought is a warning Christians must take seriously. It is sobering for us to consider that even health promotion, when self-grounded, can be evidence of a distorted spirituality. Compulsive health seeking, which characterizes so much of what goes on in the fitness movement today, is an attempt to make life secure, to fend off illness – even death – in a futile attempt to master the forces that threaten not only our well-being, but also life itself. That's what sin is at its very core: our effort to make life secure on our own terms, by our own efforts, and thus under our own control.

All this brings us back to a point addressed before: the need for transformation. We can no longer rely on natural impulses toward well-being. Our health ministry must be rooted in the gospel, in Christ and the restored wholeness he offers through his life, death, and resurrection.

After that, the next step is to consider the implications of the gospel for whole-person health ministry. Paul sums it up this way: “Or do you not know that your body is a temple of the Holy Spirit within you, which you have from God, and that you are not your own? For you were bought with a price; therefore glorify God in your body” (1 Corinthians 6:19f.). What a wonderful metaphor!

If we really consider our bodies to be temples of God, then we will treat them as sacred places consecrated by God's presence. We keep our churches clean, well-

kept, and beautiful because we regard them as holy places, but we regularly treat our bodies as possessions to do with as we please – to abuse them if it brings us pleasure, and to overuse them if it brings us success. If we believe that we are not our own, including our bodies, then we will treat ourselves differently than if we believe our bodies are material objects, somehow separate from us and ours to handle according to whim.

Turning ownership of one's body back to its proper owner gives one a sense of purpose. Not only do we respect ourselves more, but we feel cared for, as if our actions have repercussions on people other than ourselves. This experience is part of the Lafiya process. People whose lives are full of hope and meaning live longer and healthier lives. It is faith in Christ that provides ultimate hope and meaning. That faith sustains us even when we face situations that seem to be hopeless, such as death. It is not a contradiction in terms to speak of “healthy dying”, and the care of the dying belongs under the health ministry of Lafiya. |

Mildred was a woman whose face, conversation, behavior, and whole being reflected her faith. Her 18 months of cancer afflicted her with debilitating losses and increasing pain. But her faith modeled hope to everyone who shared with her the experience of dying. Not only did she see Jesus with an inner vision that became clearer as she approached death, but those of us gathered around her bedside were privileged to witness that vision. It was a dying full of wonder and hope, in fact, a “healthy dying”.

Conclusion

Let nothing less than the transformation of faith be our goal in whole-person health ministry. Lafiya acknowledges that the transformation of people and communities into restored wholeness is a gift from Christ. We are empowered to be all that God made us to be. That is the basic health message of any gospel-oriented health ministry. Not a string of moral imperatives about what to do and what not to do – eat right, exercise, don't smoke, don't isolate yourself – but a gospel of health ministry to live out the freedom of the abundant life in Christ.

If we have been transformed by the love of God into new beings, then our behavior will take care of itself. We will want to treat our bodies as temples of the Holy Spirit. We will seek out fellowship that not only meets our social needs but also our deeper need for relationship with God. We will have hope that is stronger and deeper than positive thoughts about the future, a hope that will sustain us through debilitating illnesses and up to the very hour of death. And we will have a purpose that gives deep meaning to life, a purpose that reflects the love and service of Christ, whose mission was to restore all of humanity to the fullness of life.

Health education and effective programs in nutrition and exercise are not enough. We need to go back to the basics if we are going to have a biblically based health ministry, and nothing is more basic than spiritual transformation. Let that be our top priority – today, next week, next year, and always.

The Lafiya Symbol



This symbol was created to represent the “Whole-Person Health Ministry” concept of Lafiya. The organic form of the leaf in the Lafiya symbol expresses the concept of health, growth, and life. The variation of the shape of the leaves express these concepts, with each leaf representing mind/body/spirit. The circle enclosing the leaves represents completeness and wholeness. And through the cross, we witness the interconnectedness of faith with health, healing, and wholeness.