

The Church's Role in Promoting Health

Presented by Pastor Lisandro Orlov of Argentina's United Evangelical Church at the seminar "The Struggle for Health and Participation in the 21st Century: Challenges and Strategies," January 5, 2002, in celebration of EPES' 20th anniversary.

First of all, I would like to thank you for considering me part of the EPES project by inviting me to participate in this anniversary and at such an important moment for the institution and the EPES team. Since 1986, the Ecumenical Pastorate and EPES have worked together for a world of greater justice and solidarity. I am so very happy to be here, and I feel right at home. Thank you again for the invitation and the warm welcome.

This event is an important opportunity for reflection, a time to ask ourselves: What are we celebrating in these 20 years? Certainly it is not just the passage of time, but the construction of an identity.

EPES has an identity that is not quite the same as other non-governmental or civil society organizations. But what exactly is this identity? I was just now introduced as a pastor, and this identifies me as speaking from a certain perspective. I also work on AIDS issues; we support people living with HIV/AIDS, and I will also speak from this experience.

Obviously, when churches and their congregations become involved in health issues, they are not trying to compete with other organizations, which often do excellent work. Indeed, we have much to learn from the efforts of government agencies and civil society organizations. However, we must ask ourselves: *Why does the Church become involved in these areas?*

Working with people living with HIV/AIDS has taught us that our commitment to the issue of health has nothing to do with a virus or bacteria or microbes. Rather, our convictions and our actions focus on people's dignity. We have learned that people living with HIV/AIDS are sick and tired of our compassion and our pity. People living with HIV/AIDS are not looking for compassion: what they want and what they need is justice. This is the focus of our commitment to health issues, just as in any other area. The churches and their congregations are committed to people's dignity and to their demands for justice.

That is the identity of the churches in their work in society: to promote dignity and justice for everyone and at all times. But this identity and this commitment is under the constant threat of being transformed into mere works of charity. The worst sin churches commit is to limit their actions and become charities. The focus of our actions should be the social and human advocacy for those who need help to maintain their dignity within society. Social advocacy deeply respects each individual's independence and autonomy and avoids generating any sort of dependency. This objective is clearly expressed in the motto of the 10th Assembly of the Lutheran World

Federation, to be held in Canada, July 21-31, 2003: *"For the Healing of the World."*

It is truly difficult to translate the English word "healing" into Spanish because no single Spanish word captures all of the rich and varied meanings. A literal translation is limited to the physical plane, to the concept of curing the body. But this would reduce the notion of health to a one-dimensional aspect that robs the Federation's motto of its deeper meaning. In the context of Latin America, "healing" has a much wider and much less individualistic meaning. Our words for "restoring" or "repairing" would more adequately describe the Church's actions of solidarity in health. These actions are quite different from medical interventions because their primary objective is to heal situations of injustice that affect people's quality of life. The overriding concern of Christian communities is to help people to occupy their rightful place of dignity in society.

Through their actions in the area of health, the churches seek to heal situations of exclusion and marginalization. By accompanying those whose dignity has been wounded, we Christians have learned the cruel truth: those who are really ill, those who need to be healed in every sense of the word, are society and the churches themselves. Our work has made it abundantly clear that it is the churches and society that need to be cured of exclusion, marginalization and stigmatization. Our work encourages us to go out and meet with our sisters and brothers. From these encounters, we are learning to listen to those excluded or marginalized and then return and speak out against these realities in our churches and elsewhere. In this effort, we have a very specific model to follow, that of Jesus with the lepers.

In Jesus' time, in addition to being ill, lepers were liturgically impure because they could not take part in the community's religious celebrations. Neither could they enter the synagogues nor take part in any social gathering. Anyone who even committed the simple act of touching a leper was considered liturgically and socially impure and had to undergo a long process of ritual purification before being able to rejoin the community. When He encountered the lepers, Jesus acted in defiance of society and organized religion. Touching the lepers was a very simple gesture, but through this act He, too, became a leper. Through gestures like these, one assumes the social stigma of the individual or the group, taking on the marginalization or exclusion of the *other*. Jesus turned Himself into a leper: through His solidarity and communion He became marginalized and excluded.

This archetypal model of Jesus leads us to question whether or not the churches and Christians are willing to imitate Jesus and embrace all those who are excluded and marginalized in and by our society and our churches. This is the challenge, the lesson that our communities face when they participate in health issues. Embracing those who are excluded, taking on their stigma and becoming one of them – this is the lesson that gives the churches an identity when dealing with the issue of health.

As we recently heard, in this globalized world the only thing that has truly been globalized is exploitation while the benefits of globalization continue to be enjoyed by a select few. In this context, the churches must be a locus of resistance that helps to build a counterculture. It is dangerous when the churches and their pastors are too welcomed and accepted by society. This is a very bad sign. I often tell the members of my parish, my brothers and sisters, that if any of us followed the Scripture word for word and tried to live as Jesus did, our churches surely would have thrown us out long, long ago because this is exactly what the esteemed religious authorities of His time did to Jesus.

Last year, in the United Nations General Assembly's Special Session on AIDS, we witnessed how civil society began to use language in a surprising new way, which undoubtedly reflected a change in mentality. Civil society has shown that it is ready and able to understand vulnerable groups from a perspective that is much more respectful of their dignity and human rights.

But who comprise the vulnerable groups? With regard to the issue of AIDS, the churches are quick to acknowledge only two vulnerable groups: women and children. Focusing their message entirely on these groups makes it very easy to avoid addressing the other vulnerable groups that are problematic for "moral" reasons. By disguising and avoiding the problem, the churches involve themselves in the HIV/AIDS epidemic without paying any of the costs.

Civil society is now willing to talk about male and female sex workers, to address what we generally refer to as prostitution. Civil society is also talking about how to help prevent HIV/AIDS among men who have sex with men, which is a totally new way of describing these many different realities. But are these just new labels? Are we merely changing the names, or is there a change in the mentalities and attitudes that accompany the way we address these realities?

Society is changing, and we ask ourselves what will happen with the churches. *How will we take part in this change of mentality and attitude?* The methods and ideological structures that have been used in the past are no longer appropriate for understanding the realities that the epidemic has revealed and which we are healthily obliged to face. Sadly, our churches are often specialists of the old guard, continuing to answer questions that no one is asking any longer.

The HIV/AIDS epidemic has forced us to sincerely ask the question: *Why are Christian communities working on health issues?* The answer will surely lead us to earnestly consider changes and find the will to carry them out. The dynamics of recent events encourage us to not simply repeat old formulas that have worked in the past. Today, we confront new realities that few of us could imagine before.

Our work with the team of the HIV/AIDS Ecumenical Pastorate in Buenos Aires has challenged us to open our minds and our hearts. Until only recently, we used to say, without fear of any consequences, without guilty consciences, that transvestites or transgendered people were mentally ill. Based on this prejudicial belief, the team decided to only accompany these individuals when they were admitted to the hospitals and not take them into the Pastorate's halfway house. And indeed, this Hostel of Solidarity was not an appropriate space for them. Our decision to exclude these cases was well-grounded in theory, and our consciences were clear.

But our calm certainty was rapidly challenged when we started to hear the life histories of the first transvestites whom we accompanied in the hospitals. As we listened closely to these stories, our protective walls came tumbling down, and we were forced to rethink our entire pastoral action. This process led us to seriously question our concept of inclusion and showed us the poverty of our affirmations born of pure ignorance. Reality in all its complexity forced us to rapidly change our attitudes and in our pastoral methodology, to open our faith and our hearts so that our team could become witnesses to the dignity of all people, without exclusion.

We hope that this work in society will lead to a conversion process that will renew the churches both theologically (regarding the nature of the God in whom we believe) and ecclesiastically (regarding the concept of inclusion of the Christian community). Anyone can condemn, marginalize and exclude when they are sitting behind a desk because, after all, these are only theories... But in real life, when this reality has a face, a name and a history, it is quite difficult to exclude.

Today, civil society is talking about drug users; terms like "drug addicts" are no longer used. Words always reveal what is in our hearts, so we must try to perceive this change of vocabulary as part of a mental and methodological change, leading us to act based on real and profound respect for the human and civil rights of all people, in all situations and circumstances.

This new mentality, this new understanding of social problems, demands a renovation of the way in which church address these issues. In general, Christian communities are tempted to support any methodology that proposes abstinence, be it in terms of sexuality or the use of illegal substances. Our theological traditions have long been suspicious of emotional bonds, sexuality and any conduct that is not "normal." This reality is clearly reflected in the way in which churches deal with addiction. The most common approach has been compulsory abstinence as a condition of any sort of therapeutic or pastoral counseling.

Today, a new way of addressing the issue has appeared: "*harm reduction*." This approach is based on a profound respect for others' different identities, options and lifestyles. It is based on respect for human and civil rights, on considering and recognizing the decisions of others and helping them to endure the least possible harm as a result of their lifestyle.

In some countries, the churches already have begun to employ this new methodology for working in this area. We must ask ourselves: *Where are the Latin American churches? As pastors, how will we take part in this process of harm reduction? What methodological approach best expresses the spirit of the Scripture?* The Scripture always shows us an approach to the real situation of others that is unconditional, free and open.

I suspect that behind certain works of charity or social action undertaken by some Christian communities, there often lies the desire for opportunist proselytism that undermines their good intentions. In this regard, the attitude that I sometimes have noticed in the treasurer of my church when he pays my salary at the end of each month is quite revealing of his attitudes about the work of the deaconate. He has asked time and again: *How many people have been converted through your work supporting people living with HIV/AIDS?* This question clearly evidences a theological and ideological attitude common among many Christian communities in their social activities. To his exasperation, my answer was always the same: only one person has been converted – me.

The principal objective of a Christian community is to incorporate into the church the concerns of individuals who are totally alien to it, those who are completely different. This is called conversion. The action undertaken by the churches in the context of the HIV/AIDS epidemic exposed us to realities that previously had been alien to us. *The real converts are the agents of the pastoral action because the Scripture exposes them to dynamic, changing and unfamiliar realities.* This is the essence of the theology of the Cross that so identifies Lutherans. In Christian communities, the Cross is a sign and symbol that reminds us of and embodies that which is totally alien to the religious community.

Under the shadow of the Cross, action in health in the context of the HIV/AIDS epidemic becomes an action stripped of power relations and hidden with Christ in God. It is the will of this community of faithful to join in solidarity with all those whom society excludes and marginalizes, no matter how crazy this may seem. The marginalization or stigmatization of others is the sole basis for this action of service from the Cross. It is the action undertaken by those who know that they are wounded healers and who heal from their own wounds and experiences of exclusion.

In this context, it is fitting to cite Martin Luther's *Commentary on St. Paul's Epistle to the Galatians*: "If there truly is some good in us, it is not of us but is a gift of God: and if it is a gift of God, we owe it entirely to love, that is to say the law of Christ. And if we owe it to love, I should not use it to serve my own interests, but to serve others. Therefore, my erudition is not mine, but of those who are not erudite: it is a debt that I have to them. My chastity is not mine, but of those who commit the sins of the flesh: it is they whom I must serve with my chastity. And this I do, presenting it to God as an offering on their behalf, interceding for them, excusing them, covering their

dishonesty with my honesty before God and the rest of Mankind... Thus, my wisdom belongs to the poor, my justice to the sinners, since knowledge and the rest are "*ways of God*" that we must cast off to bear instead "*ways of servitude*," because with all of these characteristics we must stand before God and intervene in favor of those who do not have them, as if we wore the clothing of another, just as a priest presents an offering from those round him clothed in ritual attire and not his regular dress. But we must also serve others with the same love against those who slander and oppress them: because this is what Jesus did for us."

Christian communities' action in health is therefore an attempt to take on these "*ways of servitude*."

When the Ecumenical Pastorate's team of volunteers working with people living with HIV/AIDS felt the need for an image that would express their identity, they chose August Rodin's sculpture of two hands joined to create a harmonious space; it is called "The Cathedral." This decision was based on our desire to create just such a space for dialogue and exchange among equals in our work accompanying those living with HIV/AIDS. In this regard, I remember the story shared by a nun who took part in a meeting of volunteers working in HIV/AIDS prevention. She explained that she had tried all night to imitate the hands of the sculpture until she realized that the image requires the hands of two different people. Coming together, which generates a sacred space like that of any cathedral, also requires people to enter into a dialogue in the spirit of equality and mutual comprehension.

The churches' activities in promoting health must always address people as equals. It means sharing our sickness and our health. There are no predetermined roles of those who administer and those who receive care, some in a position of power and others who are needy. This is an experience generated by the collaboration of equals. It is always reciprocal, and that is why we must address health in the broadest sense of the term. Through the World Council of Churches, Christian communities have basic documents that provide an excellent overview of the comprehensive understanding of health that goes far beyond an explanation focused on viruses or microbes. (1) When the churches talk about health, they do so from a perspective that embraces all the factors that influence health and illness.

What do illnesses and epidemics do to vulnerable people? First of all, they focus the issue of health on justice. Injustices result in people being placed in situations of vulnerability. We cannot talk about health without talking about poverty and social, cultural and economic injustice as well. A person living in poverty is more vulnerable not because of an individual characteristic, but because of the context of their life. When we talk about health, we must keep in mind above all the entire social situation. Talking about injustice or poverty also means talking about the changes our societies need in order to heal these realities. Health and illness form part of the social structures that need to be reformed.

From this perspective, we can assert that, as a foundation with close ties to the Christian communities, EPES' function is to train those who can dream new, just social structures, to train those who would search for the new star of Jerusalem and who will lead us and reveal new realities of solidarity and dignity. Training health monitors means mentally and emotionally preparing people to dream new, comprehensive utopias, creating promoters of a new society in which relations of equity and justice are evident immediately. This urgent need is clearly expressed in the pastoral concerns of Jesus Christ who called on his disciples to be specialists in the here and now and not escape into the "great beyond" which would allow us to avoid commitment with reality. Christ promises all His disciples that we will inherit heaven and earth.

When we talk about health, we also are speaking of peace. Violence of any sort makes people more vulnerable. Our concept of health must also incorporate the concept of peace in the world, our society and our communities. Battles and struggles between brothers and sisters cause more death and illness than many diseases. We have become used to the media's presentation of war in which everything looks like fireworks and special effects, without any of the realities of the suffering of the wounded and the dying. Statistics are manipulated, and the face of death is hidden. In such situations, conventional medical treatment offers little relief. Through our solid commitment to justice based on peace, Christian communities can make a tremendous contribution in these situations of structural violence.

When we talk about health, we must talk about the interdependence of creation. Atomic weapons and biological warfare continue to be real threats on the horizon of our globalized world. Our ability to destroy one another is not only a theoretical possibility but a reality that conditions the relations among countries. Aside from the nuclear threat is the danger of environmental contamination which underscores how immediate gains can compromise the future. Sustainable development is still only an abstract notion, and the powerful and most highly-developed nations – those that most contaminate nature and export this contamination – block any possibility of an international agreement that would protect the environment so that we could leave future generations a habitable world.

The human race is today an endangered species threatened with extinction. We know that the protection of the human race first demands that we hear the cries of all creation that awaits its liberation.

The churches' commitment to promoting health is part of the call to mission that they all have received, a call that urges them to go out and face these realities and overcome the feelings of complacency in our church ghettos. The commitment of the churches to health promotion springs from their desire to cooperate with all the civil and governmental organizations in the construction of a more humane world. The identities of these very communities are challenged by their commitment to health.

A church's identity is always an identity in construction and dialogue. If the seed of wheat dies, it cannot bear fruit. The church's role in health is a relationship built on and acquired through cooperating with the society in which the community is embedded.

In the Scripture, the Church finds models for action in health, such as when Jesus heals the woman who had suffered from menstrual hemorrhages for more than 20 years, a miracle that took place in fairly strange circumstances. Because of her gender and her nationality, the woman did not feel worthy enough to ask directly to be cured. Because she was a menstruating woman, the customs of Jewish law considered her to be impure, both socially and liturgically. In addition, she was a foreigner. So she was excluded from the health system for a number of reasons: because of her gender, because she was impure and because she was foreign. Defying customs and norms, the woman dared to touch the hem of Jesus' garment. In the midst of the crowd that surrounds him, Jesus asks a question that must have sounded very strange to his disciples: Who has touched me? The woman panics because in her desire for health, she has defied all the norms. Filled with fear, she confesses before the multitude and before Jesus that she was the one who touched him. To everyone's surprise, Jesus praises the woman for transgressing the ritual laws of religion and custom.

This wasn't the first time Jesus had done something like this. Another story recounts the healing of the ten lepers sent before the High Priest to testify to their healing as demanded by the Law of Moses. Only one returns, disobeying the command of Jesus and the ritual or health law. The leper who returned was also a foreigner, and Jesus also praised his transgression.

These stories propose archetypal models for the churches' action in health: going beyond the social concepts of inclusion and exclusion; defying norms and challenging systems of injustice and marginalization, generating possibilities of integration in actions that promote the dignity of all people. We hear the very words of Jesus: "Your faith has saved you." These actions in health are born of faith and challenge and defy the concepts of inclusion/exclusion, of otherness, purity and propriety.

Jesus is a great transgressor, and the churches must also be great transgressors of laws, of prejudices, of stigma. We know that when Jesus Christ returns, he will sit down with all of us who have been thrown out of our churches and our societies. Action in health makes a space for us at this same table.

Footnotes

1. Christian Medical Commission, "Comprehensive Health. The Churches' Role in Health," Geneva: World Council of Churches, 1990.