

IF YOUR
HEART
IS LIKE
A Pilgrimage of Faith & Health MY
HEART



SHANE STANFORD & SCOTT MORRIS
WITH SUSAN MARTINS MILLER

*If your heart is like my heart,
then give me your hand.*

—John Wesley

IF YOUR
HEART
IS LIKE
A Pilgrimage of Faith & Health MY
HEART

SHANE STANFORD & SCOTT MORRIS
WITH SUSAN MARTINS MILLER



LEAFWOOD
PUBLISHERS
an imprint of Abilene Christian University Press

IF YOUR HEART IS LIKE MY HEART

A Pilgrimage of Faith and Health



LEAFWOOD

PUBLISHERS

an imprint of Abilene Christian University Press

Copyright © 2017 by Shane Stanford and Scott Morris with Susan Martins Miller

ISBN 978-0-89112-406-1 | LCCN 2016040177

Printed in the United States of America

ALL RIGHTS RESERVED

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form by any means—electronic, mechanical, photocopying, recording, or otherwise—without prior written consent.

Scripture quotations, unless otherwise noted, are from the New Revised Standard Version Bible, copyright © 1989 the Division of Christian Education of the National Council of the Churches of Christ in the United States of America. Used by permission. All rights reserved.

LIBRARY OF CONGRESS CATALOGING-IN-PUBLICATION DATA

Names: Stanford, Shane, 1970- author.

Title: If your heart is like my heart : a pilgrimage of faith and health /
Shane Stanford and Scott Morris, with Susan Martins Miller.

Description: Abilene : Leafwood Publishers, 2017.

Identifiers: LCCN 2016040177 | ISBN 9780891124061 (pbk.)

Subjects: LCSH: Church work with the sick—Case studies. | Church Health
Center—Biography. | Healing—Religious aspects—Christianity. | Medical
care—Religious aspects—Christianity.

Classification: LCC BV4460 .S73 2017 | DDC 261.8/32109226819—dc23

LC record available at <https://lccn.loc.gov/2016040177>

Published in association with MacGregor Agency, Manzanita, Oregon.

Cover design by ThinkPen Design, LLC

Interior text design by Sandy Armstrong, Strong Design

Leafwood Publishers is an imprint of Abilene Christian University Press

ACU Box 29138

Abilene, Texas 79699

1-877-816-4455

www.leafwoodpublishers.com

A NOTE TO THE READER

This book is a journey of two friends through the course of years where mostly we did not even know each other, or at least not well. But, in the years after our friendship began and then blossomed, we realized that though we had not known each other personally during the twists and turns of our individual paths, we certainly understood and valued each other's encounters and experiences. That was the first revelation in what became a friendship full of revelations of how God connects people together, although they may appear to be from very different places, generations, or backgrounds. This journey is the unfolding of God's story within the narrative of two people who, for most of it, did not know each other but certainly knew of the hopes and fears that would cause their paths to intersect and mean so much to the other.

However, in sharing the journey, it became necessary to organize the story's "voice" in a single form so that readers might engage

the most important part of the picture: the power of God to bring two hearts together around issues that are supposed to change people's lives. Therefore, we wrote in the primary voice of the Rev. Stanford while laying the voice of Dr. Morris faithfully upon the context and conversation of each lesson learned. With the fantastic support of Susan Martins Miller, we just as easily could have flipped the voices or encouraged another editorial form or style. We hope the path we have taken accomplishes the most important objective: that you, the reader, will walk away from our encounter transformed because of our time together.

Thank you for taking the time to hear our story. Blessings and enjoy.

Shane Stanford

Scott Morris

Susan Martins Miller

CONTENTS

1	Feast for Friends	15
2	Faith and Health	25
3	Through a Glass Darkly	41
4	Help My Unbelief	55
5	Teach Us to Share	67
6	Good Neighbors	85
7	The Empty Chair	99
8	“I Know Him by Name”	113
9	Light on the Way	127
10	Eye to Eye	141
11	Ollie’s Pound Cakes	161
12	When the Going Gets Tough	177
13	Suffer the Little Children	189
14	Growing Up with Hope and Healing	199
15	If Your Heart Is like My Heart	209



FEAST FOR FRIENDS

When opportunity knocks, answer.

Darrell was no stranger to church. His mother, Martha, was the unpaid church secretary for the Memphis, Tennessee, congregation where Darrell grew up attending Sunday school. His church home was an important part of his family's life.

But when Darrell acquired AIDS in 1988, no one at church would talk to him.

The pastor told Martha that while he would “be there” for her, he could not do the same for Darrell.

Understandably, that could have been the end of Darrell's connection to a church. Pressing through hurt and disappointment was not easy. But with some encouragement, Darrell found

St. John's United Methodist Church, where welcoming members wiped away rejection. Darrell felt so at home that he began to challenge the congregation to a new ministry—a regular meal for people infected with HIV.

Keep in mind this was nearly thirty years ago. Misinformation about how the virus spread inflamed public fear. Even doctors hesitated to have patients with HIV mingle with other patients in casual ways.

But the people at St. John's were most interested in the practical questions. Who would be in charge of the kitchen for such a meal? "My mama will," Darrell said.

And so Feast for Friends was launched. Twice a month, Martha prepared a main meal and dessert—always three cakes.

By the time I moved to Memphis and learned of Feast for Friends, Darrell had been gone for many years. Just a year after the meal began, Darrell contracted histoplasmosis pneumonia, which led to his death. He was thirty-two.

Martha did not put away her apron. She continued cooking and baking, and every first and third Monday, dozens of people gathered—anyone infected with or affected by HIV.

I moved to Memphis in 2011 to begin my work as senior pastor of Christ United Methodist Church.

And I was HIV-positive.

Dr. Scott Morris, associate pastor at St. John's and founder of the Church Health Center in Memphis, invited my family and me to Feast for Friends.

Martha seemed a little embarrassed that the Feast could only afford to serve hot dogs that night. It wasn't long before I was huddling in conversation with Martha to learn more about their simple needs, and by the time the evening ended, I had promised that my congregation would help.

Confluence of Influence

I contracted HIV in a transfusion to treat the hemophilia I was born with. People with hemophilia experience agonizing pain when joints and muscles bleed internally, and the healing process is slow and requires great care. All through my life, I've wrestled with being careful not to get hurt while also experiencing life to the fullest. My health journey with hemophilia and HIV is part of a greater unfolding of faith and health in my life that raised my awareness of ripening questions in communities I lived among.

As a teenager, I made one new friend in particular, a girl named Pokey. We became inseparable, with hearts open wide for what God planned for us. In May of 1987, I preached my first sermon. I did not know then that I would become a pastor. I only knew I had God's truth on my heart and wanted to share it with others. I chose Philippians 4:6-7 for my text: "Do not worry about anything, but in everything by prayer and supplication with thanksgiving let your requests be made known to God. And the peace of God, which surpasses all understanding, will guard your hearts and minds in Christ Jesus."

In my young lifetime of living with an illness for which there were few treatments and certainly not a cure, I had learned that the body and the spirit heal in the same way. We have to wait with patience, but we can be certain that God comes to us with love and hope even in seasons of heartbreak. This is what I shared in my first sermon.

Meanwhile, Scott Morris was in Memphis doing what he likes to describe as being "too young and dumb to know it couldn't be done." When I was a teenager learning that I had been infected with HIV, Scott Morris had finished seminary, medical school, and a family practice residency. He moved to Memphis to open a faith-based health ministry that would serve the working uninsured in one of the poorest cities in the United States. A few months after

my first sermon, in September 1987, Scott saw his first patients at the Church Health Center.

Scott and I did not meet for nearly twenty-five years after my first sermon and his first patient, but the years were not fallow. If I had met Scott in 1987, I might have nodded my head at what he had to say about the confluence of faith and health. After all, I had preached about healing of both body and spirit. But perhaps I would not yet have echoed the bottomless conviction that compelled Scott to challenge people of faith to journey toward wholeness, not merely physical health in a clinical sense.

For a quarter of a century, Scott and I have been on pilgrimages of faith and health. In our own lives, and in our work, every day we meet wayfarers who need encouragement. If not for my medical conditions, Scott and I might have circled each other at Methodist clergy events without knowing each other well. But I was in a new city and needed a new set of doctors for my complex conditions. Dr. Fred Hatch, a nephrologist, was a member of my congregation and a volunteer at the Church Health Center. He said nobody knew more doctors than Scott Morris.

So Pokey—yes, I married my high school sweetheart—and I had lunch with Scott. We talked about my medical needs, of course. Scott did indeed know the best doctors in Memphis. But we also inhaled the redolence of blossoming friendship, and Scott invited us to Feast for Friends.

Not long after that, we went to a football game together at the Liberty Bowl in Memphis. We'd been invited to sit in a box, which Scott had never done in that venue, and we walked around and around the concourse looking for where we were supposed to go. On about the third trip around, my limp was obvious. Scott knew that meant I was bleeding into my ankle. I downplayed what was happening. In my experience, bleeding into my ankle was common.

For that day, I just wanted to watch football with my family and new friends.

Scott was the one who wouldn't let go—a character trait I've come to admire in him. Because of extreme stress in the previous several years, I wasn't taking care of myself the way I should have been. I was weary of managing every little symptom, or even the big ones. I was jaded with going to doctors. Scott saw through all that and realized I needed more than referrals to new specialists. I needed to get a complicated list of problems under control or I was headed for a train wreck. Ultimately, with Scott's help, I went to the Mayo Clinic.

Because Scott became my companion in navigating my medical care, we had frequent opportunities to talk about faith and health in general. The more we talked, the more we saw the ways our journeys intersected.

A portal opened, and I fell through to a new world.

I recognized parts of this faith-health place because I had visited it as a patient. It was no mystery to me how the condition of my body could cloud the condition of my spirit, or how the strength of my spirit could be my greatest weapon in times of physical crisis. I'd also visited this intersection as a pastor, helping people in my congregations, or in the community, draw upon faith to fight physical and emotional disappointments.

Viewing the same landscape from the perspective of a doctor opened my eyes to new colors. I understood the unity of faith and health from a theological perspective—in my case, the Christian gospel. I just wasn't used to seeing such skin-on incarnation of the truth by someone who functioned day-to-day in the medical system.

I knew lots of doctors, even Christian doctors.

But what was going on at the Church Health Center blew my mind.

When Scott Morris came to Memphis to open the Church Health Center, he had no real connections to the city. No building. No money. No staff. No network of old college friends. No job. He was starting from scratch. He came because he read somewhere that it was the poorest city in America. He had to get the medical community—strangers—on board with what he wanted to do. He had to get churches—more strangers—on board. He had to find people—generous strangers—who were willing to reach into their pockets and believe in him.

This was no easy feat for a “too young and dumb” pastor-doctor.

By the time I discovered the Church Health Center, it was a thriving organization bursting at the seams—growing out of fourteen buildings with still never enough space. The clinic that saw twelve patients on its first day now served about seventy thousand patients. A thousand doctors volunteered. A wellness facility saw more than one hundred thousand visits a year for exercise, advice on nutrition, life coaching, support groups, counseling, and more. The Church Health Center was making serious inroads into changing a community and transforming the way people understood their health. Faith was at the core of the Church Health Center—a gathering point, rather than a dividing point.

The questions welled up in me: How can I be part of this? How can my church be part of it?

I encountered the Church Health Center when it was well formed and forward moving. Over time, through the many conversations that followed, the remarkable story unfolded for me more fully.

At the Gate

I see two problems we’re trying to overcome when we talk about health care in the larger society. First, we don’t view health from an integrated perspective. Health is not just a system of services

but the way humans should exist together. Second, we've forgotten that at the heart of being healthy is the truth that no one is on this path alone.

A story my mind often goes to when I ponder faith and health is that of the man with leprosy who came to Jesus. Obviously, he had a severe condition. Now, leprosy is rare and can be treated. Two thousand years ago, it struck fear in whole communities. People with leprosy lived away from family and friends, away from love, away from touch. They might have had to call out "leper" if another person came near or suffer being pelted by rocks to make them put more distance between themselves and others.

How many people did their best every day to avoid even acknowledging the existence of a person with leprosy? How many turned their eyes away and walked past quickly out of fear of becoming infected?

This was the existence of the man every day—until the day Jesus walked by. Perhaps the man took his chances coming close because he knew Jesus's reputation for healing. When he saw Jesus, he said, "If you choose, you can make me clean."

And Jesus was willing. "I do choose," he said. He didn't avert his eyes and hurry past. He heard the man's voice. He stopped. He touched. He healed.

For me that is a helpful pattern to use to think about faith and health, especially as I absorb the work of the Church Health Center. I have felt like that man at times—with diseases people are afraid of, including doctors. As a pastor, I knew Jesus would want his followers to act with healing compassion, but as Darrell learned, that doesn't always happen, even in churches. People feel ostracized and worn out. They feel ignored, unseen, alone. They can sit on the sidelines of their own communities and watch the people walking right past them with no thought of helping them. I'm sure I have done this many times when I was weighted with my own worries.

But Jesus stopped. He *saw* the man and he *chose* to respond.

The Church Health Center sees people and chooses to respond. That's why I've been so enthusiastic to have my congregation involved in their work.

Anthropologist Margaret Mead said, "Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it's the only thing that ever has." I think she's right.

A little girl comes to the doctor with a stomachache because her daddy left the family.

A teenager injures his shoulder doing construction work to support the family because his mother has breast cancer.

After forty days of no improvement, it's time for a husband to take his comatose wife off the ventilator.

A young woman who just lost a leg gets to the specialists and counselors who can help her believe in the future again.

Scott Morris is a doctor, but he never forgets that he is a pastor. He has more to give his patients than pills and clinical information. As a senior pastor, I have more to give than Sunday sermons and budget-committee meetings. This journey of faith and health is about discovering lessons that gleam in the ordinary. It's about polishing hope until it reflects light. It's about illuminating our kindred longings.

We meet people every day with questions about their lives looming over their heads. So many patients, church members, friends, and staff in our own circles have known heartache with the potential to cripple their lives. For some it does, and they stare into a spiritual abscess without the consolation of hope for change. Others—even in similar circumstances—somehow see light and meaning and inspire us to imagine a future vast with hope and healing.

Life, or at least a particular season of life, may seem like one enormous question mark. We don't claim to have all the answers,

but we believe responses that bring health to both body and spirit begin with willingness to ask the questions.

That is what this book is about. Scott always has a story with more punch than any lecture. We will tell stories from our own lives, and we will introduce people we've met on the journey to faith and health.

And if you're asking, "But what can I *do*?" we're going to help with that as well.

Together we will discover that we don't have to lie awake at night pondering life's great questions and letting them fester. Instead we can step into life with confidence, joy, and anticipation.

COMMUNITY CARES

When I fell through the portal that the Church Health Center opened, my sight changed. It was like getting new lenses in my glasses that brought into focus what before had been blurry around the edges.

Congregations sometimes need to get new glasses. The old lenses look at their communities and see heritage. People remember what used to be. We hear it in their language and see the wistful look in their eyes. But the life cycles of faith communities eventually take them to times of transition. An event may thrust the congregation into a new season, or members may open their eyes and realize the old ways will not take them toward the future. Transition becomes a time either to see themselves and the larger community through lenses of their potential or to become sedentary in a transition that signals the end. Congregations either will get moving and do something or passively surrender to the inevitable.

Let me suggest five places congregations ought to look if they choose to embrace transition by setting themselves in motion in their own communities.

1. What are the larger community's prevailing worship styles and trends? Are most of the congregations primarily traditional or primarily leaning toward contemporary expression of faith? Are there congregations with strong ethnic identities?
2. How well do community members care for one another? Where are the places, such as parks and festivals, that the community connects? Or do people tend to stay within their own homes and comfortable neighborhood boundaries?
3. Is this a generous community? When need arises—and it always does—do people respond in generous ways, or do they stand off and hold their resources close?
4. Is the community trying to become better, to be something more—in terms of the arts, shared experiences, and how they engage in dialogue around community concerns?
5. Is it a community that serves? Are people engaging in being the hands and feet of constructiveness together?

When we read in the Bible about the first-century church, it seems to me that these five lenses brought their experience into focus. Looking around, noticing each other, and engaging with each other reveal the potential and possibility of a new and strong community. We don't have to just do the same old thing. We can do the things that no one else is doing to accomplish the things that no one else is accomplishing. Opportunity knocks all around us.

God of us all, like the calm of the early morning, may we see with clarity what it takes to follow you. Give us the soul force to march only toward you. Amen.



FAITH AND HEALTH

Abundant life comes from the heart of God.

Here's a story from Scott that introduces an important figure in his experience of Memphis:

..... After I'd been in Memphis for a while, I heard about William Austin, a sharecropper in Tipton County, Tennessee, during the 1940s and 1950s. He had seventeen children, because to be a successful farmer you needed your own workforce.

In the early 1960s, two of William's sons left the life of sharecropping for jobs in Memphis. Eventually they persuaded William to follow them, and he became a sanitation worker for the City of Memphis. As time went on, William's children gave him grandchildren. On Sunday afternoons, William would gather

his grandchildren and talk about life. He focused a lot on how to treat people, emphasizing that people are all the same—even white people. William hadn't always believed that, but during the famous 1968 strike of the sanitation workers, during which Martin Luther King Jr. was assassinated, he had come to know of one good white man.

The sanitation workers referred to this one good white man as their secret weapon.

By February 1968, when the strike highlighting the injustice of low wages and poor working conditions seemed intractable, Frank McRae was the youngest district superintendent in the United Methodist Church and well on his way to becoming a bishop if he wanted to be one. But Frank, who grew up in Memphis, was deeply involved in the community outside the church as well.

Mayor Loeb was one of Frank's best friends. When it was evident the strike wouldn't easily be resolved, the mayor needed someone he could trust to be a courier between the mayor's office and the strikers. In his personal views, Frank was clearly on the side of the sanitation workers, but he faithfully shuttled between the two camps as an instrument of reconciliation. On April 5, 1968, the day after Dr. King was shot, the one good white man organized the black and white clergy of Memphis to march behind a cross to the mayor's office and demand an end to the strike.

In the volatile weeks of summer swelter after King was assassinated, the chasm of mistrust and suspicion between the races in Memphis widened. Frank was at the center of an interracial group of ministers who came together to find healing for their city, and the Metropolitan Inter-Faith Association was born. Frank became a powerful influence in dealing with local racial issues.

Years after the sanitation workers' strike, one of William Austin's grandsons, James, came to study and then work in Memphis, where he encountered Frank McRae. As James learned more about Frank,

his passion for justice and equality, and his role as a white Methodist minister in the civil rights movement, it dawned on him that Frank was the one good white man his grandfather had told him about.

Grandfather and grandson met Frank decades apart and both saw in him a life committed to justice and equality.

After some time, Frank became senior pastor of St. John's United Methodist Church and led the congregation into an era of being a servant church that consistently responded to emerging needs in the community. Like Martin Luther King Jr., Frank McRae's life was about more than marching. He believed the church exists to make the life of the poor better, including working against the unjust social systems that perpetuate poverty. The Old Testament prophet Amos reminds us of God's priority: "Let justice roll down like waters, and righteousness like an ever-flowing stream" (Amos 5:24). Water seeps into every available crevice. That's how pervasive justice should be.

These convictions made Frank McRae the best person for me to connect with when I arrived in Memphis. And if Frank was a picture of God's justice for the poor, then I wanted to be just like Frank.

When Scott was about ten years old, a Methodist bishop put his hand on Scott's head and said that someday he would make a good pastor. Scott was more interested in pitching for the Atlanta Braves.

By the time Scott was a teenager, it was beginning to look like the Braves might not call, but the thought of writing sermons every week was enough to give him heart palpitations. If he was going to have a calling in the church, it would look different from most pastoral positions. Reading the Bible, Scott could see that its pages were thick with themes of healing and care for both body and spirit.

Yet what was the church doing?

He heard his congregation praying for people on Sunday morning. The pastor visited people in the hospital. A few other people called on the shut-ins.

Was that all? Couldn't the church do better? Where was the abundant life?

How Did We Get Here?

If you're a patient as much as I am, gratitude for caring doctors is an attitude worth cultivating. I've always been motivated to maintain my insurance status. It's not unusual for young adults to start out in jobs that don't offer employer-provided insurance plans or, because they are young and healthy, to decide to play the odds that they won't get sick until they can get themselves financially established and can afford the premiums. Even under the Affordable Care Act, people will choose to have penalties withheld from income tax refunds rather than pay more expensive premiums.

Between hemophilia and HIV, I didn't have that option. My early decisions about marriage and employment revolved around their impact on my insured status, so I've never had trouble understanding the anxiety that comes from the threat of losing insurance, the resignation of not being able to afford it, or the obstacles to care that result from the lack of it.

I do sometimes wonder how we got ourselves in this situation where caring for the sick has become one of those topics we cannot raise at the dinner table because of the risk that we won't be able to speak to each other about it with civility.

Scott is not afraid of the topic, and he gives a cogent explanation dozens of times of year when he speaks on the topic, especially to the faith community.

The Bible is full of miraculous healings, but the earliest Christians also expected healing would come through the practice of medicine. The best information doctors of the time had at

their disposal was largely guesswork from our twenty-first-century viewpoint, but at the time people had faith that God was able and willing to heal through these methods just as we have faith that God is able and willing to heal through the methods available to us now.

By the fourth century, the Christian faith had spread around the Roman Empire. Tradition suggests that Helena, mother of the emperor Constantine, was the first to open a hospital. The ancient world had no system to care for the sick—especially sick who were also poor—until Christians offered hospitals. Julian, a fourth-century Roman emperor, did not have much use for Christians, which earned him the moniker “Julian the Apostate.” Yet even Julian could not deny what happened when Christians cared for the poor. “Now we can see,” he wrote, “what it is that makes those Christians such powerful enemies of our gods. It is the brotherly love which they manifest toward the sick and poor, the thoughtful manner in which they care for the dead, and the purity of their own lives.”

During the Middle Ages, when intellectual pursuits and culture stagnated, people who got sick went to see the monks. The Crusades introduced hospitals along the travel routes. Christians kept medical learning and practice alive.

As every school student learns in a basic world-history class, by the eighteenth and nineteenth centuries, scientific knowledge exploded. Unfortunately, the church did not do very well at keeping up. Eventually medicine became a rival to religion, which seemed to be less and less necessary for understanding how the human body works. Caring for the body separated from caring for the spirit. Spirituality, it was thought, had no place in understanding what happened in the body.

Despite this rift, the church still had a role. Someone had to provide a place where scientific advances took practical form, and that was once again people of faith.

In Massachusetts, Cotton Mather was as zealous about physical health as he was about preaching on spiritual matters. A pastor in Boston, he was also a significant figure in Colonial medicine and instrumental in developing an inoculation for smallpox. In England, John Wesley believed keeping people healthy was essential to ministry. He advocated fresh air, clean water, and daily exercise, and he opened dispensaries to serve the poor.

In the early twentieth century, Christian denominations began opening hospitals in increasing numbers. The well-to-do continued to call physicians into their homes to care for them, but the poor went to hospitals. Eventually, though, even the wealthy had to admit that people in hospitals had better results, and hospitals began to open up to everyone. Churches, however, had trouble keeping up with paying for all this, especially as technology became more expensive.

Then in 1965, the legislation that created Medicare and Medicaid poured federal money into funding hospitals. Now medicine began to be an industry unto itself. No longer did it make sense for religious organizations to own hospitals, especially flailing ones, and a lot of hospitals went on the market. Half a century later we might still see denominational words in hospital names, but for the most part the churches no longer own the facilities. Profitability often eclipsed a vision to care for the poor.

What happened in the space of a century? Hospitals evolved from caring for the poor without charge to seeking profitability.

Once again body and spirit were separated.

Once again the health care system neglected the poor.

And the national conversation about our obligation to care for the sick has taken yet another form.

When Scott speaks on this subject, he seems certain that in the past the church did a better job of being a healing presence in society than it has done in the last fifty or sixty years. My first

sermon as a teenager was about faith and healing, and so was Scott's. A leader in his church youth group, he was always at the ready to preach on the annual Youth Sunday. His topic was consistent from year to year—that faith and health should not exist in two separate spheres but be united.

After high school he went to the University of Virginia for no better reason than that an English teacher thought he would like it. His choice of a seminary was more strategic. “Eventually I would have to figure out how to go to medical school,” he says, “but for now I needed a seminary that did not think I was off my rocker for wanting to combine medicine and ministry.” Scott wrote to Emory, Duke, Yale, Harvard, and a handful of other schools to inquire if he could combine medicine and religion in his studies. The responses generally were along two lines: either it was a nutty idea, or the notion was intriguing but the school did not offer a program that would accommodate him.

Yale, on the other hand, mailed back a ten-page statement on how Scott could do what he wanted to do. Surprisingly, he discovered, few divinity school students at Yale planned on being parish pastors. Up until that point, he had been battered by plenty of opinions that what he wanted to do couldn't—or shouldn't—be done. But at Yale, everybody seemed to have an outrageous idea. In that way he was in a like-minded setting for the first time in his life.

Scott gravitated to the chaplain of Yale's medical school, who also taught in the divinity school. One day Scott was in the chaplain's small office waiting to talk to him. A lot of Yale's historic buildings were showing their age, the kind of places where the stony mustiness of centuries permeates. In one of these venerable buildings, the chaplain's office was not much more than a crowded cubicle. On a corner of his desk was a stack of brochures, one of them titled *How to Start a Church-Based Health Clinic* by Granger Westberg.

Scott's heart thudded against his ribs. Words and phrases jumped out at him. The pamphlet was only twenty pages long, yet its basic idea of a church-based health clinic captured Scott's imagination and has never left him.

This was *exactly* what he wanted to do, and now he discovered that others were trying to do it as well. Westberg was a Lutheran pastor and hospital chaplain who opened a health clinic in a United Church of Christ basement in Hinsdale, Illinois, outside Chicago. It was the first of a string of locations that Westberg called wholistic health centers.

The next day Scott was on the phone to Granger Westberg, asking a thousand questions. That summer he went to Chicago to see the way the clinic worked. Later, during medical school, he spent a month at the clinic in Hinsdale, Illinois, learning all he could about Granger's views of *whole person* health care. At last he had a concrete idea about how to begin binding body and spirit. This quest eventually took Scott to Memphis in 1986, but not before he had a chance to try out the idea for himself.

Here's Scott:

..... During my medical residency, when my plans for a church-based health clinic were becoming well formed, I met Dr. Cullen Rivers, a pulmonologist. When he heard about my aims, he told me of an area known as Crossover where he was involved, as well as a storefront church in downtown Richmond.

"Do you think we could start something there?" he said.

"I'd love to give it a try." It was intriguing to me to develop a prototype while I was still a resident.

The next Saturday, Cullen and I visited the church. The front of the building had chairs set up in rows and an old pulpit. In the back room, we pondered whether we could use the space for a clinic.

Cullen was doubtful. “This is pretty rough.”

But I could see possibilities. “Let’s try. We can hang sheets and create a couple of rooms. What do we have to lose?”

The next week, we held our first clinic, and five people from the church showed up to see the doctor. Over the next two years, we recruited a half dozen physicians to help us on Saturdays, and I became chair of a loosely bound group of agencies, split between secular and religious organizations. Richmond Street Center came into being to form a single point of service for the homeless. The third floor of a renovated building would house a medical clinic. A year later they received a federal grant to hire a full-time physician.

Social Conscience or Do-Gooder?

These days Scott doubts anyone remembers he was ever in Richmond, but starting that part-time clinic was his personal testing ground for what he would eventually attempt in Memphis on a much larger scale with the intention of being in it for the long haul.

The health-care crisis in the United States, even in the 1980s, was rampant enough that free clinics and government-subsidized clinics had their place in caring for specific parts of the population or addressing particular conditions, but neither model was what Scott had in mind. Rather, the vision was to create a primary-care practice that was a medical home—a place where the working uninsured could come for the care that would help keep them healthy, not a place that focused on crisis situations or specific diseases. Patients of the Church Health Center would know they had a doctor they could count on, a name to write on a form that asked who their doctor is. The ministry also would reach people in churches and help them have healthier, more fulfilling lives.

We all have moments when we ponder why we do what we do—and how well we do it. Here’s Scott:

..... I once received an odd note from a doctor. We had sent him a letter thanking him for volunteering to treat a patient for us during the previous year. He responded to our thanks by saying he did not deserve it and added a postscript: “Don’t you get tired of being a do-gooder?”

Most of us spend our childhoods avoiding the label of *do-gooder*. Somehow it suggests we are not interesting or fully rounded people. To me it sounded like someone who is deadly dull, which of course I don’t want to be.

On the other hand, while being a do-gooder is why I became involved in care for the poor, the truth is I do get tired. I have no doubt that there are times when others perceive me as doing good and my mind is off to a distant place. These types of experiences help me understand that it is not just doing good that I strive for, but doing good with a pure heart. The doctor’s comment unsettled me not because he touched a nerve going back to my childhood, but because I knew so clearly that his perception of me was not right. When I was younger and played sports, I was sometimes good enough to win without doing my best, and I was content with the outcome. Even in the work I do now, I find myself sometimes being willing to settle for a good effort rather than giving my best.

I must change a great deal in my thoughts and actions before I can accept the title of do-gooder. In conversations within the church or in the wider society, the same issue threatens us. The lure to do only an adequate job when it comes to health care is strong. But that’s not good enough. I am convinced that God means for us to do our best at every turn.

Scott was not just a doctor with a social conscience—though he is that. He was a United Methodist minister committing his professional future to caring for the poor. If he was going to open a

church-based health clinic—and he was determined to—it would be because the clinic was fundamentally about the church.

Embodying the love of God as Jesus did.

Offering a message of hope to the community.

Caring for the least among us with the love of God.

Living out the truth that abundant life comes from the heart of God.

Scott got a job with the public health department in Memphis to support himself and began the process of ferreting out who would want to join this impossible venture. One of his first communications, even before moving to Memphis, was with the senior pastor of St. John's United Methodist Church in Memphis—Frank McRae, the “one good white man” of the 1968 sanitation workers strike. Prevailing on their common credentials as Methodist clergy, Scott introduced himself in a letter, laid out the vision, and dared to suggest that Frank's church ought to be the first partner.

“I hope you are not scared off by this mass of paper I have sent you,” Scott wrote.

..... I thought, however, it would be helpful for you to get to know some of my ideas and where I come from before we meet . . . I am interested in a health clinic which is part of a church's ministry, but with wide ecumenical support. . . . The targeted population would be the working poor.

The reasons for beginning such a health care program in the church, to my way of thinking, are straightforward. First and foremost, the biblical and historical witness of the church demands that we care for the sick. In many ways, we have abdicated this role during the twentieth century . . . Secondly, the medical profession is not very well suited to care for many of the problems that people bring to physicians. Problems of

aging, stress, chronic disease, and preventive medicine do not need the extreme specialization that most physicians today have. These are issues of ongoing *care*, and yet medicine is built around ways to obtain *cure*. The church, however, not physicians, functions best in matters that call for ongoing care.

Once Scott moved to Memphis, Frank introduced him to three doctors in the St. John's congregation. One, an older internist, teetered on the height of suspicion about what this new young doctor wanted to do. No matter how many times Scott explained his idea for a church-based health ministry, his fellow physician could not see the link between being a pastor and being a doctor. Like so many people, he saw the two vocations as nonoverlapping spheres and suspected Scott planned to spend his time praying for people rather than practicing quality primary care.

Because he couldn't get his head around the premise of uniting faith and health, the doctor fought the idea of the Church Health Center at every turn within St. John's. Fortunately, most of the congregation was open to supporting the new ministry. Even after the Church Health Center opened and Scott was on the pastoral staff of the church, the internist came to church every week armed with an article he had torn from the most recent *New England Journal of Medicine* or some other professional publication he was convinced wasn't already in Scott's reading pile.

This went on for *ten years*.

Why should churches be concerned about health care? Because Jesus was. Healing is as much a part of the Christian message today as it was in the first century or the fourth century. The body is sacred. People of faith—not just Christians—can reclaim the body, life, and death, and then rethink models for prevention, care, and conversation. And while the topic is worthy of public discourse

and even legislation, there's no reason people of faith must sit back and wait to see what the government is going to do. We can begin at our own dinner tables.

Jewish and Christian sacred texts share stories of the presence of God among the people. To this day, Orthodox Jews believe that the Shekinah, the glory of God come to dwell among humans, never left the temple mount even after the temple was destroyed in AD 70 and not rebuilt. They pray at the Western Wall, all that remains of the temple, because they believe God is still there. It is still holy ground, and not just to the Jews but to Muslims and Christians as well.

I like the question Scott asks about this: "What makes a place holy or an event sacred?" And even better, I like his answer: "It's the movement of God in what transpires. Are we on holy ground? This is the question for living faithful lives of love and joy that take people closer to God. We know we stand on holy ground when we seek God there, live out our faith there, respond to our calling there, and expect and welcome God's presence."

Where is holy ground when it comes to questions of health and health care? Where will we see the movement of God in what transpires?

Into the Dark

Before I moved to Memphis, I lived for two and a half years in Florida. I was sent to be the senior pastor of a church of 4,500 outside Pensacola. On the surface the church looked like a progressive congregation, but I soon learned its history involved one struggle after another.

I became the latest struggle.

A faction of the church was antagonistic toward me because they believed that every person who was HIV-positive had done something to deserve being sick, such as abusing drugs or being

gay. I was no exception to their outlandish conclusions. I was HIV-positive, so therefore I was guilty of some dark disorder.

On the Saturday before my first sermon—before these people even knew me—someone slashed all the tires of my car. Just to be sure, they also slashed the tires of my mother-in-law's car and my parents' car. All our vehicles had Mississippi license plates, so we were easy to identify. A few days later, someone urinated on the sofa in my office, destroyed my computer, and defecated on the walls. I started getting hate mail.

This was the church's response to illness?

Two things occurred to me at the time. First, people believed they were standing up for what they were sure was right. The problem was that they were doing it with hate and no effort at all to understand the situation from someone else's point of view. Conversation, much less compassion, about my complex medical situation was never on their minds. This challenged me to think about how I frame situations and conversations in my own life.

Do I jump to conclusions? Do I make up my mind without being open to the possibility that another perspective exists and may hold truth?

And if those people came to me now to ask forgiveness, would I be able to offer it?

Second, I thought about a doctor who cared for me for many years, carefully and compassionately sorting out my medical issues but also seeing me as a person in every encounter I had with her. Dr. Nancy taught me that you love someone regardless of the way the person behaves.

So I stayed in Florida for two and a half years. And it was hell.

I would preach my heart out and hear nothing to tell me that my words were sinking in. The stress of those years is the primary reason I arrived in Memphis so fatigued from trying to take care of myself that a crisis was imminent.

Now, years later, I receive letters that say, “You don’t know me, but I was in church, and the words you spoke changed my life. They made me read the Bible and treat my neighbor better.”

The abundant life comes from the heart of God.

COMMUNITY CARES

The impact of what we do may not be realized immediately or be in the form that we hope for. When it comes to health care, I have more opportunities than most people to contend with this question. But my medical needs should not set me apart from other people of faith. The question remains whether we are doing what God calls us to do and whether we are doing it with love.

Our blood contains factors that work together to provide two essential functions in the event of an injury. First, the factors, which are switched on in a particular order, cause the blood to coagulate, or clot. Then they help the wound to heal. If you are missing even just one factor, the clotting and healing process is disrupted. People with hemophilia are missing a factor and need to replace it by receiving healthy blood product so that the blood can clot and the body can heal as it was created to do.

Replacing Factor VIII all my life has helped me understand that faith is a replacement factor essential to healing the wounds in our lives and communities. It fills in the gap where we are missing something that we cannot generate on our own. As we do life together, faith makes us accountable to one another. It makes us want to be accessible to one another. Whether the challenge is big or small, faith helps us fit better into how we respond to each other’s needs.

Just as replacing the missing factor in the blood allows the body to do what it was created to do, faith allows us to do exactly what we were created to do. Often, people drift toward thinking that in order to accomplish anything significant, we have to very nearly

perform miracles. I don't think that's true. Our faith, a gift from God, helps us fill in the blanks of what the world is missing. Missing values. Missing commitments. Missing relationships. Most of all, missing love. In faith, the most common tasks God created and gifted us to do become miraculous because we do them with love. The intrinsic nature of faith is that it replaces what we're missing and allows us to participate in healing work in our families and communities. We don't have to be great theologians or the next Mother Teresa. We only need to recognize our need for faith and to allow faith to do its work in and through us. Then we will share in the abundant life that comes from God's heart.

Our God, we are so consumed with the mundane that we rarely see that we are part of a whole that is transcendent. When we are blinded by your unknowable majesty, help us to live each day to the best we are able and follow you on the way. Amen.