

# DIVINITY

DUKE UNIVERSITY | Fall 2015

## HOW THE CHURCH CAN PARTNER WITH MEDICINE

*Improving Health Care  
for Body and Soul*



### THE CHURCH AND THE RENEWAL OF HEALTH CARE

*By Dr. Warren Kinghorn*

### BACK TO GILEAD

*By Dr. Farr Curlin*

### HEALTH AND THE PROSPERITY GOSPEL

*By Kate Bowler*

# Gifts That Keep On Giving



*“We understand conservation of the land to be a tenet of our Christian faith and practice. What we have done with Duke University is a source of great and lasting joy for our family.”*

THORNTON HAWKINS

Patrice Hawkins Sigmon T'76, Allen R. Sigmon T'76, the Rev. Thornton Hawkins D'54, Catherine Hawkins Hoffman T'78, and Evelyn Hawkins.

Some 189 acres of pristine mountain forest land in Haywood County, North Carolina, adjoining the Great Smoky Mountains National Park, had been in the Silver/Hawkins family for a century. **THE REVEREND THORNTON HAWKINS D'54** and his wife, Evelyn, along with their daughters, **PATRICE HAWKINS SIGMON T'76** and **CATHERINE HAWKINS HOFFMAN T'78**, hoped to see the land remain undeveloped so that future generations could enjoy its natural beauty. The family thoughtfully evaluated their personal and charitable goals and decided to donate the property to Duke University, stipulating that it never be developed.

The net proceeds received by Duke have funded **The Hawkins Family Scholarship Endowment**, celebrating three generations of Duke education that also includes **ALLEN R. SIGMON T'76** and the very special memory of **LAUREN PATRICE SIGMON T'07**. **This permanent fund provides scholarships for Duke Divinity students** each year, with a preference for those who are graduates of Duke's Trinity College or the Nicholas School of the Environment. Half of the gift was outright, to support scholarships now, and the other half funded a charitable remainder unitrust to provide lifetime income for Thornton and Evelyn, after which the unitrust assets will be added to The Hawkins Family Scholarship.



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*DIVINITY magazine publishes a Fall and Spring issue each year. The magazine represents the engagement of Duke Divinity School with important topics and invites friends, supporters, alumni, and others in our community to participate in the story of what is happening here.*

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# Bible and Health: A Story of South Sudan

BY ELLEN F. DAVIS

**NEARLY 10 YEARS AGO**, I glimpsed Divinity student and public-health physician Peter Morris D'07 in an otherwise empty hallway of the Gray Building and felt myself prompted to call out, "Peter, would you consider coming with me to Sudan?" The request evidently surprised me more than it did him. "Yes," he said, without even asking why. Thus began a partnership in theological and community health education between Duke Divinity School and the Episcopal Church of Sudan (ECS) that continues to this day.

Over several years and a few trips, I studied the Bible with clergy, lay leaders, and seminary students. Morris saw patients in the clinics run by ECS and gave talks on water sanitation and latrines, safe births, and mosquito nets. We were puzzled by a strange disparity in response: people flocked to the clinics and participated eagerly in the Bible classes, yet they sat in silence through the health talks, even though every household was affected by the issues addressed. One day we saw our mistake: we were treating health and Bible as separate topics, addressing matters of life and death in the language of Western public health—and no one heard. "They told us nothing; they wasted our time," a villager would later say of the international aid organizations that had spent millions of dollars working on these same health issues in his region. We too were wasting their time, as long as we failed to bring Scripture and the faith tradition to bear on the things that affected them most closely.

In the next teaching session, health concerns entered directly into our reading of the biblical text. We chose the first two chapters of Exodus, where Israel is first called a "nation" (Exodus 1:9). It was June 2011, just two weeks before the birth of the new nation of South Sudan. We posed two questions: "What does it take to keep the baby Moses alive?" and "What does it take to birth the people Israel?" Instantly the room came alive with insights and amazement as the large group of women and men discovered how closely the biblical story spoke to their immediate experience. They had seen countless babies die in birth or shortly thereafter; South Sudan has perhaps the highest infant mortality rate in the world. They had seen enemy soldiers tear baby baskets off the heads of women and

throw them in the Nile—about a mile from the cathedral where we were gathered.

Exodus gave us a framework for asking how a nation is called by God to organize for the protection of its children. We looked at the need for training birth attendants and midwives. The story prompted conversation about the Christian vocation of adoption, in a situation where many parents are dead, missing, or unable to care for children. "I can't believe it—it's all in here!" Bishop Hilary Garang Deng exclaimed, as he listened to his people discover their own story in the text.

That day we sowed seeds that grew into the Community Health Education Program (CHEP), an illustrated

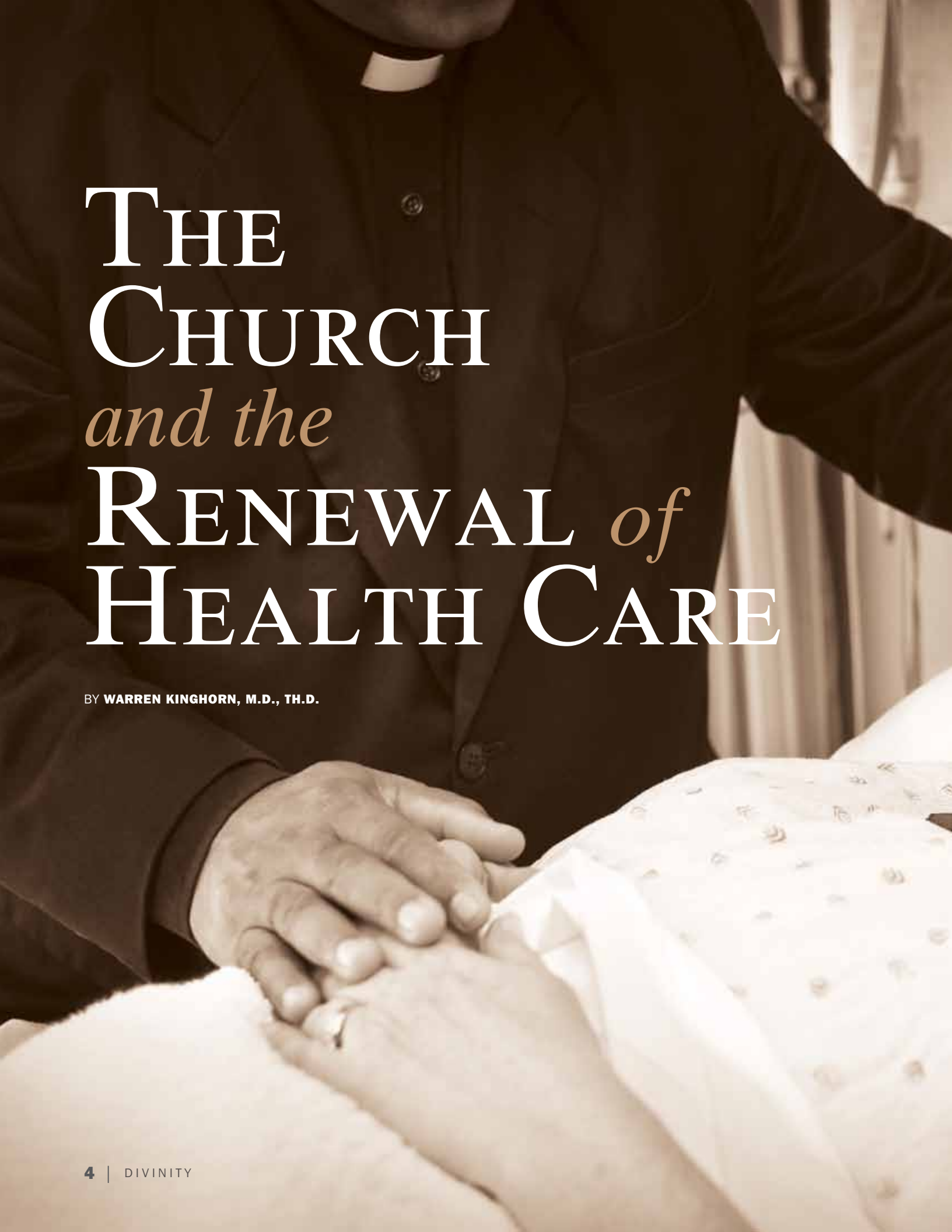
*As we have seen in South Sudan, whenever the church engages in health care practices with a scripturally informed imagination, lives are transformed.*

Bible-based curriculum developed by the Rev. Darriel Harris D'11. For 15 months he worked in rural South Sudan, identifying basic health needs, discovering biblical stories and language that motivate better practices, and getting whole villages involved in health education and implementation. Unlike aid organizations, CHEP does not provide material

resources; rather, it draws upon the knowledge and faith commitment already present in local communities in order to motivate change. Despite ongoing military conflict, CHEP has survived and been embraced by the church as the best way to improve and save lives in a country where most die of preventable illnesses and few survive to old age. For Sudanese Christians, CHEP confirms the biblical assurance that Scripture is given to us for the sake of life (Leviticus 18:5, Deuteronomy 30:11–20).

In this issue of *DIVINITY* magazine, we'll examine other intersections of faith and health at Duke Divinity School, from reimagining the practice of medicine to caring for the health of clergy to examining theologies of health to participating in global health initiatives. As we have seen in South Sudan, whenever the church engages in health care practices with a scripturally informed imagination, lives are transformed. ■

ELLEN F. DAVIS is interim dean and Amos Ragan Kearns Distinguished Professor of Bible and Practical Theology at Duke Divinity School.



# THE CHURCH *and the* RENEWAL *of* HEALTH CARE

BY WARREN KINGHORN, M.D., TH.D.



Marty Smith is back.” The emergency department (ED) nurse’s tone was flat, neither pleased nor surprised.

Indeed, from my seat a few feet away from where mental health patients in crisis were evaluated, I already knew that Mr. Smith was back. A familiar string of slurred curse words had just filled the quiet ED, and a familiar smell of stale alcohol hung in the air. Marty was back for his 40th emergency department visit in about 50 weeks. As an emergency psychiatrist, I had cared for him before and knew how this visit would go. Marty would say, in his drunken state, that he hated alcohol and wanted detoxification. He would be given a meal, perhaps some intravenous fluids and medication, a thorough medical examination, and a place to sleep. In the morning, more sober and less agitated, he would insist that he was feeling better and did not want further treatment, despite the strong encouragement of the staff that he go to a rehabilitation center. He would leave, and would be drunk again by midafternoon—and would stay that way until he next came to the ED.

Over the course of those dozens of visits, I came to know Marty (whose name and other details have been altered to preserve confidentiality). He grew up in a home of millworkers in a nearby county and described a peaceful childhood until

he discovered a liquor bottle in the family cupboard when he was 12—and he had not stopped drinking since. Alcohol had cost him a series of jobs, all contact with his family, and any chance of stable housing. He had little hope that he would ever stop drinking, and that despair spread to the nurses and doctors caring for him, who wondered whether such care was wasteful and futile. But then, in a miracle of hope, I watched as a determined, no-nonsense hospital social worker built a trusting relationship with Marty and eventually secured an apartment for him—an apartment which, by contributing to his safety and reinforcing his dignity, allowed him to cut down on his drinking and to stop coming as frequently to the ED. When I occasionally see him now, we greet each other and he is stronger, brighter, more engaged—and never smells of alcohol.

#### **MEDICINE AND ITS MORAL COMMITMENTS**

People like Marty Smith never end up on the glossy brochures or television advertisements of American medical schools and hospitals. In a health care system that increasingly stakes its worth in technological innovation, what Marty needed most was not any new technology but rather what all of us need when we are stuck in low places: relationship, time, care, patience, and love. The “treatment” that made the difference for him—stable housing—was not even something a physician could prescribe. Marty is his own person, with his own strengths and ability to contribute to the world around him. During those dozens of visits, however, there was nothing instrumental that he could provide to the health care

system that treated him: not money, not insurance reimbursements, not prestige, not political connections, not even the satisfaction of a rare, exotic, or complex “good case.”

Moreover, being with him at those times was often not easy: he would never strike anyone, but he would curse and spit and threaten and defy instructions. And yet I am never more proud to be a clinician within the American health care system than in times like those. For all of their faults—and they are many—modern American hospitals are places where anyone can come to an emergency department, say that they are sick or in crisis, and be cared for, regardless of insurance status or ability to pay. And most nurses, doctors, and other health professionals are still the kind of people for whom being sick—not sick and wealthy, or sick and polite, or sick and important—is reason enough to treat someone with dignity, compassion, and respect.

These time-honored practices of hospitals treating people who are sick and in crisis regardless of ability to pay, and of clinicians treating people with dignity, compassion, and respect regardless of who they are or what they contribute, are at root moral commitments. These moral commitments are sustained internally in the professional formation of clinicians and are sustained externally by a culture that has expected no less of its health care systems. It is easy for us to take these moral commitments for granted, to assume that health care must run that way, that there is something about being sick that exerts a moral claim on those who are able to provide care. At the least, these commitments don’t seem specifically religious or theological: the clinicians


who walked so faithfully with Marty Smith were formed within a wide range of cultural and religious contexts and worked in a nonsectarian health care system.

Unfortunately, these moral commitments are at risk within the political and economic culture of health care. Large-scale opposition to the Patient Protection and Affordable Care Act of 2010, while focused mostly on the role of the federal government in regulating health insurance, highlights the degree to which many Americans resist the economic burden of providing universal access to health care. A 2010 survey by the Association of American Medical Colleges showed that only 22 percent of students entering U.S. medical schools planned to practice in underserved areas, and that those who were undecided at matriculation were more likely than not to decide by graduation against doing so. A recent survey published in *JAMA Psychiatry* revealed that only 55.3 percent of American psychiatrists accepted private insurance payments in 2009–2010, with even fewer accepting Medicaid. People who are sick and who lack resources may not be turned away from emergency departments, but they are regularly prevented or denied access to many other health care settings and services. This is in part, of course, because American health care expenditures continue to climb higher and higher, particularly payments for new technologies and forms of therapy—with no consensus regarding what is enough.

#### **THE CHURCH AND THE DEVELOPMENT OF HEALTH CARE**

In the face of the complex economic and political challenges of modern health care—all of which are, in





The practice of hospitals treating people who are sick regardless of ability to pay, and of clinicians treating people with dignity, are at root moral commitments.

some way, moral challenges—it may seem simplistic to turn to the church for answers. We frequently hear that American churches’ social and cultural influence is declining, a function of shrinking membership and an ever-increasing percentage of the population that affiliates with no religion at all. The total budgets of American religious institutions are dwarfed by the 17 percent of the U.S. gross domestic product that is spent on health care. And yet, for Christians, metrics of political and economic influence cannot be the final word. It was to a community of far smaller membership and social influence, after all, that the apostle Paul wrote, “Although I am the very least of all the saints, this grace was given to me . . . to make everyone see what is the plan of the mystery hidden for ages in God who created all things; so that through the church the wisdom of God

in its rich variety might now be made known to the rulers and authorities in the heavenly places” (Ephesians 3:8–10). How, then, might the church witness to the renewal of health care?

Hospitals that exist to treat people who are sick simply because they need care, or charity hospitals, are so much a part of our culture that it is easy to forget that, like all institutions, they have a particular social history. But pre-Christian Greece and Rome had no charity hospitals. There were, to be sure, healers like the Hippocratic physicians and the great Roman physician Galen, as well as the cult of the healing god Asclepius. Physician clinics existed, along with medical institutions devoted to functional purposes such as the care of slaves (to return them to labor) or soldiers (to return them to battle). The civic virtue of *philanthropia*, “love of humankind,” inspired wealthy patrons

to endow institutions for the benefit of the population, thereby bringing honor to themselves (a tradition well-represented in modern research universities). But no institutions were devoted to caring for those who were sick simply because they were sick, or to providing for those who were homeless and poor simply because they were in need. Medical care took place largely within households, and those who were sick and who lacked money, status, or kin were largely left without support.

The church changed that. Drawing from the example of Jesus and his roots in Jewish ethics, Christians began to care for “the least of these” in society, people who were entirely unnoticed and disregarded by the Greco-Roman elites. Historian Gary Ferngren has highlighted the way that some early Christians distinguished themselves among the Roman population by

risking their own health and safety to care for victims of Roman plagues and to establish networks of social support; the fourth-century emperor Julian memorably noted that “the impious Galileans support not only their own poor but ours as well.” This commitment to serve the poor and to care for the sick fueled the growth of Christianity in the third and fourth centuries, and this recognition of the importance of care for the most vulnerable is a Christian legacy that should compel us to assess what kinds of people are valued in modern medicine.

Most notably, Christians backed up their concern for those who were sick by founding hospitals devoted to their care—the first documented charity hospitals. Historian Andrew Crislip has shown that some early Christian monasteries developed infirmaries for the care of sick monastics and medical attendants to care for them, the first recorded description of nurses. In the late fourth century, in what is now eastern Turkey, monasteries influenced by St. Basil of Caesarea began to extend medical care not only to sick monastics but also to people outside of the monastery who were sick, homeless, hungry, leprosy, or poor. These *nosokomeia* (“places for the care of the sick”) or *xenodocheia* (“homes for the stranger”) were modest institutions, but they are part of the historical lineage that led to the developed hospitals of the Byzantine empire and to modern charity hospitals—including the hospital where I met Marty Smith. The moral commitment that modern clinicians demonstrated to Marty is, in part, related to a strange ancient people who were formed to look at the body of a sick person and to see Jesus; who were not afraid to touch sick and diseased bodies because death had



been defeated; and who transformed philanthropy from a generalized “love of humankind” (the stuff of seminary and medical school application essays) to a specific, incarnate love of this person, this fetid breath in which we are met, miraculously, by the Holy Spirit.

The charity hospital is not the church’s only contribution to health care. The first psychiatric hospital in the Western world was founded by a Spanish monk, Juan-Gilaberto Jofré, in 1409. Community mental health treatment traces its roots to the Belgian community of Geel, in which medieval townspeople began housing persons with mental illness who sought healing at a local shrine. And inpatient psychiatric care was profoundly humanized by 18th- and 19th-century Quakers who developed rural communal “retreats” in place of dirty, confining, urban hospitals.

To be sure, the church’s contributions to health care have not always been positive. Christian “charity” can become disempowering and dehumanizing, contributing to the stigmatization of those who are sick. Christian medical missionary work has

all too often colluded with European colonialism. And Christianity may even have contributed to the technological excesses of modern biomedicine. Theologian Gerald McKenny has argued that medicine’s commitment to relieve suffering and to postpone death by manipulating the human body was fueled by Francis Bacon, the 17th-century philosopher who combined the Protestant affirmation that creation is given to humans for them to use along with the Protestant commitment to the relief of suffering. Bacon’s project to relieve suffering by manipulating nature continues to drive medicine today—especially when we have lost the ability to narrate what the limits of technology are, what human life is for, and what kinds of suffering ought not to be addressed by technology.

#### THE CHURCH AND HEALTH CARE TODAY

In the context of this rich history, both positive and negative, the church must engage contemporary health care. Christian organizations still affect the institutional shape of health care

## Christian congregations can and should be places where Christians learn how to engage health care faithfully.

across the world: the Catholic church is the largest nonprofit provider of health care services in the United States, and Christian mission hospitals and mission agencies continue to provide essential medical care in many parts of the developing world. Additionally, Christian churches and congregations are more geographically widespread and localized than any health care system ever will be. They remain the primary places where people find the relationship, care, patience, and love that all of us, including Marty Smith, need at times of crisis. And they remain powerful shapers of imagination and practice with regard to health and health care. What opportunities and responsibilities, then, should the church embrace with respect to modern American health care? The list here could be long, but I close with three broad categories.

First, the church must continue to shape the imagination of health care institutions in ways consistent with Christian faithfulness. This is partly a matter of encouraging theological vision within established institutions that are already church-related, such as Catholic hospital systems. But the days are long past when Christians can presume ownership of major health care systems. Rather, the church should remember that its most significant health care innovations started with local practices of faithfulness, like the modest infirmaries of St. Basil that gave rise to the charity hospital. In local institutions and

practices—congregational health ministries, community development partnerships, and smaller faith-based institutions like Lawndale Christian Health Center in Chicago or Siloam Family Health Center in Nashville—the church may yet bless the institutional shape of American health care.

Second, beyond institutions, the church must continue to shape the moral imagination of clinicians. Sadly, this is not always the case: a recent nationwide survey led by Dr. Farr Curlin, Josiah C. Trent Professor of Medical Humanities, demonstrated that U.S. physicians who frequently attended religious services or who considered themselves highly religious were not more likely than others to care for the underserved. Christians must reclaim our earliest identity as a people who, when others would not, cared for plague-ridden bodies, sheltered those without housing, and treated those who were sick. Christian congregations and centers of theological education like Duke Divinity School can lead in encouraging present and future clinicians to reclaim this vision—a vision like that of Thomas Catena M.D.'92, a Duke-trained surgeon at a Catholic mission hospital in Sudan who commented to the *Duke Medical Alumni Bulletin* that “our faith keeps us going. We’ve been reading the Gospels this week and understand that suffering is part of the journey. This is somewhat our lot in life and we understand that.”

Finally, the church must shape the imagination of patients—that is, all of us—with regard to health care. American health care at its root is driven by market forces. It will deliver what consumers ask for it to deliver, and it will respect the limits that consumers place (or do not place) upon it. Reform cannot be driven only by health care institutions, policymakers, and clinicians; it must also be driven by consumers who know when to say enough to expensive and marginally beneficial technologies at the end of life and at other times, and no to health care systems that leave many vulnerable Americans with no insurance coverage. In a country where over 70 percent of the population still identifies as Christian and where over one third report weekly worship attendance, Christian congregations can and should be places where Christians learn how to engage health care faithfully. As Stanley Hauerwas, Gilbert T. Rowe Professor Emeritus of Divinity and Law, has said, in order to sustain its commitment to be present day in and day out to those in pain, medicine needs something like a church, “a people who have so learned to embody such a presence in their lives that it has become the marrow of their habits.”

The church can now, as in the past, articulate and advocate for the wisdom of God in contemporary health care. In our commitment to see Jesus’ face in each person who is sick, in the way we care for one another, and above all in our commitment to love God’s good world as God does, the church can bear witness to a more human and faithful health care system—a system that respects in all of us, including Marty Smith, the dignity appropriate to our status as embodied children of a faithful, healing God. ■





# BACK to GILEAD

## CULTIVATING A SCRIPTURAL IMAGINATION FOR MEDICINE

BY **FARR CURLIN, M.D.**

**H**ere is the not-so-secret truth about American health care practitioners: they are exhausted and bewildered. In two different studies, researchers have determined that the burnout rate for both doctors and nurses exceeds the general population, with nearly 50 percent of these medical professionals feeling as though they don't have the resources to continue their work. Christian medical professionals seem at least as bewildered as everyone else. When I speak with Christian physicians and nurses, I notice confusion in their eyes, fatigue in their postures, and painful longing in their voices. Many are struggling to make sense of their day-to-day work: Why is it worthwhile? What does any of it have to do with what they thought they were called to be and to do as healers? Isn't there a better way?

This should strike us as odd. Few human practices, after all, resonate more with Jesus' ministry than caring for the sick. He used the analogy of a physician offering healing to describe his work (Matthew 9:12; Mark 2:17;

Luke 5:31). He also identified himself with those who are sick, telling those who had visited the sick, "Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me" (Matthew 25:40). Through his concern for those who were sick and his powerful miracles of healing, Jesus demonstrated the inauguration of his kingdom.

His early followers startled their pagan neighbors with their practices of caring for the sick and discarded. In late antiquity, Christians formed the first hospitals. In the late middle ages, the church promulgated manuals for laypeople, instructing them how to suffer illness and live faithfully in the face of impending death. Even into the 20th century, the majority of community hospitals in the United States were sponsored by Christian denominations. No wonder, then, that attending to the sick has been considered a paradigmatic Christian vocation. Why, then, are Christian health practitioners now so bewildered? Why do they not readily experience their professional roles

as consonant with who God has called them to be, or their work as resonant with what God has invited them to do?

### THE CHALLENGE OF THE CURRENT HEALTH CARE ENVIRONMENT

The United States has the most technologically advanced and expensive health care system in the world. Yet despite consuming almost 17 percent of the nation's gross domestic product (GDP), that system has not made Americans any healthier than residents of other economically advanced and politically stable countries. Moreover, as the health care system has grown in scope and power, it steadily has become more complex, technical, and bureaucratic. Inside this system, practitioners increasingly feel like cogs in a vast machine, driven along by faceless forces, harried and prodded and disciplined to chase outcomes that seem far removed from the needs of the particular patients they encounter. No wonder, then, that the burnout rate among both physicians and nurses approaches 50 percent. No wonder that patients are so often distressed by the

impersonal and bureaucratized “care” they receive.

The moral and spiritual bewilderment of Christians working in health care poses a challenge to Duke Divinity School. Our mission is “to engage in spiritually disciplined and academically rigorous education in service and witness to the Triune God in the midst of the church, the academy, and the world,” and we pursue that mission primarily by training pastors and teachers. But as Richard Hays, George Washington Ivey Professor of New Testament, has written, “Wherever the church experiences renewal, it discovers that it does not exist for its own sake; it exists in order to bear witness, in order to be ‘a light to the nations.’ ” With respect to health and medicine, then, our challenge is to form scriptural imagination so that the church might bear witness and embody light in these important domains of contemporary culture.

We have our work cut out for us. Few Christian health practitioners have received any deep theological formation with respect to their work. Almost two thirds of health professionals in the United States identify themselves as Christian, and most say their religious beliefs influence their practices. They often seek to link their work to Jesus’ healing ministry, yet few Christian medical professionals have learned to think theologically about foundational dynamics that shape American health care. Except where practices cross a bright line of moral impermissibility, Christian practitioners tend to take the structures and practices of medicine for granted.

For example, Christian health practitioners regularly work with patients and families at the end of life, but few have considered how the

## CHRISTIAN PRACTITIONERS HAVE STRONG OPINIONS ABOUT SHIFTING HEALTH CARE POLICIES, BUT FEW HAVE EXAMINED HOW THE CHRISTIAN AFFIRMATION THAT CHRIST IS PRESENT IN THE ONE WHO IS SICK MIGHT INFORM DEBATES ABOUT HEALTH CARE REFORM.

Christian tradition of living well in the face of death might inform decisions about how, when, and to what extent we use technology to prolong life. Christian doctors and nurses lament the loss of personal contact and connection with their patients, but few have reflected on how modern medicine tends to treat the body as a machine rather than a person, and the extent to which Christian communities have erroneously embraced this view. Christian practitioners have strong opinions about shifting health care policies, but few have examined how the Christian affirmation that Christ is present in the one who is sick might inform debates about health care reform. Christian health practitioners know that the gospel should matter for how medicine is practiced, but they are not trained to see or to say how.

This is a problem. This lack of theological formation, combined with the broader social dynamics toward more bureaucratic, instrumentally driven medicine, leaves Christian health practitioners alienated from their work. As a result, many relegate their faith to the personal sphere, thereby abandoning the task of discerning how to faithfully fulfill their professions. They experience distress, and their daily work becomes increasingly disconnected from their original sense of calling and vocation. They do not know how to describe what is wrong or how to start afresh. Much less are they practiced in turning to the gospel and Christian tradition for guidance.

This is a problem also for the church, whose members are called to bear witness to the gospel in times of sickness and of health, not only within the halls of institutional medicine. In their book, *Reclaiming the Body: Christians and the Faithful Use of Medicine*, Joel Shuman D’93, G’98 and Brian Volck state the problem bluntly: “Most North American Christians approach medicine without much consideration of its relation to their theological convictions.” They suggest, as a matter of first importance, that “Christians should always understand themselves as part of a gathered people, integral parts of a community called the Body of Christ. In other words, we never really go to the doctor alone.” But Christians do go to the doctor alone, in part because their pastors also feel marginalized within health care institutions, unable to exercise authority in guiding and caring for the sick and the faithful to whom they minister.

### CULTIVATING A SCRIPTURAL IMAGINATION ABOUT HEALTH CARE

Forming and renewing a theological imagination for health and medicine requires a particular kind of institutional space—one that Duke Divinity School is well-positioned to sustain. Today’s health practitioners receive the great majority of their professional formation within academic medical centers, which overwhelmingly emphasize empirical and instrumental modes of reasoning. Health practitioners have



difficulty finding conversation partners for serious, sustained Christian theological engagement with the practices of medicine. They also find it challenging to gain the theological formation they need in churches or in other Christian contexts outside the university. Even faith-based health care institutions tend to divide the professional from the personal, the public from the private. Although many pastors and congregations care deeply about health and illness, churches are often not equipped to provide in-depth theological formation for people who work in the health and medical fields. Duke Divinity School, in contrast, provides a prominent institutional context in which these challenges can be overcome.

First, the Divinity School is committed to the practices of the church and to the formation of Christian ministers. Here, we can equip those being trained for the ministry to reclaim their ecclesial authority within the medical context. It is often said that doctors are the priests of the modern West, that when Christians and their clergy enter the hospital, the

“real” authority lies with the medical team. The Divinity School can help Christians push back against this distortion—to help Christians understand themselves within the medical context as those whose bodies belong to the Lord. Here, we can explore theologically informed configurations of medicine, at the local level, that can serve as models for faithful and transformative Christian practices of healing and health care.

Second, the Divinity School is in close proximity to Duke’s world-class medical center, and our faculty includes four physicians as well as many others whose scholarship focuses on the body, health, suffering, illness, and death. We can bring health practitioners and ministerial students together in a context that is directly and deeply responsive to the realities of contemporary health care. Students can connect what they are learning in the classroom with what they have experienced and will experience in their clinical domains.

Third, the Divinity School is an internationally renowned center for theological scholarship and education

that is committed to engaging the broader culture with the gospel and historic Christian tradition. Here, we engage the academy and the world as equal participants in ongoing public discourse about our common life, not merely as an enclave of individuals working out our “personal values” in private. Here, we bring together seminarians, clergy, students in the health professions, and practicing clinicians for deep theological study and formation that prepares them to reimagine and reengage their work in the world.

Finally, the Divinity School seeks not simply the transmission of knowledge but formation. Toward that end, formal study occurs within the practices of Christian prayer, worship, and service. In this way, we are all equal participants in a community of theological formation and Christian practice, whether we work in a parish or on a pediatric oncology ward.

In sum, Duke Divinity School is called to respond to the moral and spiritual bewilderment of Christians working in health care by inviting them to be transformed by the renewing of their minds. Through practices of the Christian tradition, practitioners might gain clarity about the purposes and meaning of their work, about how to attend faithfully to those suffering illness, pain, debility, and death. Through practices of worship and gratitude, they might find encouragement to begin again with joy, seeking creatively to participate in God’s ministry of suffering presence and healing. Through the formation of scriptural imagination, their eyes might be opened to new possibilities and practices that bear witness and bring light to contemporary health and medicine. ■



# Health *and the* Prosperity Gospel

Excerpted from *Blessed: A History of the American Prosperity Gospel*

BY KATE BOWLER

**T**he Victorious Faith Center (VFC) in Durham, N.C., was lit up like a jack-o'-lantern, its orange-tinted fluorescent lights illuminating the bustling sanctuary as seen from the street outside. Sandwiched between a nail salon and a payday loan office in a mini-mall, the storefront church rang with shouts of praise and prayer on this and every Wednesday night. A dozen or so women—elders, deacons, and mothers of the church—bantered and laughed as they prepared for the service. The din of chatter ceased when a woman stumbled through the doors and stood teetering there, her eyes scanning the room and her face twisting as if she were in pain. A mother of the church sprang from her seat, crossed the room, and pulled the newcomer, a fellow church member, into a tight hug. “Praise God!” Shouts of encouragement erupted from all corners. The woman’s face brightened and ran with tears as people clustered around her in a spontaneous praise circle.





The woman, whose name was Essence, I soon learned, had just taken her first unaided steps after a sudden illness had left her paralyzed. The VFC members celebrated her healing as a triumph over Satan, who robs believers of the health, prosperity, and abundant life that God grants to all the faithful.

As one of thousands of U.S. congregations belonging to the prosperity movement, the Victorious Faith Center practices healing as part of a broader prosperity theology, claiming divine health as a fundamental demonstration of the power of faith.

The drama of healing and faith is a defining feature of the American prosperity movement, as believers use their bodies, and not just their finances, as a testing ground for their faith. Almost two-thirds of American Pentecostals report that they have been healed or have seen another person healed, and it is clear that divine healing lays at the core of what captured prosperity believers' hearts. Most faith teachers

grew to accept a positive attitude toward medicine, leaving behind the antimedical rhetoric that characterized the postwar healing revivals. A minority, however, shunned hospitals and doctors and nurtured divine health only by spiritual disciplines such as prayer, fasting, and deliverance. Whether they accepted, or, like VFC, rejected biomedical solutions, believers ultimately put their confidence in the power of a divine prescription: faith.

#### **SPIRITUAL PROMISES AND THE LAWS OF FAITH**

Grounded in the thought of E.W. Kenyon, and following well-established Pentecostal precedents, the prosperity gospel promises divine health as a provision of the atonement, connecting Jesus' crucifixion with believers' physical healing. The words of Isaiah sealed the promise: "But he was wounded for our transgressions, he was bruised for our iniquities: the chastisement of our peace was

upon him; and with his stripes we are healed" (Isaiah 53:5). Prosperity teachers, though varying widely in interpretation and focus, agreed on three fundamental ideas. First, healing is God's divine intention for humanity. Second, Jesus' work on the cross earned not only redemption from sin but also deliverance from its penalties: namely, poverty, demonic interference, and sickness. Third, God set up the laws of faith so that believers could access the power of the cross. Believers' primary task was to live into the power of the resurrected Christ by applying faith to their circumstances, measuring their lives and bodies for evidence of spiritual power.

#### **FUNERALS AND ILLNESS**

How did believers within the faith movement reconcile their beliefs with the persistence of disease and, worst of all, death? Funerals served as a perpetual reminder to believers of the limitations of faith. For the duration of

an illness, however intractable, congregants and leaders traded testimonies of sudden recoveries, miraculous cures, and God's interventions. Pastor John Walton, senior pastor of the Victorious Faith Center, like teachers dating back to the healing revivals, frequently reminded believers that God had promised them 70 to 80 years of divine health. (Long life had always been such a staple in the movement that when the evangelist Jack Coe died in his prime, followers tried to resurrect him.) Still, tragedy visited the VFC, although church members would protest that it happened less frequently there than in other communities. Spouses died unexpectedly, children succumbed to diseases, members perished in accidents. Although hardship could be deemed a test, the finality of death revoked any license for retrospective blessing. In a spiritual cosmos dominated by possibility thinking, funerals marked a true ending.

During my time at VFC, Judy, a longtime member in her 60s, was diagnosed with a brain tumor, failed to respond to chemotherapy, and died. Her participation in church life had grown limited, and as her health waned her visibility also diminished. Privately, the church rallied around Judy's grieving widower, providing him with meals, assistance, and comfort. Publicly—in sermon, song, tithing, and prayer requests—the church passed over her illness and subsequent death in silence. While sickness and death were constant topics in church life, her death, other than an announcement of her funeral, received neither positive nor negative acknowledgment.

## EXPLANATIONS FOR SUFFERING

Four categories for interpreting “failure” emerged from my interviews with members and my ethnographic observations that may contextualize the silence surrounding Judy's death. First, and most commonly discussed among believers, was suspension of judgment. Believers frequently declared themselves unable or unwilling to draw conclusions regarding another person's difficult circumstances. Though the physical evidences appeared to confirm a member's spiritual distress, observers chose not to, in their words, “judge.” When a soloist's congested voice cracked on the high notes, or a speaker sniffled into the microphone, shouts of encouragement rose from the pews. Believers continued to cite their unfailing certainty in God's



Evangelist Oral Roberts, praying for the healing of a baby during his Toronto crusade in 1964.

blessings but refused to apply their conclusions to their neighbor's plight. Victoria, a medical professional in her 50s, described seeing another church member exiting a discount department store with purchases that included cold medication. Embarrassed, the member immediately confessed to Victoria. Victoria remembered thinking to herself, “I don't care what you have in the bag! I can't see what you have

in the bag!” Yet she replied: “I'm not God!” Victoria's silence over her fellow believer's spiritual misstep was rooted in a cultivated humility. As she explained:

I've learned not to judge people. When I see people prostituting, drug addicts, I see it like this: there but for the grace of God go I. It could be me. So I don't judge people. I don't judge people when they're sick. If they're in the hospital, I wouldn't say, “OH, YOU DON'T HAVE ANY FAITH.” I always say, you don't know what you're going to do if you're put in that person's position.

Victoria's work in the medical field frequently put her in a position to see fellow churchgoers as they sought out medical (and therefore less spiritual) solutions, and still she declared herself unable, as “not God,” to pronounce a critical verdict. In the difficult months that followed the congregation's loss of Judy, the silence implied a similar attitude of charity and suspension of judgment.

Second, however, silence may have betokened lingering condemnation. In the Holy Spirit-centered demonization of disease, bodies charted a spiritual territory. Preachers encouraged the saints to examine their own bodies for signs of Satan's triumph over divine health. Any other conclusion appeared to mitigate death's harsh lessons. “A baby dies and a pastor says ‘God has a plan?’” Walton said, shaking his head. “No!” That baby was stolen [by Satan].” Death meant failure, the failure of the believer to win the spiritual battle against illness. “Your biggest enemy is not Satan! It's yourself,”



Walton preached weekly. Further, since prosperity theology taught that healing was granted once-and-for-all, some saints when ill avoided or were discouraged from asking for continued help because it might identify them as faithless. For example, members typically asked for public prayer for others or waited until a triumphant testimony before acknowledging their own illness and its healing.

In contrast to the black church's historical position of solidarity with a suffering Christ, believers chose a once-and-for-all Savior and silence in illness rather than face public shame.

Third, contrary to church teaching, some believers quietly concluded that illness could portend righteous suffering. Although the saints expected that their faith would be measured in their bodies as reflected in their personal health, some would not accept blame for the evidence stacked against them. Suffering believers referred often to Job, where they found a righteous man who suffered without blame. Ruth, who taught Sunday school from a wheelchair, described her predicament as a "Job moment." Setting aside the hard causality between faith and health, Ruth argued confidently, though not publicly, that her suffering was a difficult test of faithfulness. As her reference to Job implied, her misfortune would eventually dissolve to reveal only empty accusations and a righteous sufferer.

Fourth, some members of VFC questioned the church's teachings that tragedy implicated any individual in failure. In whispers, mutters, or private conversations, some believers

struggled with the theodicy attached to personal loss. How could a good God allow suffering? Or, in this case, how could any church heap condemnation on tragedy? Public silence muzzled

public grief, creating friction between some churchgoers and the church itself. I often heard these complaints framed as examples of overcoming the negative confession of others, as members recalled their dealings with fellow believers who expressed doubt,

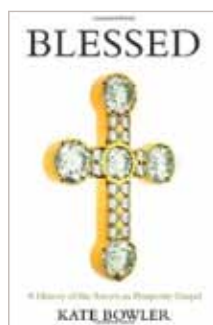
anger, or frustration. In an environment where speech acts were closely monitored and controlled, parishioners rarely disagreed openly with the church's teachings.

#### SILENCE

Within faith communities, the multiple interpretations of the meaning of suffering often found expression in silence. The silence may have reflected a breakdown in spiritual vocabulary to express the inexpressible, that God had somehow failed or that a loved one had. In the intimate and totalizing spiritual environment of a faith church,

where each member's health, wealth, and circumstances stood on display, the ambivalent silence might simply have allowed for a deep breath, a little space that mitigated the anxiety of revealing both the good and bad that unfolded in each person's life.

Sitting between the grieving widower and Ruth's wheelchair on a regular Sunday morning, I listened to Pastor Walton preach against resigning oneself to death. As the sermon detailed God's promises to provide perpetual health, Pastor Walton seemed convinced that believers could never meet precisely the same end as nonbelievers. After all, famous faith healers like A. A. Allen and Smith Wigglesworth, Walton reminded listeners, raised the faithful from the dead. (Allen eventually abandoned his vigorous preaching on raising the dead when too many followers sent the bodies of their deceased to his Miracle Valley headquarters in Arizona.) In the everyday healing practices of the prosperity movement, faith operated as a spiritual guarantee, drawing health and finances into the lives of people willing to suspend naturalistic explanations in favor of supernatural, Holy Spirit causality. From where I sat, divine health did not always seem plausible. Yet through God, the saints reminded me, all things were possible. ■



**Author's Note on Research Methods and Findings:** I spent 18 months observing and participating in services at the Victorious Faith Center (VFC), an 80-member African-American prosperity church in Durham, N.C. In this year and a half of regular Sunday (and frequent Wednesday evening) attendance, I undertook a dozen formal interviews and joined in many more informal conversations over lunch, coffee, and in email exchanges. ... I solicited feedback from interviewees for whom negative confession was not an issue, either because what they said was positive or because they did not rigorously monitor their speech practices. Though I received signed consent for each of the interviews, I did my best to conceal the identities of the VFC members and the church itself out of respect for the kindness and consideration they extended to me.

Extracts from pp. 139–141 & 174–177 Ch. 4 "Health" from *Blessed: A History of the American Prosperity Gospel*, by Bowler, Kate (2013). © By permission of Oxford University Press, USA

# BODY MATTERS IN THE KINGDOM OF GOD

## *Studying the Healing Narratives in the Gospels*

BY DAVID MOFFITT

I sometimes wonder what Lazarus thought as he experienced death for the second time. In chapter 11 of the Gospel of John, we find the account of Jesus resurrecting Lazarus, four days after his death and burial. Lazarus' resurrection is not a unique experience, according to Scripture. The biblical witness includes several examples of people who died and were resuscitated, only—one assumes—to die again. Women received back their dead when, for instance, Elijah and Elisha resuscitated children (1 Kings 17:17–24; 2 Kings 4:17–37). Jesus raised to life the daughter of Jairus (Luke 8:40–56), and the apostle Peter resurrected the disciple Tabitha (Acts 9:36–41). Yet, like Lazarus, each of these individuals died again.

We can expand our question beyond the accounts of resurrection to include the other healing narratives in Scripture. What of the paralytic who was healed? What of the woman whose flow of blood was staunched? What of the lepers who experienced restoration of skin, or the blind whose eyes were opened, the deaf who heard, or the mute who spoke? What did they think as they aged and faced the reality of mortality creeping again into their once-restored bones, muscles, skin, eyes, mouths, and ears?

These questions highlight an often overlooked aspect of biblical healing stories. None of them are presented as permanent reversals of the mortal condition. (None, that is, except one—the resurrection of Jesus.) What, then, might these stories of Jesus' healings in the Gospel narratives

reveal about God's kingdom and the human condition?

All of these acts of healing indicate that human flourishing in the time and bodies we are given is intrinsically good in the eyes of God. Yet they also point forward, as enacted parables, to the nature of the fullness of the long-awaited kingdom of God. The tension here proves instructive. The healings of Jesus—in their very limitations—point toward what Christians confess to be reality. Time and creation are good, but they also desperately need to be made well. Our lives now are subject to powers and authorities bent on destroying what God has created, not least by wielding the power of death.

For those who have eyes to see and ears to hear, then, these narratives offer rich food for theological reflection on healing and medical care as we





continue to live with longing for the fullness of God's kingdom to come on earth just as it is in heaven. Healing now, as when Jesus walked the earth, is a great good, even a kind of liberation. But healing now, as then, can be only a temporary affair. Biblically informed wisdom recognizes its limitations. At its best, good care in the face of mortality, care that works in line with reality, foreshadows the resurrection to come, when Jesus will again be fully present with his people and all will be well.

**JESUS' HEALINGS:  
THE LIBERATION OF GOD'S KINGDOM**

Both the Gospels of Matthew and Luke closely link Jesus' healing miracles (as well as those performed by his disciples) with the presence of God's kingdom (see, for example, Matthew 4:23; 9:35; Luke 9:2, 11).

These statements suggest that these Gospels intend for readers to view the acts of healing through the lens of the kingdom's presence, which is embodied in Jesus. In fact, in Luke 10:9 Jesus tells his disciples to heal the sick and say to them, "The kingdom of God has come near."

Some of Jesus' acts of healing explicitly connect this kingdom work with freedom from oppression. This liberation signals the reassertion of God's reign. In Jesus, God has invaded the enemy's territory. The point is particularly clear in those instances of healing from demonic possession.

Matthew's Gospel relates the story of a man made blind and mute by the power of a demon. By exorcizing the demon, Jesus restores the man's sight and speech (Matthew 12:22–23). In this story, Matthew makes a connection

The raising of Lazarus, mosaic, north wall, upper level, Basilica of Sant'Apollinare Nuovo (UNESCO World Heritage List, 1996), Ravenna, Emilia-Romagna. Italy, 5th–6th century.

between spiritual and physical bondage. By liberating people from spiritual bondage, Jesus demonstrates his authority and power over those forces that enslave people. Thus, as Matthew 12:28–29 clearly states, Jesus' ability to free people from demonic oppression indicates the presence of the kingdom of God. Indeed, when Jesus is present, the demons see their doom. Mark makes this clear when the demon possessing the man among the tombs cries out, "I adjure you by God, do not torment me!" (5:7). The presence of Jesus is a game-changer that brings liberation to those with whom Jesus comes in contact.

### **JESUS' HEALINGS: THE PRESENCE OF GOD'S KINGDOM**

The fact that Jesus' healings are consistently linked with his presence deserves our attention. In the Gospels, acts of healing and resurrection do not happen unless and until Jesus or his envoys arrive or people boldly approach Jesus himself.

The Gospel of Luke in particular emphasizes the close connections between Jesus' presence, his healings, and the arrival of God's kingdom. Early in his Gospel, Luke makes Jesus' healing work essential to his proclamation of the good news of liberation. Restoring sight to the blind is explicitly mentioned when Jesus reads from the scroll of Isaiah and points to himself as the fulfillment of this passage (Luke 4:18–21; see Isaiah 61:1–2, LXX). Luke's Gospel then describes several of Jesus' acts of healing, which depict the physical blessings of the kingdom of God.

Luke's account of the healing of the paralytic illustrates these themes in particularly dramatic fashion (Luke 5:17–26). The story is well known, but a brief review may be useful. Jesus is teaching in a home, and so many people have come to hear him that some men who are carrying a paralyzed man on a stretcher cannot get their friend close to Jesus. Undeterred, they go up on the roof and lower the stretcher down through the tiles to be directly in front of Jesus. Jesus recognizes the faith implied in the friends' tenacity and, perhaps surprisingly, declares the paralyzed man's sins forgiven. As some of the scribes and Pharisees grumble to themselves, Jesus

demonstrates his authority to forgive sins by commanding the man to stand up, take his stretcher, and go. To the amazement of all, the man gets up and, now carrying the stretcher himself, goes his way praising God.

Note that the paralyzed man in this story is as good as dead, at least in terms of his ability to get to Jesus. In fact, throughout the first half of the story the man is a completely passive and helpless figure who does and says nothing. His friends do all the work: they lay him on a stretcher, carry him, and force him into Jesus' presence in spite of the obstacles of the crowd and the roof. Yet, once he's brought into Jesus' presence, not only are his sins forgiven, his limbs are revived. For the first time in the narrative, he becomes an active character who obeys Jesus and goes out praising God.

Moreover, some of the language used in this passage allows for double entendre. When Jesus commands the helpless man to rise from his stretcher, the term "rise" (*egeiro*, Luke 5:24), a word used by early Christians for resurrection, suggests an allusion to something more than merely standing up. Luke further notes, again with language that is often used for resurrection, that the man "arose" (*anistemi*, Luke 5:25). Luke's use of this same language in resurrection narratives—such as the young man in chapter 7, Jairus' daughter in chapter 8, and Jesus in chapter 24—further strengthens the possibility of a double meaning in the story of the paralytic. The healing of this paralyzed man is an enacted parable that foreshadows the ultimate act of salvation from death

that Jesus himself experienced—the eternal resurrection.

In these healing accounts, then, physical wholeness and vitality are restored. In some cases, the foreshadowing of the ultimate resurrection is especially clear. Further, the significance of Jesus' presence is consistently highlighted. Healing and resurrection happen as Jesus mediates the blessings of God's kingdom to those around him. The point is clear: the power and influence of the kingdom of God are embodied in Jesus. A central aspect of the kingdom of God is healing—a reversal of the ills of mortality.

### **THE WORK OF HEALING TODAY**

So what might all of this mean for us? Two important points need to be stressed. First, the fact that Jesus raised the dead indicates that God sees life as good. In fact, resurrection underscores that a certain kind of life, embodied life, is good. The resurrection of Lazarus and others belies our attempt to paint death as something positive, such as a new stage of existence or a door that opens to a better self. Were such platitudes true, instead of being acts of healing and salvation, Jesus' resurrections would be a kind of curse, a cruel joke for those who had already escaped the prison of the mortal body. Jesus' acts of resurrection teach us, therefore, that he took death seriously as an enemy and an evil. He did not come to open the way into some abstract and disembodied "afterlife" but to bring life and to bring it abundantly. Jesus' healings show us that the kingdom of God means the flourishing and



abundance of life, life as God intended it to be.

Second, though, we must return to the questions with which we began. What are we to think about the fact that even Jesus' healings were only temporary and largely limited to those who were blessed by his presence? For one, these aspects of Jesus' healings should engender humility. Neither our faith nor our technology will ultimately make us well. The kingdom power of Jesus was limited; his life on

earth was only the kingdom drawing near, not the kingdom fully come.

In the same way, we live in lies and fantasies if we imagine that we do not also live in the tension of the blessing of the kingdom, here in some sense already but not yet fully present.

Christians are sometimes presented with a dichotomy: steel ourselves to believe in miracles or place our confidence in the hope of medical advances. Neither option will bring the fullness of the healing we long for. We

do pray for God's healing mercy, and the work of medical professionals is an active participation in God's methods for providing healing. But we continue to wait for Jesus to again be present among God's people, even as he was so long ago. To be sure, great gifts have been poured out in the wake of his ascension into the heavens, but as he went, even so will he return. Only then will the full blessings of the kingdom, the reversal of mortality, and the fullness of our liberation be realized. ■

## PREPARING DIVINITY STUDENTS TO MINISTER TO BODIES AND SOULS

*Field education and clinical pastoral education opportunities provide ministry experience in health care*

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**ALL M.DIV. STUDENTS** at Duke Divinity School participate in field education, which allows them to develop practical skills for ministry and to reflect theologically on their call and experience with mentors. Several field education placements are available that allow students to minister in medical and health care contexts, including at Duke Cancer Patient Support, Alliance Medical Ministries, L'Arche, and Partners in Caring. Other field education opportunities allow divinity students to work with developmentally disabled young adults at Reality Ministries and in partnerships with Friendship House.

About 40 Divinity students each year also participate in clinical pastoral education (CPE), which is interfaith professional education for ministry through supervised encounters with persons in crisis. (Some denominations and United Methodist conferences require at least one unit of CPE as part of their ordination requirements.) "CPE is an invaluable experience," said Jeremy Gilmore D'13.



"Even if you decide not to be a chaplain, doing CPE will make you a better pastor, friend, and person."

Duke Divinity School also has a long history of preparing students for ministry as medical chaplains.

On average, about four students complete a full year chaplain residency after graduation from seminary. Gilmore did his chaplain residency at the Durham VA Hospital and is now a supervisory candidate there. "No two days are the same," he said. "One day, you may be singing songs in devotion, another day you may be listening to a grieving widow in hospice, and another day you may be leading a spirituality group in the mental health clinic. On some days, you will do all this and more. The rich diversity of experience fosters a spiritual dexterity and wonder that I find fulfilling. Chaplaincy has given me the opportunity to minister to those who are in pain. Many of the patients and families I care for may never come to a church and yet have spiritual and emotional needs that emerge in distressing times. As a chaplain, I can be present in these moments and point to the presence of God." ■

# A COMMUNITY OF HEALING

REFLECTIONS ON MEDICAL AND ECCLESIAL CARE

BY **RICHARD B. HAYS**

**Editor's Note:**

Richard Hays, George Washington Ivey Professor of New Testament, went on medical leave and stepped down from the position of Dean of Duke Divinity School on August 1. He is undergoing treatment, and our prayers continue for God's gracious work of healing.



**JESUS WAS A HEALER.** “Many crowds followed him, and he cured all of them” (Matthew 12:15). When he told a parable about the Last Judgment, he emphasized that the “sheep” on the right hand of the Son of Man would be those who had cared for the sick: “I was sick and you took care of me” (Matthew 25:36). And when he sent followers out to proclaim his message, this was his charge to them: “Cure the sick who are there, and say to them, ‘The kingdom of God has come near to you’” (Luke 10:9).

It is therefore no surprise that as the early church began to spread through the Mediterranean world, one of its distinctive hallmarks was its passion for caring for the sick and the dying. Hospitals as we know them today in Western culture had their origin in religious communities that

sought to extend Christian hospitality to all in need, including strangers (cf. Romans 12:13).

The verb *sōzō* (meaning “save”) appears both in stories of Jesus’ healings (“your faith has *saved* you [i.e., *made* you well],” as in Mark 5:28, 10:52) and in proclamations about the eschatological destiny of the faithful (“Everyone who calls on the name of the Lord shall be saved,” Romans 10:13). Consequently, how are we to interpret this passage in the Letter of James? “Are there any among you sick? They should call for the elders of the church and have them pray over them, anointing them with oil in the name of the Lord. The prayer of faith will save the sick, and the Lord will raise them up” (James 5:14–15). Is this a promise of the healing of illness or of resurrection on the other side of death?

The ambiguity is perhaps deliberate, emphasizing that care for the bodies of those who are sick cannot be separated from the church’s ministry of prayer and intercession. For that reason, a concern for what we have come to call “health care” is deeply imbedded in the genetic code of the church.

In our day, health care and the practice of medicine have morphed into vast technological and economic institutions. These institutions simultaneously offer the hope of remarkable therapies and the danger of depersonalizing patient and caregiver alike, removing the care of the sick from the purview of communities of faith. Duke Divinity School stands at a stone’s throw from one of the great medical centers of our country, and we have the unusual resources offered by four faculty members



who hold joint appointments in the Divinity School and the Medical School, and another who holds a joint appointment at the Duke Global Health Institute. We have both the responsibility to train our students—and the communities they will serve—to engage the world of health care in ways that are faithful to Jesus' call to care for the sick, and we have the opportunity to offer fresh and imaginative reflection on the purposes, possibilities, and limitations of medical care.

That is why the Divinity School has created the interdisciplinary Theology, Medicine, and Culture initiative. The aim of this initiative is to concentrate our attention and resources on a mission that has long been at the heart of the church's work in the world. We are seeking to equip the church to participate in the ministry of healing in all its dimensions. ■

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**I ORIGINALLY WROTE** the previous words as a “Dean’s Perspective” introduction for this issue of *DIVINITY* magazine. Less than a week later, I received the completely unexpected and shattering news that I had been diagnosed with pancreatic cancer. In the days that have followed, my wife, Judy, and I have been swept up in a whirlwind of grief, medical tests and consultations, and fast-moving deliberations about reorganizing many practical affairs. Never before have I been so acutely aware of my mortality and of our hope in Jesus as a healer. In the midst of this storm, I have seen many things with new clarity. Here are two.

First, I have recognized what an extraordinary blessing it is to live in the shadow of a world-class medical center. The doctors, nurses, and staff in the Duke Cancer Center have been incisive in diagnosis, graciously responsive in communication with us, and simultaneously professional and compassionate. I do not know how my treatment will turn out, but I am grateful for the care I am receiving and for the benefits of medical technology that might extend the days I am given here on earth.

Second, I have been overwhelmed by the response of the church as a community of support and prayer. Offers of help and gestures of concrete compassion have poured in. And a global network of prayer support has sprung into action. If “the prayer of faith will save the sick,” I am deeply confident that the Lord will raise me up. I am grateful for the many ways in which the community of Jesus’ followers is walking with us in the way of the cross while also foreshadowing the hope of resurrection.

And so, in this moment of personal crisis, I am surrounded by a community that embodies the synergy of medical care and ecclesial care. I have experienced what it means to be embedded in a community of healing. And I therefore give thanks: “This is the day the Lord has made; let us rejoice and be glad in it” (Psalm 118:24).

— **RICHARD B. HAYS**



# 2015 Convocation & Pastors' School

October 12-13, 2015 | Duke Divinity School



## Body and Belonging

Nurturing Wholeness  
in Christian Community

How might the church serve as a place of welcome and belonging, nurturing wholeness in every possible sense? How does the church, as Christ's body, walk with those whose bodies or minds act and respond differently? How might Christians helpfully engage in practices of modern healthcare?



Join professor **John Swinton**, Episcopal priest **Claire Wimbush**, pastors **Deb Richardson-Moore** and **William Lee** and others as we explore the difference Christ's body makes for the way that we care for our communities and ourselves.

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## Improv and the Practice of Medicine—and Relationships

BY **RAYMOND BARFIELD, M.D., PH.D.**

**EVERY YEAR** I try to learn how to do something that takes me out of my comfort zone. One year I learned to fly an airplane. One year I wrote a novel in the voice of a 19-year-old pregnant African-American homeless girl. One year I accepted a position teaching at Duke Divinity School. This intentional practice of being uncomfortable puts me in the unsteady and sometimes unnerving position of being lost for a while, a place many of my patients, along with their families, live day in and day out.

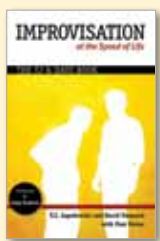
One adventure in particular put me in a position where I had to trust those around me in a unique and enlightening way: learning improvisational acting. In the course of learning improv, I have been everything from a plumber with food poisoning to a public speaker late to a major conference who finds himself draped in a black boa and approached by a police officer for “suspicious parking” on the side of the highway.

The very first thing I learned in improv was something called “Yes, and ...” It has changed the way I think about family conferences in the hospital. “Yes, and ...” works this way: two people are on the stage, and the audience shouts out a place (the desert!) and a role (leaf collectors!). That is now the reality within which the actors have to work. You are a leaf collector in a desert. You and your partner look at each other for as long as you need. Then one person speaks: “I love collecting desert leaves, but I am sort of tired of these talking snakes cracking jokes every time I bend over to pick up a leaf.” There it is—a new piece of reality. Talking snakes crack jokes while you pick up leaves in the desert. The rule of “Yes, and ...” means that you must incorporate the other person’s reality into your situation. “Yes, those snakes are very annoying, *and*, fortunately for us, they are also very shy and the news team is coming to film them.” And so it goes: the story building because you are really listening to your partner and allowing what he or she says to shape the parameters of your reality, whatever that may mean.

Too often, however, doctors and pastors instead say, “Yes, *but* ...” This takes away the gift a patient or family has offered, the glimpse of what they are experiencing in this moment. When doctors or pastors do not hear what another person is saying about their reality, terrible things can happen. Indeed, in relationships of any kind, when we do not hear the other person because we are so full of predetermined scripts and noise, terrible things can happen.

These four books help me to relearn how to see the world, how to *hear* other people, and how to *experience* the mystery of a God who will not be reduced to predetermined scripts—a God who wants us to joyfully participate in creation by saying, “Yes, and ...”

*Improvisation at the Speed of Life: The TJ and Dave Book* was written by two veteran members from Chicago’s improv scene. Recently I was able to witness this incomparable experience



*Improvisation at the Speed of Life: The TJ and Dave Book*

By T.J. Jagodowski and David Pasquasi  
Solo Roma Inc., 2015  
225 pages, Paperback  
\$22.95

with a faculty member from Second City, the legendary improv theater where so many *Saturday Night*

*Live* actors began their careers. T.J. Jagodowski and David Pasquasi have worked together for 15 years, and in this

book they provide an in-depth look at the ideas behind what they do. Three essential themes emerge. First, they trust each other. Second, they do not harm each other as they work together to find the way the story is supposed to play out. Third, the story is always bigger than they are—they enter in the middle of the story, and they end their show knowing that so much more could happen to the characters that showed up. The scenes they create can be very intense, very funny, and sometimes very sad. The principles they discuss provide the best foundation I have read for the ways we enter each others’ stories with respect, attention, and a willingness to be changed.



Mark Doty, a wonderful poet, set out to write about still-life pictures, and in the process he found himself exploring love, loss, and our hunger for intimacy in his book, *Still Life with Oysters and Lemons*.



*Still Life with Oysters and Lemons: On Objects and Intimacy*  
By Mark Doty  
Beacon Press, 2002  
80 pages, Paperback  
\$15.00

*with Oysters and Lemons: On Objects and Intimacy.* When we look, and then look again, we discover “love ... a sense of tenderness toward experience,

of being held within an intimacy with the things of the world.” But everything is evanescent, he tells us, so we must see well to discover the ways that luminescent things also bear signs of decay. He teaches us to feel an intense intimacy when we pay attention to an insect, a flower whose petals are coming loose, a fruit that is overly ripened. The intimacy will pass, but we can carry the imprint of that tenderness within us. Doty focuses our minds on what he calls the outward flying attention, the gaze that binds us to the world. This loving habit of truly seeing that he so beautifully describes can give us a sense of being bound to, and rooted in, the world—of feeling at home in it. This in turn, he says, teaches us one way to “come closer to saying who we are.”

Sometimes it is too easy to think that we know the answer to the question “What is God?” In his book, *The Experience of God: Being, Consciousness, Bliss*, David



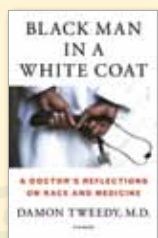
*The Experience of God: Being, Consciousness, Bliss*  
By David Bentley Hart  
Yale University Press, 2013  
376 pages, Paperback  
\$17.00

Bentley Hart shows us a way to renew our sense of wonder in that question as he plumbs the depths of humanity’s

experience of the world as powerful evidence for the reality of God. Hart turns away from careless or incoherent treatments of his subject, and he captures the beauty and poetry of traditional reflection upon the divine.

He challenges believers, particularly Christians, on the scope of their concept of God. Being, consciousness, and bliss, taken together, form the framework of the classical definition of God. Discussions of creation and evolution often get bogged down because both sides imagine God in a deficient way, as more of a demiurge than the infinite wellspring in whom all things live and move and have their being. As Hart returns us to wonder at the experience of God, he also shows how this illuminates our sense of beauty and morality.

Damon Tweedy is a physician at Duke. I learned about his book, *Black Man in a White Coat*, when we worked together in a group to build a program in medicine and



*Black Man in a White Coat: A Doctor's Reflections on Race and Medicine*  
By Damon Tweedy  
Picador, 2015  
304 pages, Hardcover  
\$26.00

the arts. When Tweedy first arrived at Duke University Medical School on a full scholarship, he was surprised to find

that race was front and center: one of his first professors mistook him for a maintenance worker, a moment that foreshadowed many experiences he has had in the course of his career. In this book he examines the ways that black doctors and patients find their way through the complex realities of race and medicine, using stories from his patients to help others see in a new way the social, cultural, and economic factors at the root of most health problems in the black community—factors that can too easily remain invisible. Because of his work, every day that I walk into Duke University Medical Center, I am more aware of the challenges confronting black doctors and the disproportionate health burdens faced by black patients. Tweedy and this book will urge all of us to seek a way forward to better treatment and more compassionate care. ■

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## Theology, Medicine, and Culture Initiative

The Theology, Medicine, and Culture (TMC) initiative at Duke Divinity School invites Christians to reimagine and reengage contemporary practices of health care in light of Christian tradition and the practices of Christian communities. The initiative has two primary goals: to invite seminarians, clergy, students in the health professions, and practicing clinicians to deep theological study and formation in the context of a community of shared prayer, dialogue, and friendship at Duke Divinity School; and to cultivate creative practices regarding health and medicine that emerge from a scriptural imagination, engagement with the living Christian tradition, and attention to and reflection on contemporary contexts.

The TMC initiative engages a wide range of individuals, communities, and institutions on fundamental questions about human flourishing, fragility, and death. It seeks to foster relationships around programs, courses, and scholarly projects addressing questions at the intersection of theology, medicine, and culture. It is committed to the belief that religious communities and religious traditions have an important role to play in naming and solving the structural challenges facing modern health care. TMC's long-term goal is to draw on university and community talent and resources to pioneer new, transformative, and theologically informed configurations of medicine that can serve as models for medicine's moral and spiritual renewal within the larger culture.



Three of the medical doctors who are part of the Theology, Medicine, and Culture initiative at Duke Divinity School: Dr. Richard Payne, Dr. Warren Kinghorn, and Dr. Raymond Barfield.

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## The Fellowship in Theology, Medicine, and Culture: Bringing Theological Formation to the Church's Health Practitioners

The Theology, Medicine, and Culture (TMC) Fellowship at Duke Divinity School encourages theological formation among those with vocations in health care. It is open to students and practitioners in any of the health professions, and to others whose vocations and aspirations involve full-time work in health-related contexts (such as hospital administrators, chaplains, and public health workers).

The fellowship provides students a tuition grant of at least 50 percent for the first year of study, with additional scholarship support available on a competitive basis. Combining formal academic study with prayer, structured mentorship, weekly seminars, church- and community-based practicums, and semi-annual retreats, the fellowship will equip the church's healers with an imagination for faithfully engaging their vocations in health care.

Recent TMC Fellows include an occupational therapist who completed an M.T.S. and has begun Th.D. studies, with particular interest in the moral and philosophical roots of occupational therapy and the theology of disability; a Duke medical student who completed an M.T.S., with particular interest in the theology of mental health and mental illness; a Duke medical student who completed an M.Div. and returned to complete M.D. training; a military chaplain with an interest in combat trauma who wrote a Th.M. thesis on St. Francis of Assisi as a combat veteran; a student who completed an M.A.C.S. the year before enrolling in medical school; and a nurse practitioner who completed an M.T.S. and Family Nurse Practitioner training at the Duke University School of Nursing and is preparing for ordination as a deacon in the United Methodist Church.



Raymond Barfield (l.) and Jeremy Begbie (r.) help audiences think in fresh ways about medicine, the arts, and theology

## Unexpected Intersections: Arts, Medicine, and Theology

Have you heard the one about the artist, the doctor, and the pastor? No, it's not the start of an old joke—they are all part of landmark initiatives based in Duke Divinity School that bring together students and faculty across the humanities, medicine, and theology. A demonstration of these interdisciplinary efforts was held at a Duke Forward event in Dallas, Texas. Raymond Barfield, associate professor of pediatrics and Christian philosophy, led an interactive discussion about the human side of medicine, and Jeremy Begbie, Thomas A. Langford Research Professor of Theology, played the piano to show how artistic expression can enhance spiritual dialogue. Video of the event is available on YouTube: [https://youtu.be/vZ\\_36Z60kTk](https://youtu.be/vZ_36Z60kTk)

## Clergy Health Initiative to Study Strategies for Positive Mental Health

The Clergy Health Initiative (CHI) has begun new research this year studying strategies that promote positive mental health and flourishing for pastors. Many of the traits of flourishers, such as creative problem-solving, resilience and perseverance in the face of challenges, and strong listening and communication skills, not only help to protect the pastor's health but are qualities that contribute to more effective leadership. Through these efforts, CHI continues to enhance the health of clergy and to strengthen the churches they serve.

The Clergy Health Initiative reached a major milestone in 2014 with the conclusion of *Spirited Life*, its signature wellness program that served more than 1,100 United Methodist clergy over the span of four years. CHI will continue to analyze and share data from *Spirited Life* and the ongoing longitudinal survey. Informed by a statewide survey, focus groups, and a pilot study, CHI launched *Spirited Life* in 2011. The intervention—which was designed as a multiple-baseline, randomized controlled trial—resulted in reductions in several risk factors, such as obesity, that are linked to chronic illness.

The Clergy Health Initiative also has fielded a statewide survey of United Methodist clergy biennially since 2008. Findings from this longitudinal survey have been published in a variety of academic journals. Feature stories in the *New York Times*, *The Christian Century*, *Huffington Post*, and on NPR, among other outlets, have helped generate mainstream awareness of the topic of clergy health, about which little was known previously.

In response to research findings indicating that congregations play an important role in influencing the well-being of clergy, the

initiative developed *Pastor & Parish*, a video-based curriculum for United Methodist staff and pastor-parish relations committees. The materials, which are available for purchase at [www.pastorandparish.com](http://www.pastorandparish.com), offer strategies for creating a supportive environment within the congregation.

A partnership of Duke Divinity School, The Duke Endowment, and the North Carolina and Western North Carolina Conferences of the United Methodist Church, the Clergy Health Initiative was formed in 2007 to assess and improve the health and well-being of United Methodist clergy in North Carolina.



The Rev. Dale Evans Peele Sneed D'84, pastor of the Durham-Philadelphia Charge in Shelby, N.C., participated in the pilot program of the Clergy Health Initiative and later its *Spirited Life* program.



## Reimagining Health Summer Gathering

Theology, Medicine, and Culture welcomed participants to the inaugural Reimagining Health Summer Gathering held July 9–11 at Duke Divinity School. Churches from across North Carolina were represented, with attendees from Myers Park UMC in Charlotte, Cole Mill Church of Christ in Durham, University UMC in Chapel Hill, Wesley Memorial UMC in High Point, Chapel Hill Bible Church in Chapel Hill, Union Baptist Church in Durham, Apex UMC in Apex, Nehemiah Christian Center in Durham, Rhems UMC in New Bern, and Davidson UMC in Davidson. Speakers included faculty from Duke Divinity School, pastors and ministers, and medical professionals in mental health, palliative care, and oncology.



Dr. Farr Curlin, co-director of the Theology, Medicine, and Culture initiative, led a seminar on theological formation for health care professionals.



Ten congregations from across North Carolina were represented.



The Rev. Brad Thie (far left), director of Thriving Rural Communities at Duke Divinity School, listens to participants discuss how the church can help to reimagine health care.



Dr. Farr Curlin (far right) talks to participants in the Summer Gathering.



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## Certificate in Theology, Medicine, and Culture

The Certificate in Theology, Medicine, and Culture prepares students to engage theologically with contemporary practices in medicine and health care. Students in any residential degree program (M.Div., M.T.S., M.A.C.S., Th.M., Th.D.) can pursue the certificate, which is designed for students preparing for an array of vocations, including pastors who want preparation to faithfully visit the sick, chaplains, social workers, academics, and health care practitioners who wish to understand their vocations and how they relate to patients within a theological context.



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## Richard Payne Wins Award for Leadership in Health Care

Richard Payne, the Esther Colliflower Professor of Medicine and Divinity at Duke Divinity School, has been awarded the Pioneer Medal for Outstanding Leadership in Health Care by the HealthCare Chaplaincy Network (HCCN).

Dr. Payne is an internationally known expert in the areas of pain relief, palliative care, oncology, and neurology. HCCN, a national nonprofit organization focused on spiritual care, gave the award during its May 12 Annual Convocation Ceremony in New York, at which chaplains from around the world renewed their commitment to spiritual care.

"The Pioneer Award is so meaningful to me because of the quality and reputation of the HealthCare Chaplaincy," said Payne. "I am flattered beyond belief to be included on the list of previous awardees whom I consider mentors and heroes of the practice of humanistic health care."

In presenting the medal, the Rev. Eric J. Hall, HCCN's president and CEO, called Payne "an iconic figure" in health care and spiritual care.

"He has a profound commitment to science and, moreover, to patients during vital points in their health care," Hall said. "As such, he has made both enormous contributions to the field and an enormous difference in people's lives."

Payne is also the John B. Francis Chair in Bioethics at the Center for Practical Bioethics in Kansas City, Mo. He has more than 275 publications in his fields of expertise, has edited four books, and led the Pain and Palliative Care Service at Memorial Sloan-Kettering Cancer Center in New York from 1998 to 2004.

In looking at the health care landscape, especially in light of the passage of the Affordable Care Act, Payne offered this advice: "Changes in the way we care for those who are seriously ill and dying and their families must be patient-centric; that is,



Dr. Richard Payne, recipient of the HealthCare Chaplaincy Network's Pioneer Medal, with Michael H. Schoen, HCCN's chairman.

they must be based on the goals and values of the patient and respectful of their cultural and religious beliefs. We cannot allow palliative care to simply become a component of the 'business' of health care delivery."

HCCN introduced the Pioneer Medal five years ago to recognize distinguished leaders in the field as part of the organization's 50th-anniversary celebration. Payne is one of two recipients of the award this year, along with Larry VandeCreek, a researcher for the profession of health care chaplaincy and former director of research at HCCN.

## America's Pastor: Billy Graham and the Shaping of American Culture

By Grant Wacker, Gilbert T. Rowe Professor Emeritus of Christian History

Belknap, 2014

448 pages, Hardcover, \$27.95



**DURING A CAREER** spanning 60 years, the Rev. Billy Graham entered the living rooms of millions of Americans with a message that called for personal transformation through God's grace. How did a lanky farm kid from North Carolina become an evangelist hailed by the media as "America's pastor"? More than a conventional biography, Grant Wacker's interpretive study explores why Billy Graham has mattered so much to so many. Beginning with tent revivals in the 1940s, Graham transformed his born-again theology into a moral vocabulary that expressed the fears and aspirations of average Americans. He possessed an uncanny ability to appropriate trends in the wider culture and engaged boldly with the most significant developments of his time, from communism and nuclear threat to poverty and civil rights. The enduring meaning of his career, in Wacker's analysis, lies at the intersection of Graham's own creative agency and the forces shaping modern America. Wacker paints a richly textured portrait: a self-deprecating servant of God and self-promoting media mogul, a simple family man and confidant of presidents, a plainspoken preacher and the "Protestant pope." *America's Pastor* aims to encourage scholars, pastors, seminary students, and laypeople to reflect on the intersection of Graham's career with other aspects of American experience.

### From Nature to Creation: A Christian Vision for Understanding and Loving Our World

By Norman Wirzba, Professor of Theology,  
Ecology, and Rural Life

Baker Academic, 2015

176 pages, Paperback, \$19.99

**HOW DOES CHRISTIANITY** change the way we view the natural world? In this addition to a critically acclaimed series, theologian Norman Wirzba engages philosophers, environmentalists, and cultural critics to show how the modern concept of nature has been deeply problematic. He explains that understanding the world as creation rather than as nature or the environment makes possible an imagination shaped by practices of responsibility and gratitude,



which can help bring healing to our lands and communities. By learning to give thanks for creation as God's gift of life, Christians bear witness to the divine love that is reconciling all things to God.

### The Book of Colors: A Novel

By Raymond Barfield, Associate Professor  
of Pediatrics and Christian Philosophy

Unbridled Books, 2015

224 pages, Paperback, \$16.00

**HOW CAN A** 19-year-old, mixed-race girl who grew up in a crack house and is now pregnant be so innocent? Yslea is full of contradictions, seeming both young and old, innocent and wise. Her spirit is surprising, given all the pain she has endured, and that's the counterpoint this story

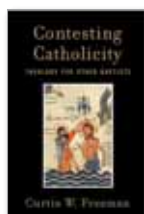


offers—while she sees pain and suffering all around her, Yslea overcomes in her own quiet way. What Yslea struggles with is expressing her thoughts. And she wonders if she will have something of substance to say to her baby. It's the baby growing inside her that begins to wake her up and causes her to start thinking about things in a different way. Yslea drifts into the lives of four people who occupy three dilapidated row houses along the train tracks outside of Memphis: "The way their three little row houses sort of leaned in toward each other and the way the paint peeled and some of the windows were covered with cardboard, the row might as easily have been empty." She becomes an integral part of this little community, moving in with Rose, who is old and dying. As her pregnancy progresses, everything changes within the three houses.

### Contesting Catholicity: Theology for Other Baptists

By Curtis Freeman, Research Professor of Theology and Baptist Studies; Director, Baptist House of Studies  
Baylor University Press, 2014  
630 pages, Hardcover, \$49.99

**BAPTISTS ORIGINATED** as a protest movement within the church. Over time they developed into a distinct sect, one committed to preserving its place in the hierarchy of denominations. In today's postmodern, disestablished context, Baptists are in danger of becoming either a religious affinity group—a collection of individuals who share experiences and commitments to a set of principles—or a countercultural sect that retreats to early Enlightenment propositions for consolation and support. In *Contesting Catholicity*, Curtis W. Freeman offers an alternative Baptist identity, an “Other” kind of Baptist, one that stands between the liberal and fundamentalist options. By discerning an elegant analogy among some late-modern Baptist preachers, 17th- and 18th-century Baptist founders, and early patristic theologians, Freeman narrates the Baptist story as one of a community grappling with the convictions of the wider church. Freeman's historical reconstruction demonstrates that Baptists did and should understand themselves as a spiritual movement within the one, holy, catholic, and apostolic church. A “catholic Baptist” participates fully in the historic church and at the same time is fully Baptist. This Other Baptist identity envisions a catholicity of the church that is centered on the confession of faith



in Jesus Christ and historic Trinitarian orthodoxy and enacted in the worship of the church in and through word and sacrament.

### How Odd of God: Chosen for the Curious Vocation of Preaching

By William Willimon, Professor of the Practice of Christian Ministry  
Westminster John Knox Press, 2015  
160 pages, Paperback, \$20.00

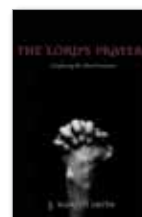
**ELECTION IS A** strange word when used in theology. It brings to mind old debates about what God might or might not have done before the foundation of the world. But viewed apart from that historical baggage, the word *election* is about a central gospel idea: that in Jesus, God not only chooses to be God for us but also chooses us to be for God. The calling of the disciples in the Gospels is a story of election, of how God chooses to transform the world by choosing us to be messengers and agents of that transformation. So it is, says William Willimon, that election becomes not just the content of our preaching but the means as well. God chooses preachers. How unlikely—how odd—is it that God should entrust the proclamation of the gospel to, well, us? This unpredictable, electing God reaches out to save the world and then leaves it in the hands of preachers to get the word out? Through stammering tongues and faltering hearts, the preached word becomes the word of God. For all pastors who wonder why they drag themselves into the pulpit every Sunday, for all who worry that their sermons aren't reaching past the front pew, this book will be an encouragement.



### The Lord's Prayer: Confessing the New Covenant

By Warren Smith, Associate Professor of Historical Theology  
Cascade, 2015  
150 pages, Paperback, \$18.00

**OFTEN THE EXPERIENCE** of praying the




Lord's Prayer, whether corporately or individually, is one of mere recitation, not prayer. To adapt the old saying, in the case of the Lord's Prayer, familiarity breeds thought-

lessness. *The Lord's Prayer: Confessing the New Covenant* is not a Bible study in the traditional sense. It challenges readers to think about the Lord's Prayer anew by understanding it as a confession of the new covenant that Christ inaugurates with the children of God in baptism. In hearing these familiar words afresh, readers should recall their baptismal covenant in order to live more fully into that new relationship with God and others. ■

THE FACULTY OF THE  
DIVINITY SCHOOL  
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PERCENT OF ALL BOOKS  
PUBLISHED BY DUKE  
FACULTY AND STAFF.  
TO SEE A QUARTERLY  
LIST OF SCHOLARSHIP  
AND FICTION BY PEOPLE AT  
DUKE, VISIT [WWW.TODAY.DUKE.EDU/SERIES/FACBOOKS](http://WWW.TODAY.DUKE.EDU/SERIES/FACBOOKS)

**JEREMY BEGBIE** published “Theology and Music,” in *The Oxford Handbook of Western Music and Philosophy*, edited by Tomas McAuley. He spoke in London in June at a public symposium with James MacMillan, Ben Quash, and others on “Divine Mystery and the Arts” at Westminster Abbey and on “Sounds of Hope” for the Kingdom Theology Conference at Westminster Theological Centre. In July he lectured on “Trinitarian Theology Today” at Regent College’s Abbey Summer School in Vancouver, British Columbia.

**LUKE BRETHERTON** published  “Democracy and the Criminal Justice System,” in *Political Theology* (16.3, 2015), and two articles

for the Australian Broadcasting Company’s Religion and Ethics website: “The U.K. General Election and the Return of Democratic Politics” and “The End of National Borders: Thinking Ethically in the Face of Mass Migration.” He delivered three plenary presentations: “Growing Stronger Together: How Can We Build Flourishing Communities?” to the Church Urban Fund’s conference in Nottingham (U.K.) on July 9; a discussion of his book *Resurrecting Democracy: Faith, Citizenship and the Politics of a Common Life* (Cambridge University Press) at the Citizens UK symposium in London on July 10; and “What Is a Good City? A Theological Reflection” for Science, Religion, and Culture Week at St Paul’s Anglican Cathedral (Melbourne, Australia) on Sept. 29.

**KATE BOWLER** gave a public interview, “The New Thought Origins of the Prosperity Gospel,”

at the International New Thought Colloquium in Miami (Fla.) in May, and the lecture “Megaministry” at the Fourth Biennial Conference on Religion and American Culture in Indianapolis in June.


**CHRISTINE BURKETT** and **NATHAN KIRKPATRICK** taught the course “Advanced Practice of Preaching” for Course of Study held at Duke Divinity School in July. Burkett also delivered the lecture “Building a Bridge: Speaking from the Gut” for the Institute of Preaching, sponsored by Leadership Education at Duke Divinity, in September.

**CHARLES CAMPBELL** preached for the commencement service at Pittsburgh Theological Seminary in May. His book (co-authored with Johan Cilliers) *Preaching Fools: The Gospel as a Rhetoric of Folly* was published in German.

**STEPHEN CHAPMAN** published  “The Covenant God of Israel: Joshua 8, Divine Concession, and Jesus,” in *Covenant and Election in Exilic and Post-Exilic Judaism*, edited by Nathan MacDonald (Mohr Siebeck). May 19–21 he attended the annual meeting of the National Association of Baptist Professors of Religion in Raleigh, N.C., and presented “Jeremiah 29 and Political Theology.”

**JAMES CRENSHAW** published “Qoheleth’s Hatred of Life: A Passing Phase or an Enduring Sentiment?,” in *Wisdom for Life*, a festschrift for Maurice Gilbert, edited by Nuria Calduch-Benages (BZAW 445; De Gruyter); “Poor but Wise (Qoheleth

9:13–16),” in *Celebrate Her for the Fruit of Her Hands: Essays in Honor of Carol L. Meyers*, edited by Susan Ackerman, Charles E. Carter, and Beth Alpert Nakhai (Eisenbrauns); “Literacy” and “Theodicy,” for the Society of Biblical Literature’s Bible Odyssey website; and a review of *Reading Ecclesiastes Intertextually*, edited by Katharine Dell and Will Kynes (Bloomsbury T&T Clark), in the *Journal of Theological Studies*. He also edited *Have You Considered My Servant Job?* by Samuel E. Balentine (University of South Carolina Press).

**SUSAN EASTMAN** participated in the  2015 Building Bridges Seminar, which brought together Muslim and Christian scholars to discuss “Human Action within Divine Creation,” at the Georgetown University campus in Doha, Qatar, May 3–5. She delivered the paper “‘It’s Personal’: Paul on Divine Action and the Intersubjective Self” at the conference “Science and Personal Action: Human and Divine,” hosted July 17–18 by the Massachusetts Institute of Technology in collaboration with the Ian Ramsey Centre for Science and Religion at the University of Oxford.

**MATTHEW FLODING** co-edited with Barbara Blodgett the book *Brimming with God: Reflecting Theologically on Cases in Ministry* (Pickwick Publications).

**MARY MCCLINTOCK FULKERSON** published “Difficult Dialogue and Wisdoms about Difference: Doing as a Way of Knowing,” in *Where We Dwell in Common: Pathways for Dialogue in the Twenty-First Century*, edited by Gerard Mannion (Palgrave



Macmillan), and “Exploring the Role of Ethnography in Theology: A Work in Process,” in *Lived Theology in Style, Method, and Pedagogy*, edited by Peter Slade, Sarah Azaransky, and Willis Jenkins. She delivered a plenary presentation, “Opening to the World: A Reformed Feminist Posture of Openness,” on May 22 at the Ecclesiological Investigations Conference “Vatican II—Remembering the Future” in Washington, D.C.

**JENNIE GRILLO** received an American Council of Learned Societies Fellowship for 2015–16 to work on her book project *The Additions to Daniel in the History of Interpretation* and was selected as a 2015–17 Mellon Fellow at Rare Book School, University of Virginia.

**L. GREGORY JONES** delivered the keynote address “Getting Ahead of the Curve: Internationalizing Christian Higher Education in an Era of Disruption” at the International Association for Promoting Christian Higher Education Conference at Calvin College on June 4, and three lectures as the keynote speaker for the conference “The Art of Forgiveness” held at Carey Baptist College (Auckland, New Zealand) Aug. 6–8. He gave the convocation address at the commencement of Vancouver School of Theology on May 11 and led a continuing education workshop for Vancouver-area clergy on May 12, facilitated the Fuqua/Coach K Center on Leadership & Ethics Leadership Roundtable in New York City on May 14, addressed the New York Annual Conference of the United Methodist Church on June 10, and spoke at the

SMU Christian Fellowship Retreat on Aug. 22. With **SUSAN PENDLETON JONES**, he spoke at the Duke Divinity School alumni breakfast at the Cooperative Baptist Fellowship meeting in Dallas, Texas, on June 19.

**RICHARD HAYS** participated in a panel discussion and delivered a lecture at the Lanier Theological Library in Houston, Texas, on May 22–23 and preached during the Sunday morning services at First Methodist Church in Houston on May 24. He addressed the delegates at the North Carolina Annual Conference in Wilmington on June 9 and the Western North Carolina Annual Conference in Lake Junaluska on June 17.

**XI LIAN** delivered the plenary paper “Missionaries in the Making of Vernacular Christianity in China” on May 21 at “The Shaping of Christianity in China,” a conference at the Oxford Centre for Mission Studies (U.K.) organized by Overseas Missionary Fellowship to mark the 150th anniversary of the founding of the China Inland Mission.

**DAVID MARSHALL** published “Dialogue, Proclamation and the Growth of the Church in Religiously Diverse Societies,” in *Towards a Theology of Church Growth*, edited by David Goodhew (Ashgate). In May he organized and facilitated the 14th annual Building Bridges seminar for Muslim and Christian scholars, held in Doha, Qatar, on “Human Action within Divine Creation.” He led several seminars on Christian-Muslim relations: for the Foundation for Interreligious and Intercultural Research and Dialogue at the

University of Geneva (Switzerland) in June, and at the Reformed Seminary (Jakarta, Indonesia) in August.

**RUSSELL RICHEY** delivered the opening lecture and served as event planner (with Douglas Meeks) for a conference on the future of theological education in the UMC held Feb. 26–28 in Nashville, Tenn. He also gave the inaugural lecture for the Wesleyan Historical Society Meeting, March 5, at Mount Vernon Nazarene University in Ohio, and the annual Willson Lecture for the General Board of Higher Education and Ministry in Nashville, Tenn., on March 12. He served on the planning committee, chaired two sessions, and led a panel for the 150th United Methodist Women Celebration Conference, held at Methodist Theological School in Ohio in May. He also co-directed Asbury Theological Seminary’s Wesleyan Studies Summer Seminar in June.

**MEREDITH RIEDEL** published



“Nikephoros II Phokas and Orthodox Military Martyrs,” in *Journal of Medieval Religious*

*Cultures* (41.2, 2015). She presented the paper “Byzantium: Christian Empire or Christian Republic?” at the International SBL Meeting in Buenos Aires (Argentina) in July. On June 24 she lectured on “The Cruelty of Heresy” at Triangle Presbyterian Church, Durham, N.C.

**LESTER RUTH** delivered the address



“In Case You Don’t Have a Case (and Sometimes When You Do): Reflections on Methods for Studying

Congregational Song in Liturgical History” at the Christian Congregational

## FACULTY & STAFF NOTES

Music Conference at Ripon College Cuddesdon (U.K.) in August.

**ROSS WAGNER** received a grant from the Alexander von Humboldt Foundation to support three months of research at the University of Göttingen (Germany).

**LACEYE WARNER** was the plenary speaker on the theme “Living Church: A Theological Practice of Evangelism” for the Academy for Evangelism in Theological Education, Wheaton College (Ill.), on June 18. She spoke on United Methodist polity for the Local Pastors’ Licensing School of the Western North Carolina Conference on May 11, and she preached on “Prayers to God” and was instructor in evangelism for the Local Pastors’ Licensing School of the Texas Conference on July 19. She served as an instructor for the Reynolds Leadership Fellows of the Western North Carolina Conference on July 13, during their Wesley tour of the United Kingdom, and for the Texas Youth Academy, held July 20–30 at Southwestern College in Georgetown, on the topic of resurrection.

**WILL WILLIMON** published *How Odd of God: Chosen for the Curious Vocation of Preaching* (Westminster John

Knox) and an article in *The Christian Century* on the novels of Karl Ove Knausgaard. In May he participated in the Council of Bishops meeting of the UMC in Berlin (Germany), and in June he gave a lecture and preached at the Festival of Preaching in Denver, Colo., and lectured and led workshops at the Annual Karl Barth Conference at Princeton Theological Seminary. He preached at St. Andrew’s Dune Church (Southampton, N.Y.) in August, at McDonough (Ga.) Presbyterian Church in September, and at Union Theological Seminary in Richmond, Va.

**BRITTANY WILSON** participated in the invited panel “Biblical Masculinities” at the European Association of Biblical Studies in Cordoba, Spain. She was also a 2015–16 grant recipient of the Wabash Center and participated in the Wabash Teaching and Learning workshop for pre-tenure theological school faculty in July.

**LAUREN WINNER** taught a spiritual writing workshop at the Collegeville Institute (Minn.) in June and July, spoke on her book *Wearing God* at Adelynrood (Byfield, Mass.) in August, and led a women’s retreat at Lake Junaluska (N.C.) in September.

**NORMAN WIRZBA** published *From*



*Nature to Creation: A Christian Vision for Understanding and Loving Our World*

(Baker Academic) and co-edited, with Brian Treanor and Bruce Ellis Benson, *Being-in-Creation: Human Responsibility in an Endangered World* (Fordham University Press). His essay “Why Theological Education Needs Ecological Wisdom” was published in *The Christian Century*. He gave several presentations, including four lectures on “Food, Farming, and the Ministries of the Church” for the Episcopal Diocese of Ohio (May 5–7), two lectures on “Caring for Creation” at Pittsburgh Theological Seminary (June 8–9), and two presentations on “The Spirituality of Eating” at the Monteagle Sunday School Assembly in Tennessee (June 11–12). He led a retreat with Wendell Berry in late August on the values of education for incoming freshmen at the University of the South in Sewanee (Tenn.), delivered a lecture Sept. 10 on “The Elemental Earth” at St. Mary’s College in Notre Dame (Ind.), and was the keynote speaker at Princeton Theological Seminary’s “Just Food” conference Sept. 24–26. He also traveled to Istanbul, Turkey, to participate in the May 26–30 Christian-Muslim dialogue “Creation: Our Shared Inheritance.” ■

## ADDITIONAL RESOURCE ON FAITH, HEALTH, THEOLOGY, AND MEDICINE



**FAITH & LEADERSHIP**, the online journal published by Leadership Education at Duke Divinity, has many articles that address issues of mental health in the church, caring for bodies and souls, chaplain ministry, theological reflection on disability, and the challenge to faith presented by serious illness. Visit [www.faithandleadership.com](http://www.faithandleadership.com) and under “Topics” click the link for “Health and Well-being.” ■

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## 60s

**WILBUR JACKSON D'61** has written *Looking Both Ways: Two Men Face War* (CreateSpace Independent Publishing Platform, 2014). The book is a true story of two men who faced the Vietnam War and became friends at Hay Street United Methodist Church in Fayetteville, N.C. He currently resides in Knightdale, N.C.

## 80s

**MICHAEL SIMMONS D'80** has written *Universal Salvation in Late Antiquity: Porphyry of Tyre and the Pagan-Christian Debate* (Oxford University Press, 2015). He is a distinguished research professor in the Department of History at Auburn University at Montgomery and is an archbishop in the Anglican Church of the Americas. He currently resides in Luverne, Ala.

**TODD OUTCALT D'85** has written *Common Ground: Lessons and Legends from the World's Great Faiths* (Skyhorse, 2015) and *Indiana Wineries: The Ultimate Guide to Wine in Indiana* (Blue River Press, 2015). His essays "A Century in the Pulpit: Revisiting Reinhold Niebuhr's *Leaves from the Notebook of a Tamed Cynic*" and "Practicing What We Preach: The Essential Elements of Sermon Preparation" appeared in *Preaching Magazine*. He resides in Brownsburg, Ind.

**MARK ANDREWS D'86** completed a 3,000-mile bicycle trip from Edenton, N.C., to Sunset Bay, Ore., as part of a sabbatical during the summer of 2014. He used the trip as an opportunity to raise awareness about human trafficking and raised \$17,000 for the United Methodist Women's efforts toward this cause.

**RODERIC MULLEN D'86** announces his marriage to Xia Zhou on Jan. 28, 2015, in Durham, N.C., where they reside.

## 90s

**BOB LYNN D'90** has been elected to a four-year term on the board of directors of the North Carolina Baptist State Convention, serving in the field of higher education. He resides in Denver, N.C.

**STEPHEN FALLER D'99** has published *The Art of Spiritual Midwifery: diaLogos and Dialectic in the Classical Tradition* (Wipf and Stock, 2015). He is a board-certified chaplain and a clinical pastoral education supervisor as a diplomate of the College of Pastoral Supervision and Psychotherapy in Hopewell, N.J.

## 00s

**JEFFREY KANODE D'02** has written *A Young Pastor* (Tate, 2014), a spiritual memoir about his early years in ministry in rural Appalachia. He resides in Ona, W.V., where he serves as pastor at Bethesda United Methodist Church.

**KEN WALDEN D'02** gave a public lecture and book signing on April 9, 2015, at the College of Charleston's Avery Research Center for his book *Challenges Faced by Iraq War Reservists and Their Families: A Soul Care Approach for Chaplains and Pastors* (Wipf and Stock, 2012). He also presented at the North Carolina Chaplains Association Spring Conference on "Multicultural Dynamics in Pastoral Care and Counseling" on April 23, 2015. He also published *Practical Theology for Church Diversity: A Guide for Clergy and Congregations* (Wipf and Stock, 2015). He is the associate professor of pastoral care and counseling as well as the director of the supervised ministry program at Hood Theological Seminary.

**OWEN BARROW D'07** and wife, Chambliss, announce the birth of their son, Edward "Ned" Bruce, on March 18. Ned is welcomed by big sister, Frances. The family resides in Apex, N.C.

**BEN WAYMAN D'07** published *Make the Words Your Own: An Early Christian Guide to the Psalms* (Paraclete Press, 2014). The book recovers a letter by St. Athanasius on the Psalms, which is the earliest surviving Christian guide for how to pray the Psalms. He is an assistant professor of religion at Greenville College and pastor at St. Paul's Free Methodist Church in Greenville, Ill.

**DAVID LATIMORE D'08** has completed a D.Min. in homiletics at McCormick Theological Seminary in Chicago, Ill. He is a third-year Ph.D. student at the University of Chicago Divinity School and pastor at Mt. Zion Baptist Church in Joliet, Ill.

**EMILY KINCAID D'09** is now the executive minister of Orange Beach United Methodist Church in Orange Beach, Ala. She will also serve as a delegate of the Alabama-West Florida Conference to the Southeastern Jurisdictional Conference 2016.

## 10s

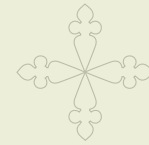
**LEIGH (EDWARDS) MILLER T'09, D'11** announces her marriage to **COLIN MILLER G'10**. They were married Aug. 9, 2014, at St. Philip's Episcopal Church in Durham, N.C., where they currently reside.

**ADAM BENSON D'14** and **MEGHAN FELDMeyer BENSON D'12** were married Nov. 8, 2014, at Duke Chapel. They currently reside in Durham, N.C.

**YOHAN HWANG D'12** announces the birth of a son, Yejun Hwang, April 27, 2014. Yohan also published the article "Eschatology in Genesis 15.6" in *Hebrew Studies*. He is a Bible teacher at Chicago Hope Academy.

## GOT NEWS? STAY IN TOUCH!

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**R. WRIGHT SPEARS D'36** of Lake Junaluska, N.C., died Feb. 10, 2015. He was a Methodist minister, ordained in 1930, and educator who served as president of Columbia College (Columbia, S.C.) from 1951 to 1977. He was honored as the Divinity School Distinguished Alumnus in 1996. During 38 years of retirement, he continued in ministry through social service organizations, mental health programs, and leadership in co-founding the annual Lake Junaluska Peace Conference. He is survived by two daughters, five grandchildren, 12 great-grandchildren, and one great-great-grandchild.

**JAMES C.P. BROWN D'51** of Southern Pines, N.C., died March 15, 2015. He was a United Methodist minister who served parishes across the North Carolina Conference for more than 40 years. He is survived by his wife, Martha P. Brown, four children, including **WESLEY F. BROWN D'76**, three step-children, four grandchildren, seven step-grandchildren, and five step-great-grandchildren. He was preceded in death by his first wife, **CHARLOTTE CHURCHILL BROWN D'49**.

**F. OWEN FITZGERALD JR. D'54** of Raleigh, N.C., died Feb. 10, 2015. He attended High Point College, where he served as president of the North Carolina Methodist Student Movement, and he received an honorary doctor of divinity degree from the school. During his time at Duke Divinity School, he was ordained as an elder in the North Carolina Conference, and he served as a pastor and administrator for more than 40 years. As an alumnus, he served as president of the Duke Divinity National Alumni Council and vice president of the Duke University Alumni Association Council; he also served on the Duke Divinity School Dean's Advisory Council and the Divinity School Board of Visitors. He was awarded the Charles A. Dukes

Award for Outstanding Volunteer Service to Duke University in 1985. He is survived by his wife of 58 years, Mary-Owens Bell Fitzgerald, one son, **FRANK O. FITZGERALD III T'89**, one daughter, **ANNE TUNSTALL FITZGERALD T'86, L'90**, and two grandchildren.

The **REV. DR. L. CARROLL YINGLING JR. D'54**, a retired United Methodist Church minister and former superintendent of the Baltimore Northwest District, died Aug. 23, 2014. He was an early civil rights activist and served many churches throughout the Baltimore-Washington Conference, the General Conferences, and five World Methodist Conferences. He is survived by his wife, Phyllis Stuckey Yingling, two children, four grandchildren, and three great-grandchildren.

**SIDNEY E. STAFFORD D'62** of Louisburg, N.C., died July 3, 2015. A United Methodist minister, he was the chaplain and professor of religion and philosophy at Louisburg College (Louisburg, N.C.) for many years. His wife, Grace Wright Stafford, three sons, a daughter, and 10 grandchildren survive him.

**LOWELL E. KEENEY D'63** of Rainelle, W.V., died April 23, 2015. He attended Salem College, Duke Divinity School, and Drew University, from which he earned a D.Min. He was a minister in the United Methodist Church for over 40 years. He served on many West Virginia Conference committees and boards as well as district committees. He was also passionate about the Boy Scouts of America, in which he achieved the rank of Eagle Scout and served in many camp staff positions. He served two years in the U.S. Army in the Fort Hood Hospital. Due to his service to the Greenbrier County Committee on Aging, he received the Order of the 35th Star by Governor Joe Manchin, the

highest honor bestowed on a person who has served the people of West Virginia. He is survived by his wife of 58 years, Doloria "Dee" Keeney, three children, four grandchildren, and three great-grandchildren.

**EDWARD L. MOORE D'63** of McKinney, Texas, died Dec. 31, 2014. He grew up in North Wilkesboro, N.C., and attended Davidson College, Duke Divinity School, and Vanderbilt University. In 1962, he was the first person from North Wilkesboro First United Methodist Church to be ordained as a minister of the gospel. He combined vocations as a United Methodist pastor and teacher in Maryland, North Carolina, and Tennessee. He was a retired member of the Western North Carolina Conference and Metropolitan-Nashville Public School System. He is survived by his wife, Peggy Reinhardt Moore, one child, and three grandchildren.

**JOSEPH M. REEVES D'63** of Walnut, N.C., died May 1, 2015. He served in the U.S. Air Force during the Korean War. He attended Mars Hill College and the University of Tennessee before attending Duke Divinity School. He served as a minister in the United Methodist Church for 40 years in the Western North Carolina Conference. He received a doctor of divinity degree from Drew University in 1982. He is survived by his wife of 54 years, Elizabeth "Betty" Proctor Reeves, whom he met at Duke, two children, and five grandchildren.

**THOMAS G. HOLTZCLAW D'71** of Roxboro, N.C., died Aug. 9, 2015. His career as a United Methodist pastor included parish and administrative service in the West Virginia and North Carolina Conferences. He is survived by his wife, Jan Mason Holtsclaw, a daughter, two sons, two grandsons, and his brother-in-law, **JOHN A. MASON D'63**, of Hurricane, W.Va. ■

# Why Should American Christians Care about Global Health?

BY DAVID TOOLE

**THIS REFLECTION** does not answer the question of the title. As a professor with a joint appointment in Duke Divinity School and the Duke Global Health Institute, I have been asked this question, but it strikes me as the wrong question to ask. I am mindful of Peter Drucker's counsel that the important thing is to find the right question and not simply the right answer: "For there are few things as useless as the right answer to the wrong question." I do think Christians in America should care about global health. What I want to explore here, however, are the questions that have led me to that conclusion.

In January 2009, I sat in a hotel in Burundi. On the night of October 21, 1993, politicians from the ruling party had used the same hotel as a place of refuge. On that night, members of the military assassinated President Melchior Ndadaye, the first democratically elected president of the country. The assassination triggered an ethnically charged civil war. More than 15 years later, the last of the rebels had just come in from the bush, and this country of nine million worn-out souls was home to 600,000 orphans—casualties of a protracted war and the insidious spread of HIV/AIDS.

I was at an event listening to Christian leaders talk about the challenges of reconciliation in countries that had been overtaken by events like those in Burundi in 1993, Rwanda in 1994, and the Democratic Republic of the Congo (DRC) in 1996. A man stepped to the front of the room. He talked about the millions of refugees who flowed into the DRC during the Rwandan genocide. He talked about the war that erupted in 1996 as neighboring countries invaded the DRC, sparking more than a decade of unimaginable trauma from violence, hunger, disease, and the proliferation of rape as a weapon of war. Edging toward despair, this man from the DRC spoke with an emotional charge that kept him near tears from start to finish. Clearly he was reporting things he had witnessed firsthand. When he was done, he made a plea:



"Come and see," he said. "Please, come and see." The words have never left me. They have led me back to East Africa 18 times, three times to the Democratic Republic of the Congo.

Jesus utters those same words in John's Gospel: "When Jesus turned and saw them following, he said to them, 'What are you looking for?' They said to him, 'Rabbi ... where are you staying?' He said to them, 'Come and see.' They came and saw where he was staying" (John 1:38–39). This scene has a parallel in the story of Moses and the burning bush. Not until Moses turns

to look at the bush does God call out to him and explain that he is the God of Moses' ancestors, that he has seen the suffering of his people, and that he is going to send Moses to free the people from Egypt. "But," the text then tells us, "Moses said to God, 'Who am I?'" (Exodus 3:11).

The right questions, then, are different from the one of my title. No one told me why I should care about global health. Instead, someone said, "Come and see." I thought, "But who am I?" Came the reply: "Please, come and see." I went, and I saw a burning bush. I saw whole countries ravaged by wars that have less to do with ethnic violence than with global forces of greed. I saw what it means to be the poorest country in a rich world. I saw children starving in a world overflowing with food. I saw hospitals and clinics without gloves and gauze, and doctors and nurses without hope. I saw lonely graves in crowded, unkempt cemeteries, mass graves that had become national monuments, and countless children on the streets. I wondered about the connections.

When I came home, I heard a voice: "What are you looking for?" I responded, "Where are you staying?" Came the reply: "Come and see." Again I went, because I am a Christian. I live in a land of plenty. And I care about global health, that is, about the well-being of strangers who are hungry, thirsty, sick and in prison and camps and cities and villages and neighborhoods all around the world. Come and see. ■





## *A Tree for the Healing of the Nations*

**THE IMAGE OF THE TREE OF LIFE** runs through the Bible, from the Garden of Eden to St. John's vision of the tree whose leaves are "for the healing of the nations" (Revelation 22:2). In the harsh, rocky landscape of the biblical world, a tree marks the lifesaving presence of water and leafy shade, here vibrantly imaged by fiber artist Murray Johnson's quilted triptych "The Tree of Life." The piece is on display in the Westbrook building of Duke Divinity School. ■

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*Excerpted from With God in Mind: Sermons on the Art and Architecture of Duke Divinity School.*

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