



Ecumenical

Disability

Advocates Network

QUARTERLY NEWSLETTER

APRIL - JUNE 2005

A photograph of three young men standing on an outdoor basketball court. The man in the center is wearing a prosthetic leg and holding a blue ball. The man on the right is holding a basketball. They are all wearing blue shirts and khaki pants.

Addressing **disability** in a healing and reconciling community

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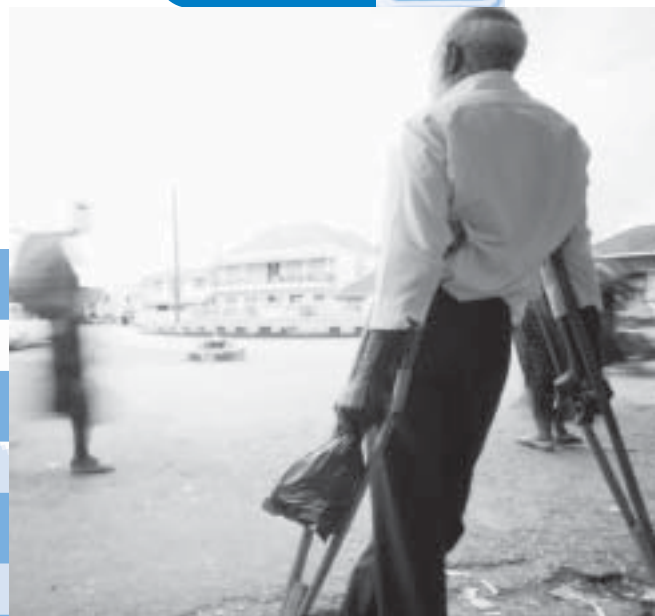
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Healing and Health.....

This issue of our Newsletter is mainly dedicated to the subject of healing. When healing is seen in the light of the Gospel stories and persons with disabilities, what comes to mind is the idea of the cure of the person from his or her impairment, a very controversial issue in the modern society and one that largely has had serious negative effects in the relationship between persons with disabilities and the church. A large section of the population of persons with disabilities has a very different viewpoint on this subject of healing. They separate diseases with disability where disability is seen as a state of being that one has through experience, training and rehabilitation adjusted to. This state of being only raises problems when the society fails to recognize it as part of the human diversity and instead creates barriers that impose suffering, neglect and in the extreme cases outright discrimination. There is, in this viewpoint therefore no relationship between healing and disability in the way it is seen in the Gospel stories. Healing is instead seen in the light of health care, which is a major concern for all people irrespective of whether or not they have a disability.

One main concern on the part of persons with disabilities is the way the society tends to view or treat those who are "different". Those with impairment are seen not only as deviants but also as less worth. They remain at the exterior end when it comes to provision of services including health care which is even more necessary to prevent further weaknesses in addition to those already imposed by the permanent state of being. Worse still, persons with disabilities are rarely seen as contributors in the welfare of the general society. They are seen as a health burden and as such kept out of the mainstream effort towards the search for health care for all.

I was recently invited to participate at the People's Health Movement (PHM) Assembly in Cuenca, Ecuador where the main theme was "Health as a



human right". PHM is an International advocacy network which campaigns for health for all in the spirit of the UN Alma-ata declaration of 1978 on health for all by 2000. The lobby is very aggressive in its campaign for among other reasons the fact that instead of the achievement of health for all by 2000, what has been experienced from 1978 to date especially in the developing countries was a serious loss of the gains of the 1970's and 1980's. This was because of the debt burdens and the co modification of health brought about by economic globalization and the World Bank and IMF structural adjustment programmes which called for cuts in the social spending including health. Brain drain has been another major setback where doctors and nurses trained by these countries under very difficult economic situation have been migrating from South to the North in large numbers for economic reasons.

I was requested to address one of the Workshops on Barriers to right to health for persons with disabilities in developing countries. At first, I wondered what I would say in this respect amidst the most depressive general health situation as presented by the People's Health Movement. However, on reflecting on this and realizing that even the rich North has their own share of looming health care problems mostly related to the question of privatization with serious repercussion on the most vulnerable section of the society within which most persons with disabilities are found, it dawned on me that whether we are talking about the rich north or the deprived south, different states are and will for a long time remain at different levels in their health care services. Whatever the level in which any country is, we need to ensure that persons with disabilities are catered for on equitable basis with the rest of the



society. Their unique vulnerability and poor economic status should not be used as a measure of their worth and therefore determinant for service provision. In order for this equalization of opportunity in accordance to needs and not perceived worth to take place, certain measures will need to be put into action.

In the first place, it will be necessary to put into place legislations, policies and practice in health provision which will be sensitive to the presence of persons with disabilities in the society and which will consider them in the planning, delivery and monitoring of the services. Such measures may need to include enforcement of a code of ethics for public and private health care providers to promote health care with openness and respect to human rights and dignity of

Being the poorest of the poor, persons with disabilities are largely outside the economic circle of those able to pay.



persons with disabilities. This may seem an illusion especially when you consider that in the majority of the countries of the South, the general population is largely not provided for in terms of health care. Since persons with disabilities are normally considered last for any service, their situation is very grave especially where public health services have collapsed owing to the cuts in social spending conditions imposed by the World Bank and IMF. Health care services in these situations have been left in the private hands as a commodity that has to be paid for individually by those able to do so. Being the poorest of the poor, persons with disabilities are largely outside the economic circle of those able to pay. PHM in its advocacy role on health as a human right is saying no to this exclusion. The idea of "people" to them includes all, able-bodied and disabled alike. All need to receive services in accordance to their needs. This approach gives hope that in organized societies, order needs to prevail. This order can only be achieved through legislations and policies on the basis of which planning and delivery of services can follow.

Provision of health services will need to put in to consideration the fact that whereas a good number of persons with disabilities will require services that are no different from those required by the general society, there will be a section of them that will need specialized and sometimes continuous services owing to the nature of their disabilities. Unfortunately, this section will also be the least able in as far as paying for such services is concerned. Whether health services are privatized or not, Governments will need to bear the responsibility of such people on the understanding that they too have a right to live and to live a comfortable life. PHM Assembly had examples of such people from some of the most developed countries where health care is privatized through insurance companies which do not accept such people and this

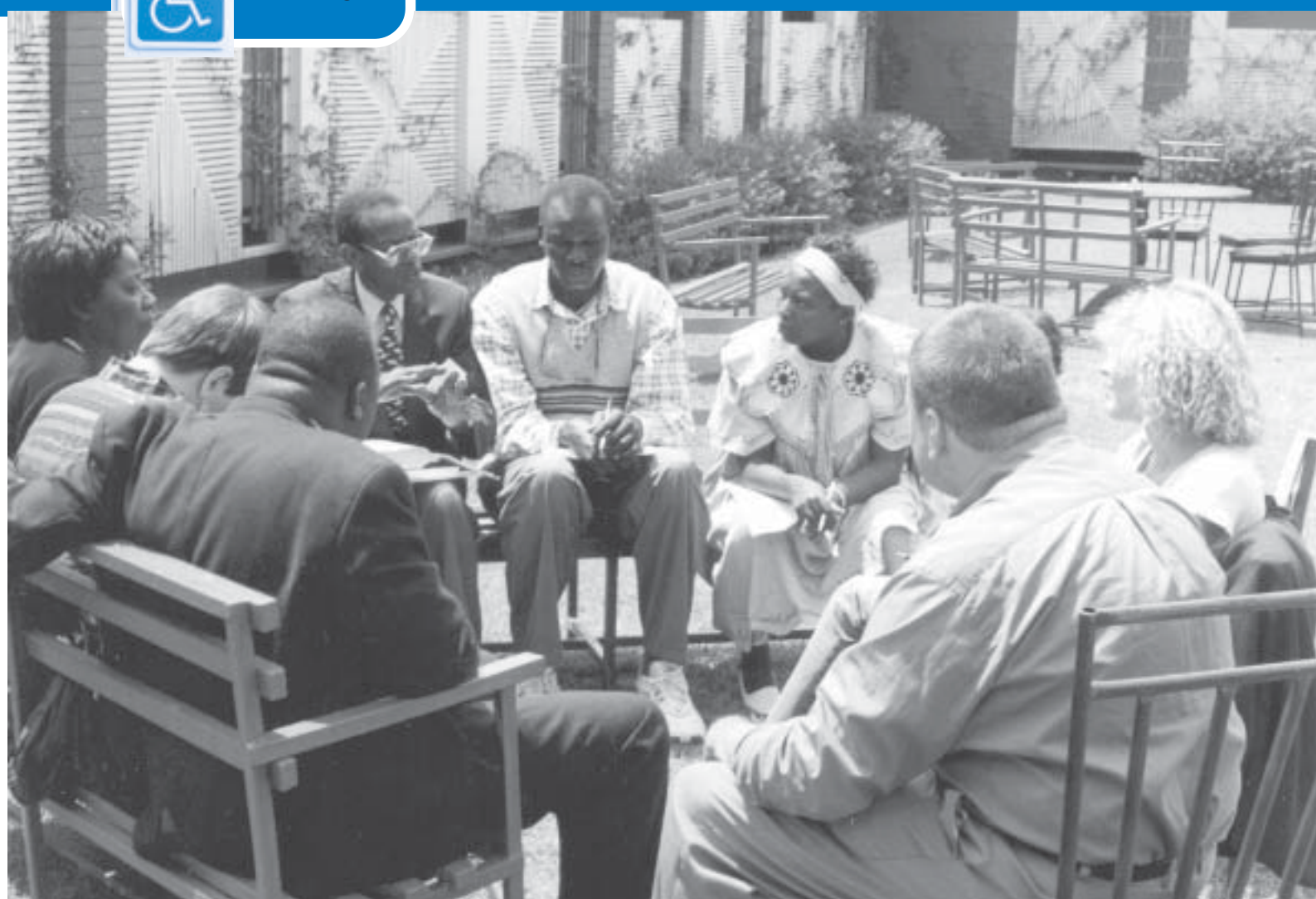
has led to a lot of suffering. This was an indication that this is not just a problem of the poor countries of the South. It is a problem that will need to be addressed globally.

It is a fact that development of health care facilities in most developing countries fall far short of the growing population. These facilities remain far and wide apart and people have to trek long distances to get to them. Although community action in many places is addressing this

concern through primary health care, access both physical and communication has remained a major setback to the provision of their services to persons with disabilities. There are neither respite places where those in need could go or counseling services that would help these people who are largely lacking in exposure to understand themselves and their health needs. Many of their organizations are very weak to provide possibilities of support groups. It will be very useful if the development of health care services puts these concerns into consideration.

Another observation is that the low numbers of health care personnel in these scarce health facilities is largely overworked, more often inadequately trained and demotivated in their work. This has made them indifferent to unique health problems which they cannot immediately address within their limited means or time. The result has been insensitive attitudes especially on problems that they feel could be avoided. An example of such insensitive consideration has been noted in such services as reproductive health care for

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ADDRESSING DISABILITY IN A HEALING AND RECONCILING COMMUNITY

Presentation by Samuel Kabue at the CWME, Athens, Greece
11th May 2005.

This presentation is made within the overall theme of CWME, which is “Called in Christ to be reconciling and healing communities”. The emphasis of the plenary is on “community. And the way community life may or may not have healing and reconciling quality and effect. I have attempted to explore this in the light of persons with disabilities in the contemporary church and society.

The terms “healing” and “reconciling” are all so common to us especially in the ecumenical fraternity to the extent that it is assumed that they mean the same and evoke the same positive feelings to all of us. This is certainly not the case. To the people of South Africa to whom apartheid is still flesh in their memory, and to the peoples of the Sudan who are just emerging out of many years of conflicts that has brought about a lot of suffering, the terms will have an understanding of bringing hope and sense of creating harmony with neighbors that were once enemies. In societies which



are still hopelessly torn apart by armed conflicts and dominated by the experience of death and suffering, the terms will have no meaning and their use will be considered as consistent reminder of the suffering. Even among persons with disabilities in the church and society, the terms will have very different meaning and experience depending on the circumstances of different individuals.

As the WCC Interim Statement "A Church of All and for all" rightly points, "No social group is ever the same, and disabled people are no exception to the rule. We come from a variety of cultures, and are thus culturally conditioned in the same manner as every person. We have experienced different kinds and levels of medical care and differing social attitudes. We have come to

**to most PWD's,
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an acceptance of our disabilities by diverse routes. Some of us have been disabled since birth, either by congenital conditions or by the trauma of birth itself, whilst others have been victims of accidents or have had disabilities develop later in life." This makes the two terms have very different meaning to different individuals contrary to the common view of the society as observed in the statement that "In the case of disability, it is often assumed that healing is either to eradicate the problem as if it were a contagious virus, or that it promotes virtuous suffering or a means to induce greater faith in God."

If your disability is as a result of sickness or accident, the term healing come with the yearning and hope for recovery for as long as you have not accepted that as a new condition in your life. To those who have been disabled since birth and have gone through the necessary processes of adjustment, the term healing has little to do with their disabilities until others remind them of this understanding. To them, disability and sickness are two very different things and healing applies to sickness and not to disability.

Healing and Health.....

Continued from page 3

persons with disabilities. Closely related to this, there is an outcry on the part of persons with disabilities whether in developing or developed countries over medical interventions which are carried out on them without either knowledge, information or consent. This has at times extended to such practices as forced sterilization, amputations and implants carried out on people on the pretext that the medical professionals know best what is good for the patient. People with disabilities like all other people have rights to their bodies and anything done on them will need to be done on their knowledge and consent.

Finally, PHM is calling on the collective action of all sectors of the society towards a campaign for health as a human right.

Although the language of "right" may not be common in the church, the church is an inevitable partner in a campaign on health for all. This is especially so when one considers that in some of the developing countries, over 40 percent of health care services and facilities are initiated, financed, run and managed by the church. It cannot therefore be left out in any discussions on legislations

and policies that have to do with the health sector. The inclusive nature of the church gives it a comparative advantage in advocacy for those with specific health needs and are marginalized in the society of whom the most seriously affected are persons with disabilities. At the same time, it is a fact that globalization with its social and economic consequences in the world is affecting the churches financial status negatively making it difficult to offer the services that they have traditionally offered. The option left to them has been to levy the service recipients in order to maintain these facilities but this has in turn meant inevitable exclusion of those unable to pay. This has made their services therefore no different from those offered through the private sector which undermines the principle of witness and service. This is a clear justification that the church needs to join in the campaign to make Governments, Bilateral development partners and international corporations responsive to the health needs of all people including those unable to pay.



Let me make it clear at this point that there is no doubt in my mind and to many persons with disabilities whom I know that divine healing is biblical and applicable in the Christian faith. However, its understanding as it relates to persons with disabilities is made complex by differing teaching, doctrines and theology. Some of these have made the word healing anathema in the ears of persons with disabilities. This is especially the case where the Disabled people become vulnerable to easy commercial fixes and religious groups, which offer miraculous healing in the setting of superficial acceptance and friendship. A few scenarios can illustrate this:

Take the case of a well-known evangelist from abroad that jets with his whole team of assistants to a city in Africa. Prior to his arrival, the city is alight with posters and media announcements about his powers to heal and inviting all those vexed with all manner of infirmities for healing. An entire school for the physically disabled turns up at the stadium where the evangelical

and throwing off their crutches. The ushers assist the children by pulling them off the wheelchairs and taking away crutches. Although in the confusion some get badly hurt, no cure takes place and the crowd scatters away some carrying with them the crutches as evidence of some imagined cure and in the process inflicting more suffering on those poor kids left in the field unable to move.

Another case is that of a mature Christian with a disability who turns up to such an evangelical gathering with the simple objective of listening to the word of God from the reputed evangelist and thereby receives spiritual blessings. An alter call is made for those who would like to accept the Lord and those who have needs requiring prayers. The enthusiastic ushers believing, rightly or wrongly that the disabled Christian must have come to seek healing pushes him in the front without any consultation or even consent. No healing takes place and as the crowd scatters away the "poor" disabled is left alone, still with his disability, the reason given being that he had no faith. Hypothetical as this may look to you, these are live experiences in the part of the world where I come from and I have personally been a victim of such circumstance. As can therefore be seen, whereas healing can bring joy and relief, it can also bring pain, frustration and serious theological questions.

One might want to ask, are the healing stories today a matter of faith, reality or imagination? Are some, if not most of the evangelists who claim divine healing especially where it refers to cure or fixing up of impairments that cause disabilities true to their proclamations or are they seeking self glory impervious of the humiliation, embarrassment and frustration on the part of those who are the subjects of their attempted healing missions? Most important, in this modern age of information, communication and technology with all the assistive devices to enable persons with disabilities too function in the society and to take part in nearly all aspects of societal's life, is miraculous cure or fixing of impairments in the body the central reason for presenting those who bear these impairments to God? Were this the case, then the soul which is the ultimate subject of the gospel mission is less important than the physical body. People, irrespective of their bodily condition need to hear and to be reached with the gospel. They need to partake in getting the gospel to



crusade is taking place with all the hope for cure. An Alter call for those with needs is made after the sermon and the enthusiastic ushers push forward all the children on their wheelchairs and crutches to the front. A moving prayer is made and everyone is called upon to receive healing by jumping out of the wheelchairs



others. Their impairments can neither be a cause for their remission of sin nor excuse for their failure to play their part in the extension of the kingdom. This is best illustrated by the example of Saint Paul who, having a bodily condition he calls a thorn in the flesh that troubled him prayed three times to have it taken away. Instead of a cure, God assured him that His grace was sufficient to uphold him. In the process, Paul gets the revelation that Gods strength is perfected in weakness (2 Cor. 12: 7-8). Is that same grace not sufficient to persons with disabilities to March on as crusaders of the gospels and partakers of the Kingdom?

empowering theology and therefore interpretation of the bible be adopted. Although Jesus in his language in some of the gospel healing stories seems to have associated healing with forgiveness of sins, he is at the same time the one who led the way in departing from this line of thoughts. Referring to the man born blind in John 9: 1-3, contrary to the believe expressed by his disciples that the man must have been blind because of either his own sins or those of his parents, Jesus made it clear that his blindness had nothing to do with sins. He was blind so that God's work may be made manifest in him. The interpretation to the gospel healing stories needs to take this line of thought.

Divine healing becomes very complex especially where disabled persons become vulnerable to easy commercial fixes and religious groups, which offer miraculous healing in the setting of superficial acceptance and friendship



The healing stories in the New Testament and especially those in the gospel had a hidden dimension that modern society should consider as it deals with disability in the modern concept of healing and reconciliation. In the first place, Jesus made precedence in including the sick and the disabled as a focus of concern in his ministry. He chose to use healing to unite them with the rest of the society. Prior to his time, they were excluded,

I have mentioned differing teaching, doctrine and theology. These have at times led to serious and unhelpful paternalistic and patronizing attitudes in the church. The interpretation and believe among some churches that there is relationship between disability/sickness and sin has made them develop an attitude of pity and sympathy to those disabled or sick. To them, the presence of people with disabilities in the church is a sign that the church is unable to combat the devil that is the source of these infirmities. The response to this is endless prayers for those in this condition and when these prayers do not yield the expected result, the victim is blamed for having no faith. Consequent relation is that the person in question will opt to stay away, not only from that particular church but also from the Christian faith. This explains why more often than not, persons with disabilities feel alienated, marginalized, embarrassed and in some cases offended by the treatment metted on them by the church.

ignored and considered unclean. His reconciling mission meant good news for the poor, release for oppressed, recovering of sight to the blind and freedom for the oppressed (Luke 4: 18).

Healing as a means of reconciliation in respect to the ministry to persons with disabilities had two complementally dimensions. These are cure and restoration. Restoration has been seen in this context as what could be defined as healing to distinguish it from cure. His mission had to take into consideration the aspect that the society of the day best understood. That was the cure though it was only a means to the end and not necessarily the end. What was and still is most important in our reconciliation message is the acceptance, inclusion and restoration into the mainstream of the society. In order to understand this aspect of the mission, let us take a few examples.

Whereas we cannot blame a church for the interpretation of the bible that they may adopt, it is necessary in this age that a more inclusive and

When the blind Bartimaeus (Mark 10: 46-52) received his sight, we are told that he joined with the rest of the crowd that followed Jesus. He became one of them and was no longer isolated, excluded and ignored. He was no longer the blind beggar on the roadside.



Not only was he cured from his blindness, he was restored and reconciled with the rest of the society which henceforth had rebuked him, screamed at him, spoke at him instead of speaking to him, considered him different, inferior and imperfect.

In the story of the physically disabled man at the Beautiful Gate (acts 3: 1-10), it is clear that on gaining strength in his legs, he entered the temple and joined with the rest in worship and praise to God. Prior to that, he was a stranger who, though always in the sight of the temple had no business with what went on there. His cure was the means to his reconciliation not only with the people but also with God. He became a worshiper like the rest of the community. He was no longer different as he had been reconciled with his people.

In the John 5: 1-18 story of the man who had been at the pool of Bethesda for thirty-eight years, we are told that he met with Jesus later after his cure in the temple. This might probably be the first time that he had ever been to a temple because prior to that, his disability according to the Jewish culture and religion made him unclean and therefore unworthy of being in a holy place. Like the other two, he had been restored, set free, made human and therefore reconciled with the rest of the Jewish people.

There are approximately twenty-six different scriptures on people with such infirmities as paralysis, blindness, deafness or physical disabilities in the Gospel. There are, in accordance to the Judeo-Christian culture and practice of the day some main distinct characteristics in all of them. They have no names; they are poor, unemployed, beggars or servants. They are patronized, treated with contempt, publicly rebuked and humiliated. It is from this state of affairs that Jesus declares that he came to set the captives free and to give release to the oppressed. His healing mission, though at times within the language of forgiveness of sin as this is what the Jews understood was precisely to set free those who had lived in the bondage of oppression, ridicule and humiliation. He invited them to his banquet table contrary to the expectations of the prevailing norm and practice.

As already mentioned in the WCC Interim statement, at the beginning of the 21st century, as was the case before the Christian era, sectors of the population who are unable to compete or to perform at the levels that society demands are vitiated, despised or, in more contemporary terms, discarded. Among them, we find

a high proportion of people with sensorial, motor and mental disabilities. We will find them living in any of the great cities of the world: men and women of all ages, ethnic backgrounds, colours, cultures and religions who, because they have a disability, live in abject poverty, hunger, dependence, preventable disease and maltreatment by those who are "able".

It is the role of the church in this new century to face the reality of humanity in the image of a disabled Jesus on the cross; the reality of people with disabilities who are rejected and abandoned. It is painful that the churches throughout the world have not addressed more vigorously the sufferings of marginalized, poor, blind, deaf, and physically and mentally limited people. We do not need pity, or mercy, but compassionate understanding and opportunities to develop our vocations, possibilities and abilities.

In their efforts to attain peace, preserve the environment, ensure the equality of women and the rights of the child, care for the aged, churches and Christians should also include the struggle for the full realization of disabled persons in their agendas.

Suffices to mention that over the past twenty years, positive attitudes towards disability and disabled persons have increased in our churches and Christian institutions. While far from being universal, this is a welcome development. But it is important to be aware that, in some parts of the world and in some churches, there has recently been a return towards over-protection and even disregard of disabled persons. In some places, evangelical groups have manipulated us. Even worse than being ignored, manipulating disabled people could become the church's new sin.

In light of the above, it is necessary for the church to consider defining healing in dealing with persons with disabilities in the widest possible meaning to ensure that all aspects of their lives is sensitively and realistically covered. One helpful option is to define it in a way that makes clear distinction between healing and cure. Healing is understood to be the removal of oppressive systems, whereas curing has to do with physiological reconstruction of the physical body. In this kind of theology, disability is a social construct and healing is the removal of social barriers. From this perspective, the healing stories in the gospels are primarily concerned with the restoration of the person to their communities, though for purpose of making it illustrative for the Jews, it went with cure of physiological conditions.



The prevailing emphasis on physical healing of the body found in the charismatic theology is not the only problem persons with disability encounter in the Church. The more liberal theology of the traditionally known organized churches too has its share of keeping persons with disabilities outside. IN the first place, the charity approach to disability has been the most negative aspect in their address to disability concern. They are largely responsible for the growth and maintenance of a “helping” profession, which relegates persons with disabilities to a receiving end. Helping becomes an excuse for exclusion and this is characterized by separate schools, rehabilitation centers and other caring institutions.

Very few churches have so far developed procedures for initiation of persons with disabilities and especially the intellectually disabled into sacraments prerequisite to full church membership. In the process of caring, persons with disabilities are not considered to have anything to offer in the church. Even those well exposed and willing to serve find it very difficult to be incorporated in to the life of the church. Being educated in these church run institutions does not seem to make any difference. They are assumed to be disabled and therefore needing to be served rather than to serve. Their place is seen to be in the special institutions set aside and not in the central operation of the church. No wonder that though many persons with disabilities are educated in these church run institutions, the church is unable to account for their whereabouts after their school life. They do not feel welcome and as such they do not associate with the church. The few bold ones who persist find their presence largely ignored.

It will be an open fact for instance that whereas most of such churches represented in fora like the CWME or in any international or regional ecumenical for a, there will already be established mechanism to ensure that representation of Women, youth and clergy is ensured. We have difficulties to get any persons with disabilities in such gatherings because no church want to consider them in their delegations since, according to them, they do not fall in the classification they are familiar with of Women, youth and clergy. The situation is no different in the World Council of Churches members, Regional and National ecumenical organizations. Thus, persons with disabilities are not considered to belong and are therefore largely not included in the life of the church.

In summing up the fundamental theological principle that guides the WCC Interim Statement, it is made clear that the integration of disabled people within the church

gives testimony to God’s love as expressed by all his sons and daughters. It is a continuation of Christ’s healing mission. It can also be an example and an inspiration in those societies in which disabled people suffer from humiliating marginalization.

Whether the church is involved in provision of care, rehabilitation, chaplaincy or ministry to or with disabled people, it must recognize the central assumptions of equality and dignity within the Christian message and promote it at the fore of all its work.

The church is by definition a place and a process of communion, open to and inviting all people without discrimination. It is a place of hospitality and a place of welcome, in the manner that Abraham and Sarah received God’s messengers in the Old Testament (Gen. 18). It is an earthly reflection of a divine unity that is at the same time worshipped as Trinity. It is a community of people with different yet complementary gifts. St Paul reminds us: “For as in one body we have many members, and not all members have the same function, so we, though we are many, are one body in Christ, and individually we are members one of another...”

It is a vision of wholeness as well as of healing, of caring and of sharing at once.

Just as the body is one and has many members so it is with Christ (1 Cor.12:12).

We all accept and proclaim that this is what the church is and stands for. It is the basis of our unity as Christians. Then why is it that, all too often, certain people among us and around us (usually those whom we consider as being unfamiliar or as strangers, as different or perhaps disabled) are marginalized and even excluded? Wherever this happens, even by passive omission, the church is not being what it is called to become. The church is denying its own reality. In the church, we are called to act differently. As St Paul says, the parts of the body which seem to be weaker (we should notice that he does not say “actually are weaker”) are indispensable (1 Cor. 2:22).

As the Interim Statement concludes, in our attitudes and actions towards one another, at all times, the guiding principle must be the conviction that we are incomplete, we are less than whole, without the gifts and talents of all people. We are not a full community without one another. Responding to and fully including people with disabilities is not an option for the churches of Christ. It is the church’s defining characteristic. ■



Disability: from the View of Purity

(Looking at the texts of Leviticus 13:45-46,21:16-24)

By Prof. Chae Eun Ha

Leviticus may be one of the most boring books in the Bible. It must be the most likely book of the Bible that people hesitate to read. It may be also the book most irrelevant to our times, too. Nevertheless it is very influential to us and still affects our attitude and way of thinking deep down very strongly, especially in terms of the so-called impurity and purity, like certain illnesses or diseases and disability. Isn't it so absurd and irony? For our matter we are going to start with the very text of Lev. 13:45-46 and 21:16-24. Though I

would like to take Lev. chs. 13-14 as a whole, for the time saving I am just taking out only Lev. 13:45-46 from two chapters and 21:16-24. The former passage is from the larger context chs. 11-16 about the matter of purity, which is a requisite of proper worship. Chs. 13-14 deal with the category of impurity in detail, specifically the issue of the treatment and purification of people suffering from certain skin ailments that were regarded as contagious. Those who worship God properly with purity should not have skin disease (chara'at.).



In Lev. chs. 21-22 the theme of purity continues, too. Here its concern is mainly on the priesthood. They need to be in a state of ritual purity to perform a proper worship. The sanctity of the priesthood itself was indispensable to the fulfillment of Israel's mandate to become a holy nation. In case of sacrificial animals, whatever was sacrificed to God, had to be suitable, in other words, to be clean or pure without scar or impairment. Thus in 21:16-24 and 22:17-25 the physical soundness of sacrificial materials as well as the priests, i.e. the absence of blemishes and disfiguration is required as the normal criterion of purity to perform a ritual, though priests born with deformities or who had been

To approach near to God human beings are conditioned to maintain pure. It is usually meant that they seemingly appear and look healthy and clean, that is, without something like any kind of deformity or even a spot. In particular, Lev. chs. 13-14 deal with it named *chara'at* (t[rc]) or *nega'* ([gn]), each of which is translated "leprosy or skin disease" or "plague-spot" respectively. Of many ones the skin disease is seriously taken to be a typical impurity or uncleanness on houses or garments as well as on human beings maybe for the prevention of contact infection.

People with *chara'at* (t[rc]) or *nega'* ([gn]) were not only disqualified to worship God in the temple or

any holy places (2 Chr. 23:19)¹ but isolated or excluded from the community's residence. They should have signs to be easily seen on their body. The person with such an infectious disease must wear torn clothes, let his hair be loose, cover the lower part of his face and have to cry out, 'Unclean! (tame', amj) Unclean! (tame', amj).' And also He must live outside the camp alone (Lv. 13:45-46). They were even

People with diseases classified as "unclean" must be kept in isolation and stay out of their residence at least until they are claimed "clean"



injured were not totally deprived of their material support.

Our Levitical passages (chs. 13, 14 & 21) are the representative ones which justify and support the prejudice and discrimination against people with diseases or disability. Its spirit flows in the OT. The one is about the skin disease that turns out to be impure so that people with that disease are not only inappropriate to take part in worship but to be isolated from the community. The other tells the priesthood's physical impurity to be disqualified to perform a ritual. These are the basis of ancient Israelite understanding and attitude in relation to people with disability in religious leadership. I am going to reflect them through the passages.

It is very strange that every creature is divided into clean and unclean or pure and impure, even though God creates everything good and especially human beings are privileged to be like His image. This means every creature has a religious meaning to ancient Israelites and even modern Jewish people.

to be killed when they took part in the sacrificial rituals (Lv. 15:31). The reason why they should be kept away from people's residence or their meetings like worshipping must prevent anyone from coming near him/her unwittingly and catching the infection. For the same reason the lepers in the Middle Ages had to rattle little bits of wood as they walked. The priest has a right to diagnose the patient with the skin diseases and to give him/her medical treatment and to determine its duration according to what he looks. They had to do some actions to remove their uncleanness or impurity judged by the priest. Lev. 14 hints at the priestly rationale for excluding the ill or disabled from worship according to its requirement of a guilt offering ('asham, mva). This guilt offering is an essential element of the ritual to return the person healed of skin disease to full cultic status of purity. A sin offering (hatta'at, taej.,x) implies that moral wrongdoing, desecration of sancta, or an encroachment against the divine presence in the sanctuary, has taken place. This suggests that in



general the Bible regarded a “stroke of t[rc]” as a punishment inflicted by God. This shows that person with t[rc] is certainly understood as God’s punishment. In other words, people with the skin disease are sinners. The people with t[rc] was understood as a punishment for an encroachment against God, so the people with t[rc] is a sign of moral failure.² This relationship between the diseases and God’s punishment is not only applied to the skin diseases but also to all kinds of diseases with infection. Because of it people with diseases classified as “unclean” must be kept in isolation and stay out of their residence at least until they are claimed “clean”. Therefore people with such diseases must ask their forgiveness of sins for their physical recovery. We imagine that it is shameful and unpleasant for ordinary people to stay with impure people or to be their companion. In biblical times, for example, there were some people who suffered skin disease or leprosy: Miriam (Num 12:10), Uzziah (II King 15:5), and Gehazi (II 5:27). All of these were hit by t[rc] because of their rebellion against God’s commands (Num. 12:9-15; Deut 24:8-9). Miriam’s appearance is especially a crucial matter. Numbers 12:10 states that she is t[rcm],, “like snow.” In Aaron’s prayer (Num. 12:12) he pleads, “Let her not be as one dead, whose flesh is half consumed when he comes out of his mother’s womb. J. Milgrom’s³ theories are supported by this passage: a] that is a result of divine punishment; b] t[rc]’s severe impurity is attributable to its death-like appearance.

Against the priests’ with disability in light of seemingly visible physical condition

Another text, Leviticus 21:16-24 is concerned with the problem of the priests’ with disability. Visible physical perfection is the first and foremost condition to be qualified to perform priesthood. Leviticus gives a list of the priests with physical defects which cannot come near the temple or in the sanctuary: the blind, the lame, the disfigured, the deformed, a man with a crippled foot or hand, the hunchbacked, the dwarfed, a man with any eye defect, a man with festering or running sores or damaged testicles (Lv. 21:18-20). The expression “not to have access” is repeatedly mentioned in Lv. 21:17, 18, 21 & 23, which means “forbidden to have access to the altar.” The qualification to be a priest was from seemingly physical healthiness, not from intelligent or moral soundness. Appearance is the most important factor for it here. The same principle

that every creature should be clean to be offered to God is applied in case of priesthood (Lv. Ch. 11). To be an actual priest has to have an abled body, meaning no visible or seeable harm or impairment. Even though the priest has a physical imperfection, however, he is not completely excluded from the community or the tent of meeting, but just restricted to have access to the altar. He is not declared impure, he need not dress differently, he need not announce his impurity, nor does he need to dwell outside the camp. One thing he is not permitted is to offer sacrifices. It is because he is judged not good enough to be near to God. But it is allowed that he eats the food offered to God. This means that the priest with disability cannot perform the sacrifice as far as he is physically imperfect. That the priest is not allowed to exert the sacrificial offerings to God means that he is deprived of a means of living for himself. He maintained just a social status as priest. While he had no religious and official role to play like performing offerings to God, he did not starve because he is allowed to eat sacrificial food. He had to depend on other priests for surviving and to ask their sympathy and charity.

This is the general picture of ancient biblical Israelite society maybe from the first Temple period to the New Testament times and of near Eastern countries as well. Is it just the past story passed away and forgotten? No. Its practice is still going on. There is one thing changed. The medical problems like the skin diseases or a man with any eye defect, a man with festering or running sores or damaged testicles, and so on is no longer as strict and as stigmatized as the Bible says. Fortunately they are not regarded as impure or unclean as it says, even though they are not perfectly cured in medical terms. However, the same rule by the Bible is still and subtly being applied to people with permanent physical disabilities up to this time, especially when they have a kind of disabled appearance.

It is understandable that in ancient times people with infectious skin diseases were forcefully excluded from the people in a way, thinking when there was little knowledge about medical information. It may be the same reason that people with cold or flu hesitate to go into their meeting places not so as to be infectious to others. However, people with life-long disability or diseases, even though they are not infectious, have to suffer from not only their physical appearance or pain but social or psychological isolation or exclusion during their lifetime. This leads to social prejudice and discrimination against them and results in judging



them in God's name. Worse, they are religiously judged as sinners because their disability is understood as God's judgment. Consequently people with disabilities have to cope with their sinful consciousness and social death as well as their physical discomfort to survive. They are usually accompanied of ostracism, either limiting social interaction and chances or excluding them from the community whether fully or partly. It is the negative picture that the Bible writer(s) depicts as to people with contagious diseases or priest with disability. Therefore we acknowledge that the Bible has played a big role in supporting the stigmatization, exclusion, and elimination of people with disabilities.

People with life-long disability or diseases, even though not infectious, have to suffer from not only their physical appearance or pain but social & psychological isolation.



However, we should not overlook that there are also OT passages giving us a different idea. For example, in the same book of Leviticus 19:14 instructs us: "Do not curse the deaf or put a stumbling block in front of the blind, but fear your God. I am the Lord." Lev. 19:18b reminds us, "love your neighbor as yourself. I am the Lord." These verses give us a totally different paradigm to follow. What is a stumbling block to us? What does it mean "to love your neighbor as yourself"? Can't these two verses be balanced with the Levitical passages mentioned above? If people with disability have to fight against a lot of bias about them, whether medically or religiously, all kinds of discriminations, poverty derived from the lack of chances and rights to live a humanly life or/and exclusion, whether explicitly or implicitly, it means that we are still caught by Levitical worldview formed older than a couple of thousands years ago. For people with disability life is even now a battlefield to survive. Before us there are still heaps of obstacles and barriers to beat physically, socio-economically,

psychologically and religiously. This must be the last injustice of the world that we Christians withstand together today.

What is clear is that the idea and justification that the Bible, in particular, Leviticus gives us about people with disability or disease is not all that it really intends to. Let us read Ex. 22:21-24! Here we meet the typical three groups of the weak: the alien, the widow and the orphan. God commanded not to mistreat or oppress them. He firmly added that he would kill you with sword and that your wives would become widows and your children fatherless, if so. Who are the typical weak in the 21st century? I do

believe that they are people with disability deprived of their rights to live a humanly lives. The Bible including Leviticus gives the message that God wants to live in peace the stronger with the weaker, the male with the female and the Jews with the Gentiles as well. Then, doesn't He want people with ability to go hand in hand with people with disability, does he? This is our dreaming world toward a better society. We expect to have a visible

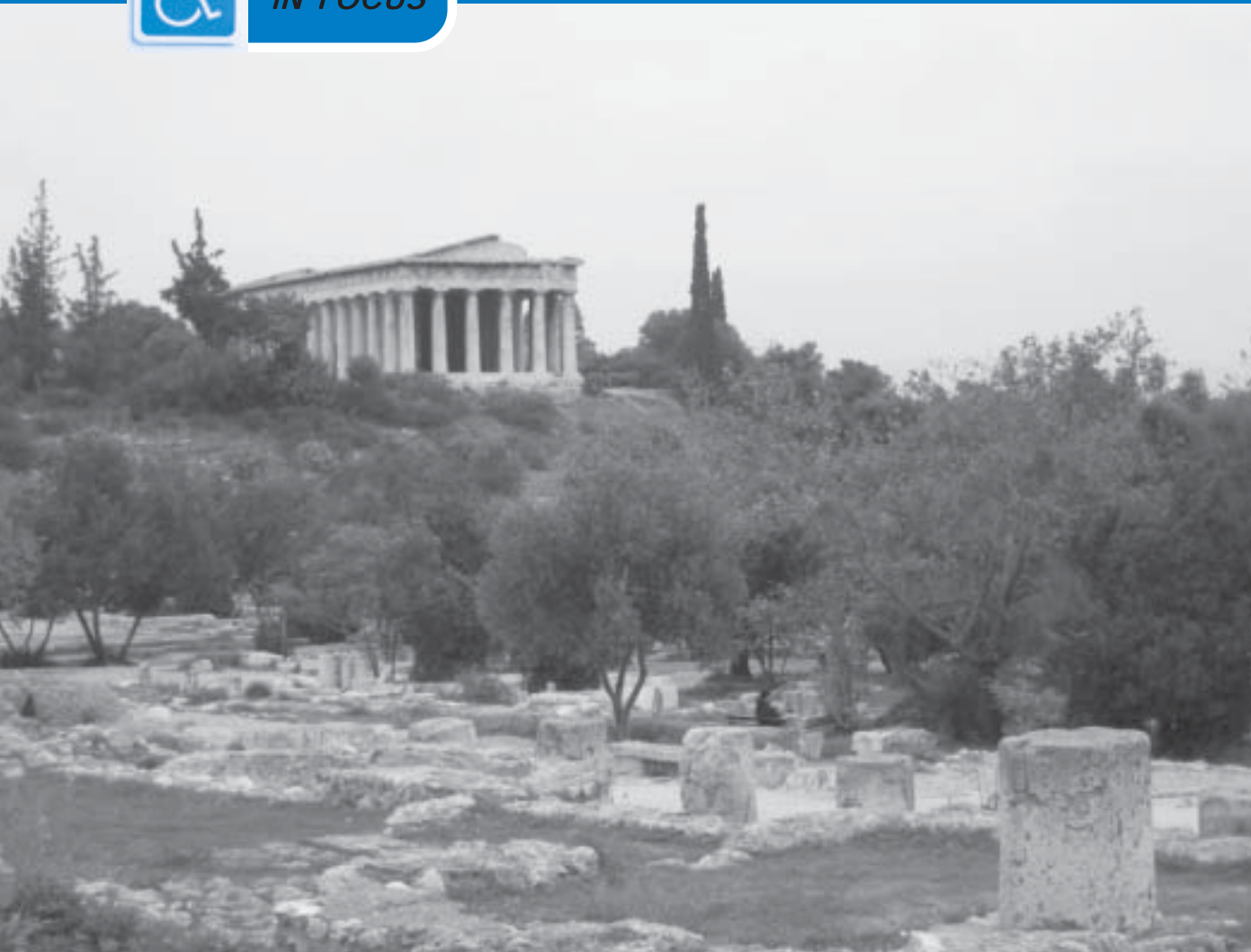
and promising plan and hope for all of us come true in near future. It is the reason we from all parts of Asia gather here this morning.

Question and Discussion

Let us discuss as to both how church in your country has ever talked about the passages related with diseases/disability and how it is understood among people.

What differences and similarities exist between church and society in general in terms of disability? In what light do we have to read Levitical passages mentioned above for today? 📖

- 1 He also stationed doorkeepers at the gates of the Lord's temple so that no one who was in any way unclean might enter.(NIV 2 Ch 23:19)
- 2 S. Melcher, Visualizing the perfect cult: the Priestly rationale for Exclusion," p. 58, in *Human Disability and the Service of God: Reassessing religious Practice* (N. Eiesland and D. Saliers(ed.), Nashville: Abingdon Press, 1998.
- 3 *Leviticus* 1-16, New York: Doubleday, 1991, pp. 816-26.



A Letter from Athens to the Christian Churches, Networks and Communities

Come Holy Spirit, Heal and Reconcile: Called in Christ to be Reconciling and Healing Communities

Dear Sisters and Brothers in Christ,

Greetings from Athens, Greece. We write to you during the holy time between Easter and Pentecost, when the risen Christ prepared his followers for the gift of the Holy Spirit and called them to carry the good news to "the ends of the earth" (Acts 1:8), promising to be with them until "the end of the age" (Matt. 28:20). Here, on the shores of the Aegean Sea, 600 of us have gathered, from 105 countries, hosted by the Church of Greece and other churches in Greece and called together by the World Council of Churches for the 13th international Conference on World Mission and Evangelism, meeting from 9-16 May 2005. And as the sun rose on the conference, a small boat sailed out of the dawn, carrying a huge olive-wood cross: a gift



from the churches in Jerusalem, a sign of both suffering and hope, made from the fragments of the trees uprooted during the building of the wall separating Palestinians from Israelis. We pray that this cross become a sign of reconciliation.

For the first time, this CWME conference has taken place in a predominantly Orthodox context. Young people, though far fewer than planned, have played an important part. For the first time the meeting included a significant number of fully participating delegates from non WCC member churches, that is the Roman Catholic Church and some Pentecostal and Evangelical churches and networks. 'We', therefore, are a diverse group, from every corner of the world and many ethnic and cultural backgrounds, speaking many languages, and representing the major Christian traditions. Our theme is a prayer: "Come Holy Spirit, Heal and Reconcile".

This letter is an attempt to share with you some of the week's insights and challenges, as well as the

...the road to reconciliation and healing is not an easy one, it involves listening, truth-telling, repentance, forgiveness and a sincere commitment to Christ and his justice.



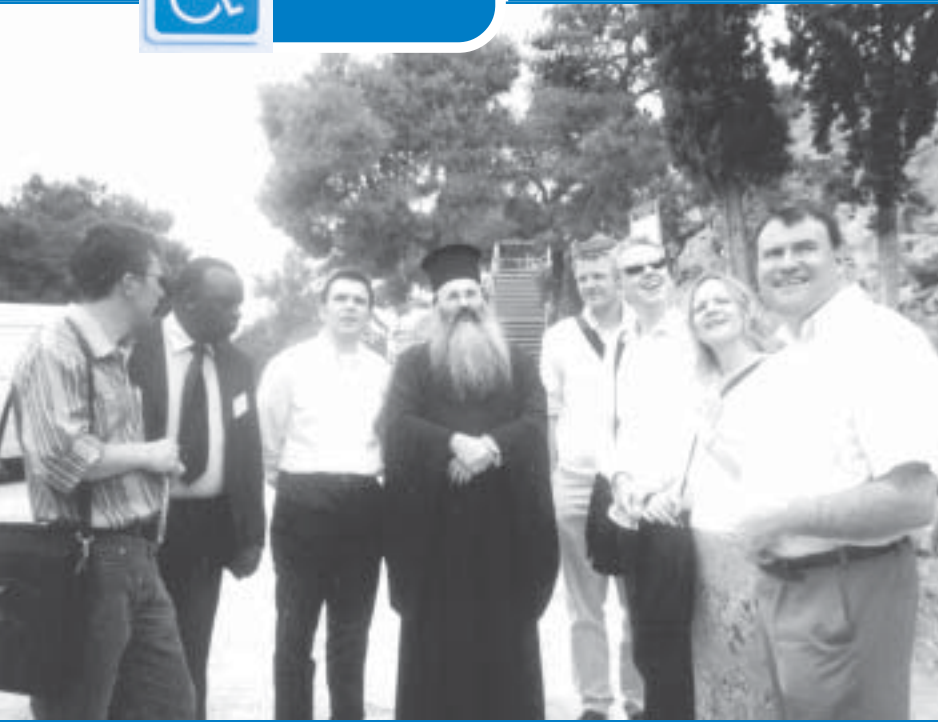
experiences of joy and pain it has brought us. In these days, we have journeyed together, although we have not always agreed. We are in mission, all of us, because we participate in the mission of God who has sent us into a fragmented and broken world. We are united in the belief that we are "called together in Christ to be reconciling and healing communities". We have prayed together. We have been particularly helped by readings of Scripture as we struggled, together, to discern where the reconciling, healing Spirit is leading us, in our own contexts, two thousand years after St Paul arrived on these shores carrying the good news of the Gospel of Jesus Christ. We want to share that journey with you, and to invite you to make it your own.

We stand now at a particular moment in the history of mission. While the centres of power are still predominantly in the global North, it is in the South and the East that the churches are growing most rapidly, as a result of faithful Christian mission and witness. The missional character of the Church is experienced in greater diversity than ever, as the Christian communities continue the search for distinctive responses to the Gospel. This diversity is challenging, and it can sometimes make us uneasy. Nevertheless, within it we have discovered opportunities for a deepening understanding of the Holy Spirit's creative, life-sustaining, healing and reconciling work. For the power of the Holy Spirit touches us in many ways: in gentleness and truth, comfort and creativity, worship and action, wisdom and innocence, communion and sanctification, liberation and holy contemplation. But there are evil spirits too, active in the world and sadly even in many of our histories and communities. These are spirits of violence, oppression, exclusion, division, corruption, self-seeking, ignorance, failure to live up to our beliefs

and of fearful silence in the face of injustice. In discerning the work of the Holy Spirit, we have experienced the need to return constantly to the roots of our faith, confessing the Triune God, revealed to us in Jesus Christ, the Word-made-flesh.

In Athens we were deeply aware of the new challenges that come from the need for reconciliation between East and West, North and South, and between Christians and people of other faiths. We have become painfully aware of the

mistakes of the past, and pray that we may learn from them. We have become conscious of our own tendency to reinforce barriers by excluding and marginalising on grounds such as race, caste, gender, disability or by tolerating the continuation of oppressive practices within our own societies and our own churches. Halfway through the Decade to Overcome Violence, we realise anew that the call to non-violence and reconciliation stands at the heart of the Gospel message. As a global gathering, we are challenged by the violence inflicted by the forces of economic globalisation, militarism, and by the plight of the marginalised people, especially the indigenous communities and peoples uprooted by migration.



St Paul speaks of the new creation heralded by Christ and enabled by the Holy Spirit. "In Christ", he says, "God was reconciling the world to himself, not counting their trespasses against them, and entrusting the message of reconciliation to us. So we are ambassadors for Christ, since God is making his appeal through us; we entreat you on behalf of Christ, be reconciled to God." (2 Cor. 5:19-20) It is this "new creation" that we hold to be the goal of our missionary endeavour. With Paul, we believe that reconciliation and healing are pivotal to the process by which that goal is to be reached. Reconciliation, as the restoration of right relations with God, is the source of reconciliation with oneself, with other people and with the whole of creation.

But the road to reconciliation and healing is not an easy one. It involves listening, truth-telling, repentance, forgiveness and a sincere commitment to Christ and his justice. For this reason, we have explored a range of ways by which the healing power of God is made available to us. These include the healing that takes place through prayer, ascetical practices and the charisms of healing, through sacraments and healing services, through a combination of medical and spiritual, social and systemic approaches, and through sensing the sustaining presence of the Holy Spirit, even when we accept and continue to struggle with illness and traumas. We celebrated healing services and were moved by the stories of Christian health and counselling professionals and their struggle for more holistic approaches. We were inspired by the stories of people living with HIV and AIDS and were challenged to counter stigma and discrimination and to promote wholeness for those living with HIV and AIDS. We heard testimonies of people healed by the power of the Holy Spirit, as well as those who have not been healed, or have encountered corrupt or exploitative healing practices. We also heard stories

of healing in the midst of struggles for social, economic and ecological justice. All true healing comes from God. It includes physical, mental, emotional and spiritual healing, and it shares the tension of the coming of God's reign as 'already here' and 'yet to come'. We therefore celebrate true healing as a living sign of God's new creation.

Living in the Holy Spirit, anticipating the reign of God, called to be children of God's new Creation, we have also to acknowledge the troubled and confusing present. It is a source of pain to us to recognize that God's mission is distorted by the divisions and lack of understanding that persists in and

among the churches. In our longing for a fuller and more authentic participation in God's mission, we continue to carry the pain of our inability to overcome the barriers that prevent us from celebrating together the most healing and reconciling of sacraments, the Eucharist - the Lord's Supper. The conference theme, therefore, has been a call to a humble acceptance of our own need for healing and reconciliation.

But God calls us to be a community of hope. "Called in Christ to be reconciling and healing communities", we have continued here in Athens the task of defining the kind of community God desires us to become, a community that bears witness to the Gospel in word and deed; that is alive in worship and learning; proclaims the Gospel of Jesus Christ to all; that offers young people leadership roles; that opens its doors to strangers and welcomes the marginalised within its own body; that engages with those who suffer, and with those who struggle for justice and peace; that provides services to all who are in need; that recognises its own vulnerability and need for healing; and that is faithful in its commitment to the wider Creation. We pray that the Holy Spirit will breathe healing power into our lives, and that together we may move forward into the blessed peace of the new creation.

In conclusion, we wish to express our deep gratitude to all those who made this conference possible. From the country in which St Paul proclaimed the Gospel of God's reconciling love in Jesus Christ, we pray that the grace of our Lord Jesus Christ and the love of God the Father and the communion of the Holy Spirit be with all. 🙏

***Conference on World Mission and Evangelism
Athens, May 18, 2005***



MINISTRY

TO PEOPLE WITH DISABILITIES

A Biblical Perspective

This statement on ministry to people with disabilities was adopted by the General Presbytery of the Assemblies of God on August 11, 2000.



Pentecostal evangelicals, believing that miracles still happen today, sometimes have difficulty dealing with people with permanent disabilities and with those who are not healed after much prayer. But does our theology include, along with our belief in supernatural miracles today, a biblical explanation for those who are not immediately healed or made whole? We accept death by old age, and even by accident; but constant reminders of many with mental and physical disabilities, who are not restored to full health and activity, seem to suggest that our belief or our faith is faulty.

Our theology makes place for pain and suffering, because we have hope for healing and an end to pain. But how does our theology, our faith, and our practice handle the person who may never walk again or the mentally challenged child who may never participate in normal social interaction? A proper understanding of the gospel must boldly proclaim, even though we do not have all the answers, that the God who created the universe and all human life in it is aware of the tension His children feel. He expects us to be people of compassion as well as people of power.

God Still Heals and Works Miracles

We affirm that “Jesus Christ is the same yesterday and today and forever” (Hebrews 13:8[1]). He heals today. His miracles confirm His deity, omnipotence, and faithfulness to His promises. We preach the biblical truth of His healing power, even though divine power does not respond immediately to every human plea and desire. Though His ways are beyond our understanding (Romans 11:33), we trust His decisions in response to *all* our prayers.

The New Testament records many miracles and healings wrought by Jesus. Yet not every disease and infirmity in His immediate proximity was removed. Scripture records that upon returning to His hometown, “he did not do many miracles there because of their lack of faith” (Matthew 13:58). In John 5, Jesus healed only one of many gathered at the pool of Bethesda for a superstitious expectation of physical healing. So if prayer for healing is not immediately answered, we do not change our theology to say God no longer heals. We continue to trust Him in anticipation of the day when the infirmities of earthly existence drop away in the perfect light of His eternal presence.

Biblical attitude toward disabilities

Some speculate that God does not value persons with physical or mental defects or disabilities, and He particularly does not want such persons in spiritual leadership. This erroneous interpretation of God’s impartial love and compassion is drawn by some from Leviticus 21:17-23: “For the generations to come none of your descendants [Aaron’s] who has a defect may come near to offer the food of his God. No man who has any defect may come near: no man who is blind or lame, disfigured or deformed; no man with a crippled foot or hand, or who is hunchbacked or dwarfed, or who has any eye defect, or who has festering or running sores or damaged testicles. No descendant of Aaron the priest who has any defect is to come near to present the offerings made to the Lord by fire. He has a defect; he must not come near to offer the food of his God. He may eat the most holy food of his God, as well as the holy food; yet because of his defect, he must not go near the curtain or approach the altar, and so desecrate my sanctuary. I am the Lord, who makes them holy.”

The Aaronic priesthood as a group anticipated the perfect, sinless High Priest. “Because Jesus lives forever, he has a permanent priesthood. Therefore he is able to save completely those who come to God through him, because he always lives to intercede for them. Such a high priest meets our need—one who is holy, blameless, pure, set apart from sinners, exalted above the heavens. Unlike the other high priests, he does not need to offer sacrifices day after day, first for his own sins, and then for the sins of the people. He sacrificed for their sins once for all when he offered himself” (Hebrews 7:24-27).

Now that the perfect High Priest has come to die for us, there is no longer need for physically perfect priests who foreshadowed the coming of the great High Priest. Yet even apart from the restriction on impaired priests participating in ceremonies that looked toward the future, the priests with disabilities were still priests whose every need was taken care of by divine command: “He may eat the most holy food of his God, as well as the holy food” (Leviticus 21:22).

After Moses met with God at the burning bush, the call to leadership followed immediately: “So now, go. I am sending you to Pharaoh to bring my people the Israelites out of Egypt” (Exodus 3:10). Moses, after giving several reasons why he was not the man for the job, complained, “O Lord, I have never been eloquent,



neither in the past nor since you have spoken to your servant. I am slow of speech and tongue" (Exodus 4:10).

Stephen, the New Testament martyr, referred to Moses as being "powerful in speech" (Acts 7:22). So Moses was either unaware of his strength of speech, or he was downplaying his abilities. Through a series of questions, God reminded Moses that He determines human abilities and disabilities. Was Moses' claim to be "slow of speech and tongue" a disability or a lack of confidence in his God-given ability? Either way, God had the answer: "Who gave man his mouth? Who makes him deaf or mute? Who gives him sight or makes him blind? Is it not I, the Lord?" (Exodus 4:11).

...if our prayers for healing is not immediately answered, we do not change our theology to say God no longer heals.



Some say that God is responsible for sin in the world and for the physical defects and disabilities humans have. But the suffering Job spoke truth, "Far be it from God to do evil, from the Almighty to do wrong" (Job 34:10). God neither creates evil nor sends it on anyone. When He has to punish, it is loving correction (Hebrews 12:5,6). God was saying to Moses, "As Creator of all life, even in a fallen world of sin and disabilities, I take loving responsibility for everyone. So, Moses, if you have a disability, I can take care of that too."

God imparts *ability*, and He knows about *disability* because He at least allows it. God could have said to Moses what He later said to Paul: "My grace is sufficient for you, for my power is made perfect in weakness" (2 Corinthians 12:9).

We find additional confirmation in other Scripture passages. The Israelites were admonished to show

kindness to those who were deaf and blind (Leviticus 19:14; Deuteronomy 27:18). Those who minister to the weak and helpless are blessed (Psalm 41:1). Jesus welcomed people with all manner of disabilities into the kingdom of God, even though they would have been excluded from service under the Old Testament (Matthew 4:23ff; 15:30). He instructed how to treat people with disabilities: "Then Jesus said to his host, 'When you give a luncheon or dinner, do not invite your friends, your brothers or relatives, or your rich neighbors; if you do, they may invite you back and so you will be repaid. But when you give a banquet, *invite the poor, the crippled, the lame, the blind, and you will be blessed.* Although they cannot repay you, you will be repaid at the resurrection of the righteous'" (Luke 14:12-14, italics added). Countless healings in the Old and New Testaments provide proof of the compassionate nature of God, in spite of the fact that not all illnesses, diseases, or disabilities were removed.

Mental Disabilities

Secular society has found ways to accommodate those with physical disabilities better than those who are mentally impaired. The church of Jesus Christ, the earthly representative of spiritual reality, should be the leader in providing opportunity for all people to connect with the Spirit of God. We do not fully understand the age of accountability and its application to persons with mental disabilities. We do not understand how a person with a mental disability relates to God. But we must give opportunity for the Spirit of God to speak to such a person at his or her level of comprehension.

Recent special education approaches indicate that individuals with moderate levels of mental disabilities can be mainstreamed in traditional schools and can participate in emotional and social experiences with their peers. Some demonstrate an unusual level of creativity in artistic expression. Many grasp spiritual realities and participate in worship and other church activities, especially in smaller groups. The church should provide such activities for those who can be introduced to genuine encounters with God's presence.



The primary key to understanding and working with people with mental disabilities is building relationships with them. Developing friendship and trust encourages them to open up to the love of God. Such ministry fulfills the words of Jesus: "I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me" (Matthew 25:35,36). He could well have added, "I was different, yet you loved me."

Call to a Compassionate Church

Ministry to people with disabilities. The biblical command to "serve one another in love" (Galatians 5:13) includes everyone. To view people with disabilities as flawed and defective, and possibly a divine mistake, is wrong for a church with Christlike compassion. People with disabilities are platforms for the demonstration of His power to heal or His power to use weakness to display His strength. The church often ministers well to persons with acute illnesses and injuries, where the natural healing process and/or the miracle of divine healing seems a possibility. But in situations where disability is long term or permanent, faith is challenged. Our faith and practice must include a compassionate hand extended to those with disabilities.

The challenges to church leadership are: (1) affirming and ministering to those with disabilities, while (2) encouraging congregational acceptance of them into

church life and activity. If we are to fulfill the Great Commission to preach the gospel to "every creature" (Mark 16:15, NKJV), we cannot overlook this segment of society.

Ministry to people with disabilities is challenging. Volunteers grow weary when there are limited positive responses. Medication, therapy, pain, and slow deterioration may persist. Yet, we must remember that God's love for us persists even though *our* failures and disobedience keep recurring. When His love consumes and motivates us, our ministry to people with disabilities is ministry as to Christ himself.

The church's compassion may cost money to modify physical facilities. Federal, state, and local governments have standards that allow the physically handicapped access to public facilities. Such requirements should be considered minimal. Our responsibility, as representatives of the kingdom of God, is to include those with disabilities in church functions and worship. Reserving easily accessible pews or aisle seats for people with physical limitations will say, "We want you to worship with us." Ushers trained to show kindness to worshipers with physical and mental disabilities and to their caregivers demonstrates the seriousness of the church's concern.

Though salvation is the greatest need of every person, the Great Commission includes more than evangelizing. Discipling and equipping people with disabilities to use their gifts to build up the body of Christ is also a response to the church's commission..

Ministry of caregiving. Caregivers need our thanks. Sometimes those they care for don't have the ability to say thank you. It is easy to become weary serving a family member who has a terminal illness or a permanent disability. Knowing that God is all-powerful, caregivers may be tempted to blame the One who can make that person well, but doesn't. Yet until He answers, they must trust the God who compassionately loves both the caregiver and the one with a disability.



Word to caregivers. Be proud to be seen in public and in a worship service with your family member or friend with a disability. Scripture commands us, "Carry each other's burdens" (Galatians 6:2). You do that when you give love and compassionate care to one who cannot return the kindness. Others may not be quick to help you bear your burden of caring for one of God's special people, but our Heavenly Father, who shows compassion for them, understands and will bless your ministry.

Word to People with Disabilities

If you comprehend what has happened to you, you probably have asked, "Why me, Lord?" Students of the Scriptures have searched the Bible for the answer to that question. And since the Bible does not give a final answer, neither can we. Some have tried to

The answer the Bible gives concerning your pain and suffering is that we all live in a fallen, sin-cursed world. God did not make it that way. We have made it that way, from Adam and Eve to the present, "for all have sinned and fall short of the glory of God" (Romans 3:23). The bigger question is, "Why do we not all suffer more than we do?"

God calls you to come to Him with your disability, just as He invites everyone to come to Him. He says to each of us, "Come to me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls" (Matthew 11:28,29). His first concern for every person is the soul: Is it right with God in preparation for eternal wholeness in His presence? A lifetime with a disability followed by an eternity with God is to be preferred to a lifetime

with health and wealth followed by an eternity separated from God. Seek to know God intimately until He speaks peace to your heart. As you seek God, invest your time, talents, and energies in serving others. Jesus said, "Freely you have received, freely give" (Matthew 10:8).

Conclusion


People with disabilities are essential to the wholeness of the Christian community. In a culture that worships physical

perfection, devalues human life, and takes pride in disposability, the church must protect the helpless, vulnerable, disenfranchised, including people with disabilities. They are people created in God's image, possessing dignity, value, and purpose.

The church must extend open arms of invitation and fellowship. Those with mental disabilities can respond to the presence of the Holy Spirit. Paul reported the answer he received when he asked that his thorn in the flesh be removed: "[The Lord] said to me, 'My grace is sufficient for you, for my power is made perfect in weakness'" (2 Corinthians 12:9). We can trust God to reveal His power through the weakness of those with disabilities

Position Papers are official documents of the Church that have been approved by its highest legislative bodies.

Reserving easily accessible pews or aisle seats for people with physical limitations will say, "We want you to worship with us."



penetrate the mystery of suffering, but in doing so have gone beyond God's Word. There are examples in Scripture of people suffering because of sin in their lives. But righteous people suffer too. Others have suggested that God has a special love for those with long-term pain and suffering, knowing they can handle what others could not. But the love of God to every person is beyond comprehension or deserving.

A mother with disabilities, whose children are serving God, said, "My greatest desire of seeing my entire family following Jesus has been answered, even though my prayer for physical healing has not yet been answered. It may be that their commitment has in some way been linked with my suffering and how I have handled it. God has given me the first desire of my heart."



Resource Packet on Disability, Spirituality, and Healing

By Rev. Nancy Lane, Ph.D.

AUTHOR'S BACKGROUND

The Rev. Nancy Lane received the Ph.D. in Religion and Psychology from The Union Institute, Cincinnati, Ohio, and was a Visiting Scholar at Oxford University, England, where she studied the meaning of healing and suffering.

Ordained in the Episcopal Church in 1984, she served as a diocesan staff officer and Director of the Office of AccessAbility for the Diocese of Central New York. Dr. Lane later became the Executive Director of Disability Awareness: An Empowering Ministry. She is known as an national and international speaker on issues of accessibility and disability in the Church and the community.

Dr. Lane is a Jungian-based psychologist, with expertise in treating women with disabilities, battered women and women suffering from Post Traumatic Stress Disorder (PTSD). She is also trained in Spiritual Direction.

Dr. Lane has written a number of articles on the *spirituality of living with disability* and is author of a book on *the spiritual and theological implications of the abuse of power toward women with disabilities*.

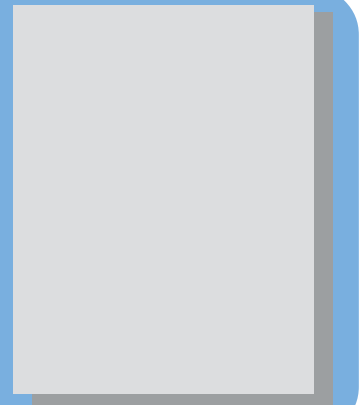
INTRODUCTION

The materials in this resource book have arisen from my fifteen years of ministry concerned with the inclusion of people with disabilities in the Christian church. Consequently, the resources reflect a Christian perspective. However, I believe that people of other faiths can use some of the resources as springboards for exploring the issues of disability and accessibility in their faith community. Further, it is not necessary to be a Christian to be engaged in theological reflection on the issues of healing and suffering, the meaning of

life, and the presence or absence of God in our experiences.

I also have the experience of living with cerebral palsy since my birth. This experience has been rich with the blessings of those who see and accept me as a person

This book, written by someone who has spent many years as a parish priest is full of reflections and suggestions.



who is also gifted and able. Life has been blessed with loving parents, two lovely daughters, and life-long friends. I have been able to achieve most of my goals—from being a pianist, a dancer, a serious cook and gastronome, mother and grandmother—to being a scholar, a writer, and a priest of the Church. Nevertheless, I have also encountered years of discrimination and exclusion in and by the institutional church. In my early work as a diocesan staff officer and in the years since then as a volunteer director for Disability Awareness, I answered hundreds of letters and calls from people with disabilities who have been excluded from the church because of negative attitudes, “victim theology” and architectural and communication barriers. They wrote of the spiritual wounds engendered by exclusion and despaired of God’s presence to them. Like them, I have had to wrestle with this same pain of exclusion—of being denied the sacraments, access to colleagues and a worshipping community, and prevented from being



deployed as a priest for the last ten years. It was within this context that I eventually pulled together the material on “Spiritual Abuse” which is among the handouts. The materials gathered there show that my experience is not unusual; others have written about the pain of exclusion and have repeatedly called the church to become welcoming and inclusive. It is my hope that the resources included here will be used to open the mind, hearts, and doors of faith communities to people with disabilities.

The handouts which are included in this resource are intended for both people with disabilities and people wanting to minister with them. The handouts are usually used in conjunction with my seminary course, workshops, retreats, or lectures. However, most of them can also stand alone as useful resources. The handouts on *forgiveness* were written in the context of the article *A Theology of Anger When Living With a Disability*. They are also useful in addressing the various issues outlined in *The Grief Cycle*. This will be seen more specifically in the handouts which give a definition of *healing* and a definition of *spirituality* as used in my writing.

A persistent theological and biblical theme that affects people with disabilities and their families is that

suffering, in whatever form, is “God’s will.” I have discussed this briefly in the article “Victim Theology,” where I have also mentioned how study of the *suffering of God* has been very helpful in attempting to understand the incomprehensible mysteries of suffering and evil in the world.

You will note that the articles and the handouts reflect the historical, biblical, psychological and medical distinction between *cure* and *healing*. Recent scientific studies on the *bodymind/soul* unity confirm this distinction. As you live with a disability or chronic illness or minister to those who do, reflect carefully on this distinction. When you pray for healing of your self or others, be open to what it means to be healed. The majority of people living with disability do not want or ask for “fixed” bodies; they pray for healing—of the wounds engendered by discrimination, the barriers of exclusion, the pain of abuse, and the negative attitudes of our communities and churches. One can live with a disability or chronic illness and know healing.

I pray that readers will find these resources of use in their own spiritual journey as well as in working to create an inclusive, welcoming, and accessible faith community.

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