A Community of Healers

Michael K. Augustson, M.D.

August of 2000

America has so professionalized the healing process that health is now becoming out of our reach. This was the message of Dr. David Hilton as he led a presentation entitled *Empowerment, Health and Congregational Lay Promoters* at the recent National Wellness Conference in Stevens Point, WI. Dr. Hilton is a former missionary doctor. After providing years of service to the people of Nigeria, he began to evaluate the real effectiveness of his medical and surgical work. He concluded that despite his substantial efforts, the community he lived in did not seem to be getting any healthier. The other conclusion was that the healing potential of the common person of a community was not being recognized.

Dr. Hilton presented the leading medical diagnoses causing death in America (see Table 1) and then lifestyle factors either causing or associated with these diagnoses (see Table 2). Health professionals have known for quite some time that it is very

Table 1. Leading Medical Causes of Death in America in Deaths per Year (1)

Cause	Deaths per Year
Heart disease	400,000
Cancer	250,000
Cerebrovascular disease	200,000
Accidents	92,000
Chronic lung disease	87,000
Pneumonia and influenza	80,000
Diabetes	48,000
Suicide	31,000
Liver disease	26,000
AIDS	25,000

often the day to day decisions of people that determine their health and eventually the medical diagnoses they will incur. The problem is that despite our great knowledge and vast medical resources the success has been limited in recent decades at bringing people to health or at impacting many of these diagnoses and underlying determinants of disease. We as a people have focused on illness versus health and in turn on cure verses prevention. We also have relied too heavily on the professional healer verses ourselves or our neighbor as a resource to heal our illness and bring us to health.

Table 2. Lifestyle Factors Contributing to Medical Diagnoses in Deaths per Year (1)

Factor	Deaths per Year
Tobacco	400,000
Diet, Sedentary lifestyle	300,000
Alcohol	100,000
Infections	90,000
Toxic agents	60,000
Firearms	35,000
Sexual behavior	30,000
Motor vehicles	25,000
Illicit drug use	20,000

At a fundamental level we as a community have an inadequate understanding and working knowledge of health and illness. While many people possess some knowledge on illness it is limited in that their perspective is mostly focused on the physical dimension and not on their whole person. People fail to appreciate the significance of their psychological, social and spiritual dimensions.   The average person is often looking for a test that simply and clearly defines their disease and then a medicine or surgery to take it away. In regard to our understanding of health, people tend to erroneously regard health as the absence of illness. According the World Health Organization, “Health is a state of complete physical, mental and social

well-being and not merely the absence of disease or infirmity". Health is more akin to wellness with health and illness being at opposite ends of the same continuum (see figure 1). There are two strategies a society may adopt as they deal with health and illness. One is to wait until disease or serious warning signs occur and then expend resources to either cure or minimize disease impact. The other is to work with people who are in the middle of the continuum without identified disease or warning signs to move them to the right – i.e. to health and wellness. For example, far more resources are spent in this country in treating heart disease through surgery and drugs than in maintaining a healthy heart through exercise, nutrition and stress modification.

Figure 1. The Health and Illness Continuum.

The other fundamental issue that needs to be addressed is with the health professional and a community's use of health resources. While health professionals may be well equipped to diagnose and treat medical conditions they are not well prepared or positioned as a personal or community resource to bring people to health. In essence we have people seeking something they do not understand from health professionals who are not equipped to provide it. The life style factors as listed in Table 2 are best addressed by the underutilized resource of family, friends and various groupings within the community. If a community is to reach further headway at reducing the economic burden and human suffering of illness, it must become more skilled at addressing the well-known factors that both achieve health and precede illness.

Given these perspectives, there are two paths that a community needs to pursue to order to be effective in achieving a high level of health. First of all, a community

absolutely needs to have clinically competent health professionals that are available in sufficient supply and will recognize their patient as a whole person in the context of their family and community. Each health professional needs to be willing to function as a member of a health care team. They need to work in a manner that clearly communicates to their patient and community an accurate definition of health as well as the wide variety of factors that contribute to health and illness. The second path a community needs to pursue involves the health attitudes and practices of each and every person of that community. People need to come to a greater understanding of just what health and illness really are and in turn a more expanded vision of their role in achieving health and responding to illness for themselves *and* their neighbor.

Although there may be several ways to implement these ideas, the church is an ideal setting to pursue each path – particularly in pursuing items of the second path. The local congregation is of a manageable size and is really a smaller community within a larger community. People within a congregation possess a higher level of closeness in relationships that may not exist in the larger community. Such a level of closeness is a real plus at impacting many aspects of health and illness. Many people of a congregation also possess a desire to reach out beyond the walls of their church. This is a means whereby an entire community can be impacted. Finally, the scriptures (see selected passages in Table 3) tell us that when members of a church make a faith commitment they have in essence also made a commitment to self-care and caring for the health of their neighbor. These previous commitments may enable people to be more receptive to ideas on health. People may in fact welcome the opportunity to advance their faith by gaining a better understanding of their role as a healer.

Table 3. Scriptural References for Self-Care and Care for Neighbor (2)

…your body is the temple of the Holy Spirit…honor God with your body… I Cor 6: 19, 20

…love your neighbor as yourself… Matthew 19:19

…the Samaritan soothed his wounds with medicine… Luke 10: 30-37

…then he sent them out to tell everyone about the kingdom of God and to heal the sick… Luke 9: 1-2

…confess your sins to each other and pray for each other so that you may be healed. James 5: 16

Creating a culture and a system through which people gain this new perspective on health and illness will be a challenge and clearly a God-sized task. It begins however with a change in attitude. People need to actively decide that while they will need to respond to illness as it arises, they must be diligent in pursing health and wellness. Furthermore, they must realize they have a God given duty to do the same for their neighbor. They are their brother's keeper. While people may adopt this new attitude with their current health / illness skill and knowledge base, one should consider creating a formal course designed to comprehensively cover the basics of health and healing from both Biblical and modern medicine perspectives. Sessions could be held for one to two hours each week over ten to twenty weeks with appropriate amounts of outside study. Such a course could serve as a foundation for other outreach ministries of the church. Various ideas could be pursued to enroll an entire congregation over time. Parish nurses and other health professionals of faith would be excellent candidates to lead such a course and engage a congregation.

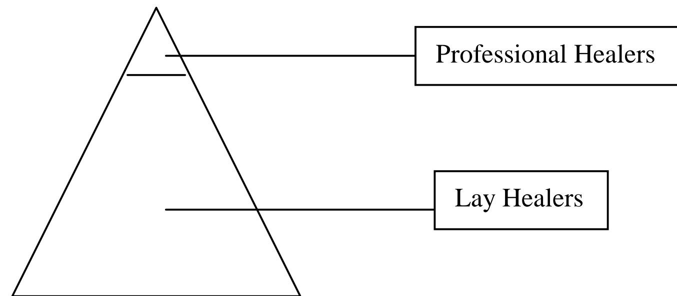

Figure 2. A Community of Healers

The reality is that we are all together in our community. While the positive or negative health actions of one person affect that individual, they also will positively or negatively affect the health of others. We need to start wisely expending more resources on how we as a people in community together can more positively help each other both achieve health and heal from illness. The professional healer of Figure 2 that is clinically competent, available and people/community oriented is obviously needed. They have a key leadership role to play in this whole process. But we also need each and every person of a community to become more healer oriented - in essence a lay healer for themselves *and* their neighbor. By having a critical mass of people-oriented healers *and* healer-oriented people, we as a community will truly become as healthy as we can be.

References

1. McGinnis, JM and Foege, WH; Journal of the American Medical Association 270: November 18, 1993.
2. Life Application Study Bible – New Living Translation. Tyndale House Publishers, Inc. Wheaton, Illiniois. 1996.