

Following the example of Jesus Christ, the Christian church is called to a ministry of health. In faithfulness to the gospel, denominations and agencies are creating new health ministries that promote spiritual and physical well-being. Congregations need to be alerted to the existence of such ministries and to the theological rationale that informs them.

The Church as an Institution of Health

Making It Happen

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MANY PEOPLE wonder if today's church is being true to its history, true to the apostolic church. In fact, the church in this century, despite its services of worship, preaching, and celebration of the sacraments, has nonetheless largely forgotten its ministry of healing. For the most part, this ministry has been relinquished to what some would call fringe groups. In the past ten years, however, this has begun to change. Within the church, whether nationally or internationally, a great variety of programs for health ministry have begun to emerge. My purpose is to describe briefly some of these programs. First, however, I shall explain what it means to say that the church is an institution of health and a community of healing.

The Church as an Institution of Health and a Community of Healing

Jesus was concerned about not only our spirits but also our bodies. Hence, it is not surprising that healing was central to both his ministry and that of the

twelve. Jesus' healing demonstrated that he was a person of compassion, and it was consistent with the gospel of the kingdom.

The post-Easter apostles continued the healing ministry of Jesus and the twelve. The Book of Acts tells of the preaching and healing of the apostles. Paul, the "least" of the apostles, refers to healing as one of the gifts of the Holy Spirit (I Cor. 12:9). And the Epistle of James indicates that the leaders of the church regularly exercised a ministry to the sick by laying on hands and anointing with oil (James 5:14).

This apostolic ministry of healing suggests that the Christian has a unique role to play as healer. The healer, however, is not the source but the agent of healing. Just as knowledge enables physicians to be special channels of God's power of healing, so faith enables Christians to be agents of healing. In addition, the Christian has a clear system of values, an integrated view of the world and human existence. In the midst of sickness and suffering, this can become the basis of a "healthy" lifestyle and instill hope. Because of its communal nature, the church in all its breadth can make an important contribution to health. Still, in challenging the church to assume its role as an institution of health, one must, of course, recognize that the church cannot meet all health-related needs.

Needs to Which Health-Ministry Programs Can Respond

The paramount need to which health-ministry programs can respond is that for spiritual insight into the fundamental questions about the purpose and meaning of life and how life is affected by sin and sickness. Why am I sick? Is God punishing me? Why has my loved one died? In the case of death and illness, our questions become more intense: How can we endure in the midst of pain? How can we, in the aftermath of injury or catastrophe, go on living as an altered person?

The second need to which health-ministry programs can respond is that of giving us an understanding of both what constitutes a healthy lifestyle and how we can be motivated to make the necessary changes to improve our health. Stress, burnout, hypertension, addiction, depression, and other health-defeating patterns of behavior plague many of us. According to the Centers for Disease Control, fifty-four percent of the factors that contribute to the health of the public are related to lifestyle; eighty percent of hospital admissions are alcohol-related. Thus, one of the most important things the church can do to enhance the health of people is to educate them to take care of themselves either by pursuing healthy lifestyles or by ridding themselves of dysfunctional patterns of behavior.

Again, health-ministry programs can assist us greatly to maximize our health in all stages of life. Health is not merely the absence of disease, nor does healing

consist only of curing. Healing encompasses a wide variety of activities that promote wholeness. By making us sensitive about "wellness," our Christian faith can lead us to augment our health at any season of life.

A fourth need that health-ministry programs can help us meet has to do with the decisions we make concerning health-care options. These decisions are of two types. The first type relates to choice about personal and family care and includes the following: the physician to whom we entrust ourselves; the type of health-care program we select and the attendant costs; and the role that we, too must play in the health-care process. The second type of decision concerns the "quandary issues" we may have to face: teenage pregnancy, abortion, adoption, assisted parenthood, genetic counseling, organ transplants, or life-extending technologies. We may have to ask ourselves whether we should remove life-support systems from a child or parent or how we might intervene in the life of a loved one addicted to alcohol or drugs.

The church with its health-ministry programs is furthermore in the position to look beyond itself and to see after the needs of health-care professionals. The reason is that their calling is not only medical in nature but also spiritual. Health-care professionals need to have their work affirmed. They also need support: in dealing with the consequences of decisions they must make when disease or death claims a patient; in setting personal or professional priorities; and in resolving conflicts that arise between personal and professional codes of ethics.

Within the boundaries of its health-ministry programs, there is yet another, social need to which the church must give attention: the fair allocation of health care resources. The church will want to use its influence to ensure that all persons receive their share of health care, especially the underserved and the poor, of whom thirty-seven million are apparently without health insurance. To solve the current problems associated with the fair allocation of health-care resources, public-policy initiatives, institutional restructuring, and personal sacrifice will all be necessary. Still, the church, because it represents all strata of society, is unusually well-equipped to weigh in on these problems.

The several needs we have enumerated above, to which the church with its health-ministry programs can respond, are those of both church members and persons who have little or nothing to do with the church. The latter constitute an opportunity for the church to reach out and serve. Many of these persons have no contact with a supportive community or a caring fellowship. Correlatively, some of them may find the church itself to be irrelevant to them. Whatever the case, the time for the church to put health-ministry programs in play is now.

Five Categories of Health Ministry with Sample Programs

Because the church has a crucial role to play in meeting many health-related needs, I shall examine various programs. For the sake of clarity, I have categorized types of programs in terms of their primary focus: liturgy and preaching, education, advocacy and support, direct health-care services, and resource organizations.

Liturgy and Preaching

Ministries that relate health-care concerns to liturgy and preaching focus on the development and dissemination of resources to be used in services of healing and anointing, in the administration of sacraments, in the practice of prayer, in the proclamation of the Word, and, more generally, in the worship life of the local congregation. Such ministries also make resources available for observing the various passage-of-life events that aim at restoring wholeness and well-being to an individual or to a community of faith.

Underlying these liturgical ministries is a theology that attends to holistic health. Major tenets of this theology are: the knowledge that God is the source of all healing; the assurance that, even in the face of sin (which may result in sickness), God is with us in our suffering; compassion for the "wounded healer"; and the acceptance of personal responsibility (i.e., one must clarify one's values and define one's priorities).

Conducting Worship Services and Proclaiming the Word. Most frequently, we think of healing liturgies as special services that take place outside the context of weekly worship. These can include such aids as the laying on of hands and the anointing with oil. Indeed, such practices have ancient roots within the Christian tradition. However, the concern for healing through liturgical means should not be relegated solely to services conducted outside the community's routine life of worship but be incorporated into it. Through the observance of the church year, worship can touch the full range of emotional and spiritual situations of church members.

The Practice of Prayer. In the early church, the elders came not simply to visit but also to pray, and to encourage others to pray for healing. An important component of prayer is confession. Guilt and resentment need to be removed by the reception of God's pardon. This clears the way for the inner restoration of the person *vis medicatrix naturae*. Confession enables one to confront the deeper forces of evil. Corporate prayer may speed recovery as well as promote healthy attitudes in those praying; we place ourselves in God's service when we pray for someone else. Furthermore, prayer has value even if the disease continues to run its course. If the body is not cured, the spirit may be restored and an inner calm

and a lessening of pain may follow.

The Administration of the Sacraments. An important part of the church's ministry of healing is the administration of the sacraments. Although the various Christian traditions have not reached consensus on the number of sacraments, the major traditions all recognize Baptism and the Lord's Supper, and others include Holy Unction.

The sacraments are a means by which God's grace is offered to a repentant humanity and are signs of God's ongoing activity in the world. They signify and seal God's power and gifts that the church uses in healing: forgiveness, reconciliation, hope, and love. They remind us that Christ has given of himself for all of creation.

The Lord's Supper calls to remembrance the gift of forgiveness and renewal through Christ's death. The elements are real and tangible, signifying, among other things, the importance of the human body. The sacrament reminds us that God shares in the brokenness of human existence in its sickness and pain. It is a foretaste of the ultimate victory, which can vanquish despair in the face of sickness, opening the way to both acceptance and healing. No matter how broken we are, Christ renews.

In Baptism, water as a cleansing agent signifies the death of the old personality and the resurrection of the person into new life. Baptism is the initial healing sacrament, as it brings the person symbolically through death and isolation into the community of believers. In Baptism, one is "born anew" into Christ's family. It is a sign of God's gifts of new life and health, given with water.

The other healing sacrament, Holy Unction, stems from the use of oil in anointing the head of a guest as a gesture of hospitality (Ps. 23:5). In the Old Testament, olive oil, mixed with various spices, is used in anointing priests and kings (Exod. 30:22-33). Thus, should a person be anointed in the name of the Lord, the oil transmits the holy benediction and brings about an inward change in the one who receives it. During the early Middle Ages this became the sacrament of Extreme Unction, which was administered as a last rite in the Roman Catholic Church. Since Vatican II, however, it has been restored as a sacrament of healing.

There are several programs associated with this area of healing ministry. The United Methodist Church has established an entire office called the Upper Room. It sponsors seminars and workshops on health ministries and especially on forms of healing liturgies and services that may be conducted in a local church. The National Capital Presbytery Health Ministries (1988-1992) has published a small booklet of healing services available within mainline Protestantism and provided consultants to meet with local churches interested in holding services of healing. The Presbyterian Church USA, the Evangelical Lutheran Church, and the Protestant Episcopal Church, as well as communities

such as Iona, publish supplemental liturgical resources that offer liturgies of healing and specific services for a variety of health-related occasions.

Education

An educational ministry is one that develops, organizes, and administers programs or materials designed to impart knowledge or skills to individuals, church leaders, and health-care professionals involved or interested in health and health-care issues. Included in this ministry are organizations that provide information on issues of ecology and public policy or on specific illnesses or conditions.

For the sake of clarity, let us consider educational health ministry in three categories. The first is education for individual church members: on how to maintain a healthier lifestyle, or to change patterns of behavior, or to make more informed health-care decisions, or to solve personal problems. There are many creative programs and activities that individual churches can sponsor, such as:

- Workshops on personal and professional decision making, marriage and divorce, bioethical quandary issues, stress management, and wellness.
- Lectures on patient rights, responsibilities, and informed consent.
- Shepherding programs by church officers for all church members.
- Courses for teenagers on life goals, sexuality, family, and marriage.
- Individualized health-promotion programs.
- Discussion groups for people in transition (job, marital status).
- Health education classes and reading groups on nutrition, stress management, prevention and wellness, and spiritual health resources.
- Visits to research, treatment, and care facilities.
- Classes by hospital staff on hospital visitation, relationships with attending physicians, and training for volunteer work with the average patient or the disabled or elderly.

The second category is educational programs for health-care professionals, including pastors. Their purpose is threefold: (1) to enable all health-care professionals to make better use of the full spectrum of health-care resources; (2) to integrate better the efforts of the different health-care professionals within a community; and (3) to enable specific professionals, especially pastors, to make better health-care decisions. Examples of such programs include:

- Symposia on the relationship between medicine and religion, church and hospital, pastor and physician.
- Seminars on physicians, medical facilities, and health-care plans.
- Consultations on ways that local health-care professionals and church members can assist each other.
- Interdisciplinary courses (on integrated health care) at local seminaries and medical schools for medical, nursing, and divinity students; practicing

physicians; and pastors.

- Internships for one month to one year for medical students in local churches and for seminary students in primary health-care settings.
- Residential facilities (preferably houses) for ten to fifteen medical, nursing, and theology students that will accommodate a Christian community that fosters understanding and cooperation.
- Research on future models for cooperation between physicians and the clergy, and the church and the hospital.

The third category of educational programs provides information on controversial matters. If a church body is to involve itself in any advocacy program, this category of educational program should be regarded as prerequisite. In other words, the laity and clergy should be knowledgeable prior to taking an official position on any politically divisive issue, such as some of the bioethical quandaries, the allocation of health-care resources, and the treatment of special classes of disease. In this third category, there are a large number of programs. The following illustrate different types.

The Parish Nurse Program was begun in Chicago in 1984 through the efforts of Lutheran General Health System in conjunction with Granger Westberg, a Lutheran pastor and hospital chaplain. This program envisages that a licensed, registered nurse will be part of the ministerial staff of a local congregation. This nurse will assist members of the congregation to become more aware of their health and of ways to move toward a sense of wholeness. The program is now ecumenical and interfaith in nature with an estimated two thousand parish nurses practicing in forty-one states.¹ The parish nurse's role includes acting as health educator, health counselor, referral agent, facilitator and teacher of volunteers, and an interpreter of the relationship between faith and health. The four basic models of parish-nurse programs are the congregationally based paid or volunteer, and the institutionally based paid or volunteer. Most parish-nurse positions are part-time, with the emphasis on the emotional, spiritual, and physical well-being of the individual.²

The Stephen Ministries was founded to train and equip members of a congregation as lay ministers to the sick and bereaved. Leaders in the program receive a twelve-day course and then train members for fifty hours of pastoral care to meet a wide range of life needs and crises.

The United Methodist Special Programs on Substance Abuse and Related Violence (SPSARV) coordinates the drug and alcohol ministries of the United Methodist Church in a cooperative effort with the Council of Bishops. The purpose is to train, design, and implement successful, effective programs and resources for its constituents. The national coordinator collaborates with seven national program agencies to undergird programs that address substance abuse and related violence in terms of education and prevention, intervention and treatment, community organizing, public advocacy, and mission evangelism.

Advocacy and Support Programs

Advocacy programs aim to collect resources and raise awareness to promote the inclusion of groups marginalized because of disease or disability. Such programs work in the public arena to influence social, economic, or political policy to enact either systemic health-care reform or to ensure adequate access to, and response of, the health-care system to their constituent groups.

Support ministries offer association with persons who uphold each other in confidentiality and foster mutual understanding, empathy, and empowerment, in both a broad and specific sense. What distinguishes these ministries from their educational counterparts is their capacity for compassion and caring, that is, the pastoral aspect of ministry, and their focus on consciousness raising about the needs of particular groups.

Concern, support, and the presence of others are of great importance in the healing process. Someone in isolation can languish in loneliness and guilt. The church provides a resource for liberating people from exaggerated individualism and the isolation of contemporary life. The church functions as a community of acceptance and reconciliation. It can testify to the love and healing of God, which is available at all times, not just in moments of crisis. The power of forgiveness, communication, and companionship can often prevent, arrest, and alleviate disease.

Because of its multigenerational nature, the church can identify with all aspects of the life of a person with special health needs. It can use many of its traditional activities of Bible study, religious education, prayer, and worship to minister to these persons. A very important expression of love is the act of just being with someone in need. This by itself can produce enormous healing benefits. This may, however, require special training of church members, since deep emotions often surface in both the patient and the church member; if poorly handled, this could have a negative effect.

The church can express its support in many varied but simple ways. Church members can do cooking, babysitting, shopping, and even provide bed and breakfast lodging for families of patients hospitalized in nearby institutions. The church can also help the dependents of the patient, thus reducing some of the patient's anxiety and guilt.

Of particular concern is the need to minister to those who are marginalized by society, such as persons with disabilities or AIDS, or the infirm poor. Churches can recruit health-care professionals and volunteers to assist in meeting the needs of these persons and can explore with ministerial associations the spiritual, medical, political, and economic resources available to help them.

In addition to providing a support community, the church can be an advocate for justice in the allocation of health-care resources. The church is called to perform a prophetic role in helping to assure that all needy persons

receive a fair, minimum standard of health care. This is in itself a form of advocacy, but changing laws, working on universal insurance coverage, and organizing lobbying efforts for the marginalized are also part of the church's mission in health care. The following programs capture the tenor of support and advocacy ministry:

AIDS Interfaith provides service, education, advocacy, and worship opportunities for all types of persons infected with the HIV virus and for their friends and families.

Food and Friends delivers hot freshly prepared meals (1,080 each day) at no cost to homebound people with HIV or AIDS and their families; it also provides information about special programs and services available to clients through other organizations, such as support groups, legal programs, and retreats. Informal counseling, comforting, and the meeting of other needs are also provided. Food and Friends is located in the basement of the Westminster Presbyterian Church, Washington, DC, whose church members serve as volunteers.

The Healing Community, Inc. helps churches become accessible to persons with disabilities and other marginalizing conditions. It is an ecumenical, nonprofit organization with fifty volunteer professionals from all over the United States. Its board consists of interfaith and interracial representatives who are both disabled and able-bodied. It conducts educational programs, provides counseling, works on public policy issues, publishes a newsletter ("The Caring Congregation"), and conducts Bible studies, healing services and retreats.

IONA Senior Services, an interfaith, nonprofit organization, is made up of a network of twenty-eight churches and synagogues and provides professional counseling and care management, volunteer services, group and home-delivered meals, exercise classes, adult education programs, and adult day care for senior citizens. It focuses on education, service, and advocacy for elderly persons and their families. Its Board of Directors includes members from its affiliated congregations and synagogues. It interacts with other organizations that are concerned with the elderly to provide services and to address legislative issues, such as restraint practices in nursing homes and health-care reform. It offers programs to help senior citizens remain independent and has respite services for caregivers. IONA also assists the ministries of its member congregations through its CO-OP (Community Outreach to Older Persons) program.

Mennonite Developmental Disability Services provides consultation, awareness, and educational services and endeavors to accomplish the following: (1) to sensitize congregations to the injustices and difficulties confronting those with disabilities; (2) to assist churches in actively promoting the total well-being of people with disabilities; (3) to work to develop mutually beneficial relationships and discussions between people with disabilities and the church; (4) to provide resources and workshops (e.g., a quarterly newsletter, "Dialogue on Disabilities," and materials for Christian education) for church leaders and members; (5) to help to create support and advocacy groups and to organize family retreats; and

(6) to consult with Mennonite-related programs for people with disabilities.

Direct Health Care Services

In addition to the three ways we have just described in which the church can serve as a health institution, it may also be appropriate for it to become directly involved in the delivery of health-care services. Traditionally, this has been done by denominational medical-mission work or hospital systems, but it now takes many different forms.

Direct health care services administer the hands-on delivery of public health, diagnostic, intervention, and treatment modalities to individuals or group clients. The orientation of these services may be either the promotion of wellness or the prevention of sickness. Both mental and physical health are included within this definition, as are the concepts of both holistic and integrated health care. A team of health-care professionals delivers care and works together under the auspices of a religious organization. The programs sketched here reflect different models within this category of health ministry.

Archdiocesan Health Care Network of Washington, DC, is an ecumenical volunteer network of one hundred sixty physicians, dentists, and other health-care professionals. The latter help uninsured poor people, upon referral from a primary care physician, to receive medical treatment from specialists.

Bethel Baptist Whole-Person Ministry, a holistic health-care service, offers twenty-two different services, each of which includes curative, preventive, and rehabilitative aspects. This ministry is energized by the Bethel Baptist Church, which has healing ministries at three levels: the congregation, a health center, and outreach to the surrounding community. Its membership is divided into "caring groups" trained in counseling and health ministries. More than one hundred volunteers work with the pastor and eleven full-time and five part-time staff to provide services for the fourteen hundred church members, the six hundred persons in a low-income neighborhood near the church, and the three hundred persons in three rural communities near Kingston, Jamaica.

A Health Fair is held twice a year. Literature on health topics is made available regularly. Special "keep fit" classes are held weekly at the church, and healthy family life is encouraged through such activities as Family Month. A group meets weekly to pray for the sick and "Healing Sundays" are held twice a year to emphasize divine healing as part of the worship services.

As the center became increasingly concerned about the root causes of its patients' illnesses, it developed self-help groups. These groups created a health committee, which took responsibility for the recruitment from the community of health workers who care for the elderly, the establishment of classes in first aid and personal health maintenance, the planting of backyard gardens, the repair of community bath facilities, and for educational programs and other community activities.

Capitol Hill Family Practice and Counseling Center is a primary care health service. It is housed in the (Lutheran) Church of the Reformation in Washington, DC, which originally established it. Its executive director is a pastoral counselor; other staff members include a general practitioner, nurse, dietician, and office personnel. It offers holistic health, including a spiritual-life inventory should any patient wish it. In addition, classes are held on stress management, nutrition, substance abuse, and AIDS.

Lutheran General Health System Congregational Health Partnership is one of the initiatives of the Lutheran General Health System, which started in 1986 as an on-going project in the Chicago Northside suburbs. Its objectives are these: to develop a mind-set among members that congregations are "health places," to strengthen relationships among members of the congregation and health-related agencies and community institutions, and to identify needs and resources of the partners and respond to such needs. The congregations draw on their resources of theology, worship, teaching, and fellowship and use information and referral to enhance the health of their members and of the community.

Resource Organizations

Resource ministries establish membership or networks designed to research and formulate policy or opinion and to disseminate information on health-care issues. These ministries provide a public arena for denominational or interdenominational discussion. They may provide information that is used by churches or groups for establishing the other types of health ministries previously described. They all provide ways of educating church members and the community at large about the importance of the church as a provider and resource for health care. The following organizations are both national and international in their outreach and membership and are illustrative of this category of health ministry:

Church's Action for Health (formerly Christian Medical Commission (CMC)), World Council of Churches. In the early 1970s, the CMC program emphasis was changed from worldwide medical missions to community health and education. Between 1976 and 1984 a series of consultations was held on all five continents that enabled discussions about the meaning, from a Christian perspective, of health, healing, and wholeness. Christian health-care workers, pastors, and church leaders were brought together to share information about various forms of health ministries and to shape the church's future agenda.

With the reorganization of the WCC in the 1990s, the functions of the CAH were shifted to a subarea of Health Ministries. The aim of the CAH is to encourage communities to participate in building primary health-care service. It concentrates on making its resources available to community groups, member churches, and coordinating agencies that improve the adequacy of health services and operate their ministries and programs effectively.

Churches' Council for Health and Healing, United Kingdom, is an ecumenical Christian organization devoted to promoting health and healing in both individual and corporate aspects. It was founded in 1944 by Archbishop William Temple for the express purpose of drawing medicine and religion closer together. It counts among its membership twenty-three mainstream churches (with the Roman Catholic and Pentecostal churches as "observers"), the Royal Colleges of Medicine and Nursing and other medical bodies, healing guilds, fellowships and associations concerned with the Christian ministry of healing, and the hospital chaplaincy associations. The goals of the Churches' Council are: (1) to coordinate the healing ministry of all the churches; (2) to stimulate discussion between religion and medicine; (3) to provide information and theological study relative to the healing ministry of the church; and (4) to offer teaching and training in Christian healing ministry.

Health Ministries Association is an independent free-standing, not-for-profit organization that seeks to enable nurses to join with other health-care professionals, clergy, congregational members, educational institutions, and health-care institutions that regard the local congregations as a privileged location for ministry to body, mind, and spirit. It publishes a periodic newsletter and sponsors both an annual conference and regional meetings at which seminars are conducted on health-ministries programs.

National Parish Nurse Resource Center was established as a reference center for people desiring information about the philosophy and activities of congregational nurses. It publishes materials that describe the philosophy and work of parish nurses and convenes an annual educational program for them. Consultants respond to requests from churches and hospitals to organize parish nurse programs. It also promotes the role of the parish nurse in the life of the church.

The Park Ridge Center, sponsored, in part, by the Lutheran Health Care systems and based in Chicago, is a nondenominational center that explores, through research, publications, and books, the relationship among health, faith, and ethics. Its periodical "Second Opinion" includes articles about these subjects.

Presbyterian Health, Education, and Welfare Association (PHEWA) was founded in 1955 as a Presbyterian organization of voluntary members committed to social justice and health issues. It oversees the operation of ten nationwide denominational networks that have to do with AIDS, serious mental illness, disabilities, and alcohol or drug abuse. It also directs Presbyterian Health Network, which sponsors conferences and publishes periodic newsletters that contain information about health-ministry programs around the country.

Office of Health Ministries of the Presbyterian Church USA provides education and advocacy on a number of issues. It cooperates with PHEWA in its networks, sponsors conferences, and publishes newsletters, information packets, and other periodicals on health issues.

This article cannot, of course, be exhaustive. Nevertheless, it aims within

limits to be of service to the reader by describing the church as an institution of health, by touching on the theology that lies at the basis of this notion, and especially by pinpointing programs that constitute valuable resources upon which congregations can already draw. The church is rediscovering its ministry of health and healing. This is a gift for which the church gives thanks!

NOTES

1. P. A. and Lloyd R. Solari-Twadell, "The Organizational Framework, Functions, and Educational Preparation of Parish Nurses: Survey 1991 and 1994." Proceedings of the 1994 Westberg Symposium—Ethics and Values (Park Ridge, IL: Lutheran General Health System, 1994).

2. *Parish Nursing: The Developing Practice*, ed. P. A. Solari-Twadell, A. M. Djupe, and M. A. McDermott (Park Ridge, IL: Lutheran General Health System, 1990).

Appendix

Directory of Health Ministries

AIDS Interfaith

Director: Rev. David Martin
1000 Sir Francis Drake Boulevard
San Anselmo, CA 94960
(415) 457-1129

Churches' Council for Health and Healing of Great Britain

Director: Bernard Cartwright
St. Marylebone Road
London NW1 5LT, England

Archdiocesan Health Care Network

Director: Sister Teresa McManus
1419 V Street, N.W.
Washington, DC 20009
(202) 332-6605

Food and Friends

Director: Rev. Carla Gorrell
P.O. Box 70601
Washington, DC 20024
(202) 488-8278

Bethel Baptist Whole-Person Ministry

Director: Dr. Anthony Allen
6 Hope Road
Kingston 10, Jamaica

Healing Community

Director: Rev. Harold Wilke
139 Walworth Ave.
White Plains, NY 10606
(914) 761-4986

Church's Action for Health (formerly Christian Medical Commission)

Director: Rev. Ana Langterak, Unit II
World Council of Churches
P.O. Box 2100
Geneva 2, CH 1211, Switzerland

Health Ministries Association

President: Mary Lou Carbon, R.N.
2427 Country Lane
Poland, OH 44514
(800) 852-5613

Iona House Senior Services
Director: Elizabeth Fox
4200 Butterworth Place, N.W.
Washington, DC 20016
(202) 966-1055

Lutheran General Health System
Director: Rev. Jerry Wagenknecht
205 W. Touhy Avenue
Park Ridge, IL 60068
(708) 698-8514

Mennonite Developmental Disabilities
Services
Director: Dean A. Preheim-Bartel
21 South 12th Street, Box M
Akron, PA 17501
(717) 859-1151

Office of Health Ministries of the
Presbyterian Church USA
Director: Rev. David Zuverick
100 Witherspoon Avenue
Louisville, KY 40202
(502) 569-5000

The Park Ridge Center
Director: Dr. Laurence O'Connell
211 E. Ontario Street, Suite 800
Chicago, IL 60611-3215
(312) 266-2222

Parish Nurse Resource Center
Director: Anne Solari-Twadell
205 W. Touhy Avenue, Suite 104
Park Ridge, IL 60068-1174
(708) 698-4755 or (800) 556-5368

Presbyterian Health, Education, and
Welfare Association
Director: Mark W. Wendorf
100 Witherspoon Street
Louisville, KY 40202
(502) 569-5000

The Stephen Ministries
Director: Kenneth C. Haughk
1325 Boland Place
St. Louis, MO 63117
(314) 645-5511

The Upper Room, United Methodist
Church
Director: Rev. John Penn
P.O. Box 189
Nashville, TN 37202-7527
(615) 340-7527

United Methodist Special Program on
Substance Abuse and Related Violence
Director: Jerald L. Scott
100 Maryland Avenue, N.E.
Washington, DC 20002
(202) 488-5653