

Book of Resolutions: Health and Wholeness

Theological and Historical Statement

Health is the ultimate design of God for humanity. Though life often thwarts that design, the health we have is a good gift of God. When God created humankind, God declared it “was supremely good” (Genesis 1:31). Among Jesus’ statements on the purpose of his presence is the statement that he came that we “could live life to the fullest” (John 10:10). Every account of Jesus’ ministry documents how Jesus saw restoration to health as a sign of the kingdom of heaven becoming present amongst us. When John the elder wrote to Gaius (3 John 2), he wished for him physical health no less than spiritual. The biblical narrative is filled with stories of God’s healing presence in the world. This includes spiritual, psychological, emotional, social, as well as physical healing.

For John and Charles Wesley, health was integral to salvation. In the Wesleyan understanding of salvation, Christ’s self-giving on the cross not only freed us from the guilt of sin, but restored us to the divine image in which we were created, which includes health. John Wesley not only preached spiritual health, but worked to restore physical health among the impoverished people who heard his call. He wrote *Primitive Physick*,¹ a primer on health and medicine for those too poor to pay for a doctor. He encouraged his Methodists to support the health-care needs of the poor. Charles Wesley’s hymns reflect early Methodism’s awareness of spiritual health as a component of salvation.

Achieving Health

Health has, for too long been defined only as the absence of disease or infirmity. The World Health Organization took a more wholistic view when it termed health as “a state of complete physical, mental and social well-being.”² We who are people of faith add spiritual well-being to that list, and find our best definition in the biblical concept of “shalom.” Shalom conveys or expresses a comprehensive view of human well being including “a long life of happiness ending in natural death (Gen. 15:15).”³ From the perspective of Shalom, health includes biological well-being but necessarily includes health of spirit as well. From the perspective of Shalom, health is social harmony as well as personal well-being, and necessarily presumes the elimination of violence. Thus the health that God wants for humanity both presumes and seeks the existence of justice as well as mercy, the absence of violence as well as the absence of disease, the presence of social harmony as well as the presence of physical harmony.

As disciples of the One who came that we might have life and have it abundantly, our first and highest priority regarding health must be the promotion of the circumstances in which health thrives. A leading health expert encourages the study of health not from the perspective of what goes wrong, but of what goes right when health is present. These “leading causes of life” include coherence, connection, agency (action), blessing, and hope.⁴ Our lives are healthy when we are linked to a source of meaning, when we live in a web of relationships that sustain and nurture us, when we know we have the capacity to respond to the call God has placed on our lives, when we contribute to the affirmation of another at a deep level, and when we lean into a future that is assured, in this life and forever.

No one portion of the seven billion members of God's global family has a monopoly on the expertise of achieving health. Achieving health, therefore, assumes mutual respect among the peoples of this Earth and the sharing of lessons learned in each society among the others.

Physical and emotional health is the health of the bodies in which we live, and we are therefore urged to be careful how we live (Ephesians 5:5).

As spiritual beings, our physical health affects our spiritual health and vice versa. St. Paul has termed our bodies as "God's temples" (1 Corinthians 3:16; see also 6:16, 19-20), echoing Jesus himself (John 2:21). We therefore are stewards, custodians, managers of God's property: ourselves, our bodies, minds, and spirits. Paul urges us to present to God our bodies as a living sacrifice and this is our "appropriate priestly service" (Romans 12:1), and to do everything for the glory of God (1 Corinthians 10:31). When we honor our bodies and those of others, we are honoring God and God's good creation.

The biblical mandate has specific implications for personal care. We must honor our bodies through exercise. We must honor our bodies through proper nutrition, and reducing consumption of food products that we discover add toxins to our bodies, excess weight to our frames, and yet fail to provide nourishment. We must recognize that honoring our bodies is a lifelong process.

The second priority must be the correction of those circumstances in which health is hindered or thwarted. The interconnectedness of life is such that those things that diminish our health are most often things beyond the control of physicians, clinics, or insurers. The Ottawa Charter for Health Promotion identified the basic prerequisites for health as peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity.⁵ One estimate of factors influencing health gives medical health delivery only 10 percent of the impact; family genetics account for 20 percent of the variability in health, environment 20 percent, and lifestyle 50 percent.⁶ Thus the achievement of health requires attention to:

- **Environmental Factors.** Environmental factors include clean air, pure water, effective sanitary systems for the disposal of wastes, nutritious foods, adequate housing, accessible, people-oriented transportation, work for all who want to work, and hazard-free workplaces are essential to health. Environmental factors include not only the natural environment, but the spiritual environment, the social environment, and the political environment, including issues of war and peace, wealth and poverty, oppression and justice, environmental profiling and environmental racism. The best medical system cannot preserve or maintain health when the environment is illness-producing.
- **Public Health Factors.** Disease prevention, public health programs, and health education including sex education, appropriate to every age level and social setting are needed globally. Services should be provided in a compassionate and skillful manner on the basis of need, without discrimination as to economic status, mental or physical disability, race, color, religion, gender, age, national origin, language, or multiple diagnoses.
- **Social Lifestyle Factors.** Lifestyle factors detrimental to good health include inadequate education, poverty, unemployment, lack of access to food, stress-producing conditions which

include such critical issues as domestic violence and other crimes and social pressures reinforced by marketing and advertising strategies that encourage the abuse of guns, tobacco, alcohol, and other drugs. Other societal pressures that affect health are overachievement, overwork, compulsion for material gain, and lack of balance between family/work responsibilities and personal renewal.⁷

- **Spiritual Lifestyle Factors.** A relationship with God, learning opportunities throughout life, personal renewal, recreation, green space and natural beauty add essential positive spiritual focus to life which influences health through fulfillment and positive attitudes of hopefulness and possibility.⁸

- **Personal Lifestyle Factors.** Those factors, which may be choices, habits or addictions destructive to good health include overeating or eating nonnutritious foods, substance abuse, including alcohol, tobacco, barbiturates, sedatives, and so forth. Failure to exercise or to rest and relax adequately is also injurious to health.

- **Cultural Factors.** Harmful traditional practices such as child marriage can result in serious health problems such as obstetric fistula⁹ and the spread of HIV & AIDS. Other practices such as female circumcision can result in pain and the spread of infection.¹⁰ Having unprotected sex with multiple partners, a practice in many countries, has significantly increased the spread of AIDS and other diseases.¹¹

The biblical view of health integrates the physical and the spiritual, and therefore both are needed in the achievement and restoration of health. In Western Protestant interpretation of health and healing, however, the union of the body and spirit is often dismissed. Cultures that respect and revere that union are often disregarded or looked upon in a condescending manner. Jesus did not make these distinctions, and the early church struggled with it. An illustrative narrative is that of the healing of the woman who suffered from a hemorrhage (Matthew 9:20-22).

She believed that touching his garment would make her well. He told her that her faith had made her whole, which includes physical wellness. We must, if we are to achieve good health, unite the body and spirit in our thinking and actions.

Restoring Health

The experience of ill health is universal to humankind. When environmental factors have contributed to ill health of body or mind, the restorative powers given to the body and spirit by God, even with the best medical care, will be severely challenged if the environmental factors themselves are not changed.

God challenges our global church, as God has challenged God's servants through the ages, to help create networks of care around the world for those who are sick or wounded. Global networks of care should emphasize:

1. health care as a human right¹²;

2. transforming systems that restore health care to its identity as a ministry rather than as a commodity, and reforming those economic, financial and legal incentives to treat health care as a commodity to be advertised, marketed, sold, bought and consumed;
3. citizen leadership from the lowest levels to the highest in each society so that all can have active involvement in the citizen leadership from the lowest levels to the highest in each society so that all can have active involvement in the formulation of health-care activities that meet local needs and priorities;
4. public financing mechanisms suited to each society that assures the greatest possible access of each person to basic health services;
5. advocacy care that engages the broader community in what the Ottawa Charter for Health Promotion terms the Five Pillars of Action: building healthy public policy, creating supportive environments that promote health, strengthening community action, developing personal skills, and reorienting health services¹³;
6. health promotion and community health education that enables each person to increase control over his or her health and to improve it¹⁴ and then to be a neighbor to another, in the fashion of the good Samaritan, who took the steps that he could, simply because he was there (Luke 10:29-37);
7. primary care workers who are drawn from the community and are trained to assist with the most common illnesses, as well as educate about the impact that can be achieved by improving environmental factors, such as health and sanitation;
8. basic health services that are accessible and affordable in each geographic and cultural setting;
9. medical care when the degree of illness has gone beyond what can be assisted by primary health workers;
10. hospital care, compassionate and skilled, that provides a safe environment for surgery and healing from illness under professional care; and
11. complete and total transparency to persons (or their designees) under the care of a medical practitioner, of their medical condition, so they can be an active director in their own care.

The Call to United Methodists

Therefore, we call upon United Methodists around the world to accept responsibility for modeling health in all its dimensions. Specifically, we call upon our members to:

- continue the redemptive ministry of Christ, including teaching, preaching, and healing. Christ's healing was not peripheral but central in his ministry. As the church, therefore, we understand ourselves to be called by the Lord to the holistic ministry of healing: spiritual, mental emotional, and physical;

- examine the value systems at work in our societies as they impact the health of people and promote the value of shalom in every sphere;
 - work for programs and policies that eliminate inequities around the world that keep people from achieving quality health;
 - work for policies that enable people to breathe clean air, drink clean water, eat wholesome food, and have access to adequate education and freedom that enable mind and spirit to develop;
 - make health concerns a priority in the church, being careful not to neglect the special issues of gender or age, treatment or prevention;
 - collaborate as the body of Christ through establishment of networks for information sharing and action suggestions; and
 - work toward healthy societies of whole persons.
- a) Part of our task is to enable people to care for themselves and to take responsibility for their own health.
- b) Another part of our task is to ensure that people who are ill, whether from illness of spirit, mind, or body, are not turned aside or ignored but are given care that allows them to live a full life.
- c) A related obligation is to help society welcome the sick and the well as full members, entitled to all the participation of which they are capable.
- d) People, who are well, but different from the majority, are not to be treated as sick in order to control them. Being old, developmentally disabled, mentally or physically disabled is not the same as being sick. Persons in these circumstances are not to be diminished in social relationships by being presumed to be ill.
- e) We see this task as demanding concern for spiritual, political, ethical, economic, social, and medical decisions that maintain the highest concern for the condition of society, the environment, and the total life of each person.

In addition, we call upon specific entities within our United Methodist connection to take steps toward health and wholeness as follows:

Congregations

United Methodist congregations are encouraged to:

- organize a Health and Wholeness Team as a key structure in the congregation. Among the team's responsibilities would be to seek each member to develop their spiritual gifts in order that the body of Christ be healthy and effective in the world. The apostle Paul commented that "many

of you are weak and sick, and quite a few have died” (1 Corinthians 11:27-30). We suggest that this may have resulted not simply from failing to discern the body of Christ present in the communion bread, but from failing to discern the body of Christ as the congregation. When church members are not allowed to use their spiritual gift, they stagnate or die spiritually and the spiritual affects the physical health of the individual. The spread of health and wholeness should be discerned clearly as a guiding factor in why it is that we make disciples;

- accept responsibility for educating and motivating members to follow a healthy lifestyle reflecting our affirmation of life as God’s gift;
- become actively involved at all levels in the development of support systems for health care in the community; and
- become advocates for a healthful environment; accessible, affordable health care; continued public support for health care of persons unable to provide for themselves; continued support for health-related research; and provision of church facilities to enable health-related ministries.

Annual Conferences

We encourage annual conferences to:

- continue their support and provision of direct-health services where needed through hospitals and homes, clinics, and health centers;
- work toward a comprehensive health system which would provide equal access to quality health care for all clergy and lay employees, including retirees;
- undertake specific actions to promote clergy health, physical, mental, emotional and spiritual; and
- support the establishment of Health and Wholeness teams in every congregation.

Seminaries

We call on our United Methodist theological schools to:

- become involved in a search for Christian understanding of health, healing, and wholeness and the dimensions of spiritual healing in our congregations. Include coursework that will train clergy not only in pastoral care, but also in intentional caring of the congregation that promotes the physical and spiritual health of each church member; and
- work toward a comprehensive health system that would provide equal access to quality health care for all clergy and lay employees of seminaries, including retirees.

Educational and Health Care Institutions

We call on our United Methodist colleges, universities, hospitals, and seminaries to gain an added awareness of health issues and the need for recruitment and education of persons for health-related ministries who would approach such ministries out of a Christian understanding and commitment.

General Agencies

We call on:

- the General Board of Discipleship to develop educational and worship resources supporting a theological understanding of health and stewardship of our bodies;
- the General Board of Church and Society and General Board of Global Ministries to support public policies and programs that will ensure comprehensive health-care services of high quality to all persons on the principle of equal access; and
- the General Board of Pension and Health Benefits to undergird the social teachings of the Church by enacting policies and programs for United Methodist employees that ensure comprehensive health-care services of high quality to all persons on the principle of equal access.

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RESOLUTION #3202, 2008, 2012 BOOK OF RESOLUTIONS

RESOLUTION #109, 2004 BOOK OF RESOLUTIONS

RESOLUTION #96, 2000 BOOK OF RESOLUTIONS

See Social Principles, ¶¶ 162V and 165C.

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6. Daughters of Charity National Hospital System, 1994.

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14. World Health Organization, 1986.

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