

## LEADER'S RESOURCE

If we asked most Christians to list what the gospel stories about Jesus talk about, it wouldn't be long before the words "healing" and "food" made the list. Jesus constantly healed people, physically and spiritually. When they were hungry, on hillsides or at table, he fed them. At the center of Jesus' ministry were two essential elements of human well-being: health and sustenance.

Those matters—sustenance and health—that are close to Jesus' heart are at the core of Bread for the World Institute's 2016 Hunger Report: *The Nourishing Effect: Ending Hunger, Improving Health, Reducing Inequality*. The report offers information, insight and challenges to help people of faith learn about and act on these key issues for our nation and world.

This Christian Study Guide offers plans for four sessions in which Christians can study the report together. We hope those who do so will ask the Holy Spirit for guidance as they share their hopes, concerns, and responses to the issues and solutions the report describes. Session leaders do not need to be experts on the report's content to guide the discussion.

*The Nourishing Effect* is filled with evocative stories, detailed analysis, helpful graphics,

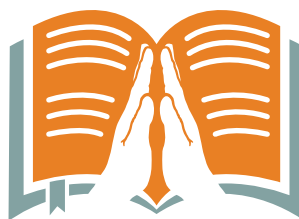
and key statistics. The report is online at [hungerreport.org](http://hungerreport.org) along with additional resources that will enrich your conversation, but are not required. This guide encourages participants to read short sections of the Hunger Report during the sessions.

The 2016 Christian Study Guide includes four small-group sessions rooted in the content of *The Nourishing Effect*. Session 1 introduces the Report's overall theme and the other three sessions develop specific topics that the Hunger Report emphasizes. The four sessions do not coincide with the four chapters in the Hunger Report and do not cover all the issues in the report. If

your group cannot do all four sessions, we recommend that you do Session 1 and then as many others as you can.

### Each session includes:

- **The Word:** Biblical reflection materials with some questions to consider.
- **The Issues:** A summary of themes in the Hunger Report with suggested reflection questions.
- **The Application:** Activities to engage group members in analyzing current realities, using content from the Hunger Report, [hungerreport.org](http://hungerreport.org), and their lives and community experiences.



## MILESTONES IN RELIGION, SCIENCE, AND MEDICINE<sup>1</sup>

In Old Testament times, the sick are examined and kept under careful observation by the priest. "For I am the Lord, who heals you." (Exodus 15: 26, NIV)

### 2000–1000 B.C.

In early Hebraic times, the Old Testament suggests it is God who afflicts persons with "madness, blindness and confusion of mind" because of their sins. (Deuteronomy 28:28, NIV)

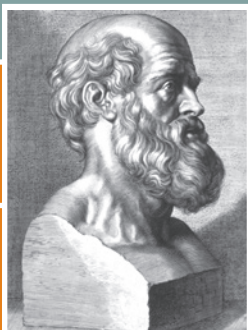


<sup>1</sup> With the exception of the entry for 2000–2015, all other the milestones listed are from Harold George Koenig's 2001 book, *The Handbook of Religion and Health*, published by Oxford University Press.

## Planning your Study

As discussion leader, your role is to guide the process, in one or more sessions, as the group reads and discusses parts of the report. You will be learning with the others; you are not expected to be an expert on the issues covered in the report. But your attention to process is important, so here are some key steps for leaders to take:

- Review Sessions 1-4 and refer to the 2016 Hunger Report for more details.
- Consider your own goals for the class and feel free to adapt the guide to enhance the experience for your group. The guide is designed for Christians of many theological and political viewpoints.
- Develop your schedule—select one or all of the sessions for your group.
- Confirm the dates, times, and location of your meeting and invite participation.
- Bring a Bible to each session.  
Encourage participants to bring additional translations to enrich the biblical reflection.
- Bring session materials for each participant and have newsprint, a flip-chart, or a whiteboard available for activities and discussions. Consider giving participants the session outlines below, or your revision of them, to help them follow along. Each session includes an activity requiring access to the Internet. If your group will not have Internet access, have someone print out relevant pages or data should you choose to do that activity.
- Plan for each session to include prayer time, especially remembering those most affected by the topics that you discuss. Sessions as outlined in this guide may take an



Hippocrates (460–357 B.C.), known as the “father of modern medicine,” describes illness in terms of four bodily fluids (blood, phlegm, yellow bile, and black bile).

**500–300 B.C.**

In this period, an understanding emerges that physical and mental illnesses have natural causes, yet are affected by Divine forces.



hour to 90 minutes each, but may be modified to meet your scheduling needs. After familiarizing yourself with the outline of the sessions, adapt the activities to best serve the needs of your group. We include more options for activities than you may want to try and accomplish in one session.

- After the last session, please fill out the online evaluative survey at [www.hungerreport.org/survey](http://www.hungerreport.org/survey).

## Group Expectations

If you haven't led an adult learning group before or it has been a while, here are some suggestions:

- Adults want to know what they're going to discuss. Be clear and focused about your goals and your schedule.
- As you begin, help participants make connections with each other—through introductions and a short response to a question like “What do you hope for from our time together?” Including time for prayer at each session also helps build community.
- Encourage all participants both to speak and to listen. Allow each person who wants to speak to have the time to do so.
- Encourage “I” statements (I feel..., I wonder..., etc.) instead of “you” or “they” statements (you don't know..., they always... etc.).
- Adults bring lots of experience to the conversation. Appreciate their need to integrate new material with what they already know, but also keep the conversation focused.
- At the start of each session, invite participants to write down one question they would like to have answered. Before the closing prayer, invite participants to return to the question and write a response—new information or perhaps new questions.

## Facilitating discussion

The study guide includes a number of questions for discussion. To stimulate full participation, consider using one or more of these techniques:

- Divide the group into smaller groups and ask each group to discuss and report on one assigned question. Give them a set time and then have them report to the larger group. Ask the individuals in the larger group to comment on (add to or question) what they're hearing.



## MILESTONES IN RELIGION, SCIENCE, AND MEDICINE

In a time of famine, Julius Caesar (100 B.C.–44 B.C.) orders the banishment of all foreigners from Rome, but exempts physicians and teachers.

**50 B.C.–0**

After he is cured of a rheumatic condition by his physician, Roman emperor Augustus (63 B.C.–14 A.D.) grants all physicians exemption from taxes.



- Ask each person to consider the question at hand, and write down a word, phrase, or other response in 1-2 minutes. Separate the group into pairs and have them share their responses. Allow 3-4 minutes. Then pair up the two-person teams to create groups of four to broaden the discussion. After another 3-4 minutes, invite participants to say what they heard. What key words were used? Is there shared interest in one particular issue?
- Divide the group into three- and four-person teams. Place poster paper on the walls, one sheet for each question. Give the teams 8-10 minutes to discuss the assigned questions and post their “answers” on the poster paper. Give a 2-minute warning. At the end of the allotted time, review the responses, noting similarities, themes, concerns, or ideas.

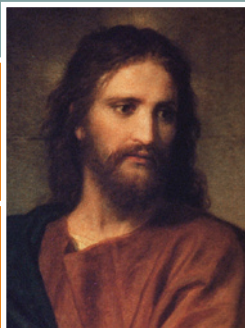
For more information, interactive stories, data, or to download full chapters of the Hunger Report, see [www.hungerreport.org](http://www.hungerreport.org)

## Additional Resources

For more social policy resources on the Hunger Report themes, search the website of your denomination or national group. Throughout the year, [hungerreport.org](http://hungerreport.org) is updated with new stories and statistics you can use. Bread for the World’s website, [bread.org](http://bread.org), has even more resources, including current advocacy campaign materials at [www.bread.org/ol](http://www.bread.org/ol). The Alliance to End Hunger, an organization affiliated with Bread for the World and Bread for the World Institute, has created an Advocacy Playbook that enables organizations and volunteers involved in hunger-related service activities to be effective advocates with political leaders to end hunger. See [www.alliancetoendhunger.org/advocacy-playbook/](http://www.alliancetoendhunger.org/advocacy-playbook/). Another Bread publication you may find helpful is the *Biblical Basis for Advocacy to End Hunger*, which can be downloaded or ordered at [www.bread.org/library/biblical-basis-advocacy-end-hunger](http://www.bread.org/library/biblical-basis-advocacy-end-hunger).

## Send us your evaluation and suggestions

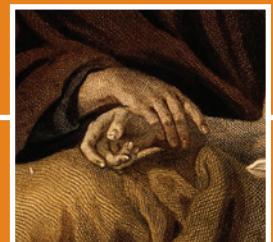
After completing your study, please tell us how it went and give us suggestions for future Christian Study Guides. A handy evaluative survey is at [www.hungerreport.org/survey](http://www.hungerreport.org/survey), or simply email your thoughts to [institute@bread.org](mailto:institute@bread.org).



Jesus focuses on the meaning of suffering and the healing of the whole person; little distinction is made between healing the body, mind, and spirit.

0-100

Early Christians believe that sickness, whether or not caused by sin, can be healed through prayer.



## SESSION 1: HEALTH AND HUNGER—THE VITAL CONNECTIONS

### The Word

*Read Mark 5:21-24a; 35-43 and Luke 8:40-42a; 49-56*

In Scripture, many people are freed from illnesses—physical, psychological, and spiritual. But how this healing takes place varies from story to story. Jesus may offer a caring touch or a bold command. He may apply mud to be washed off or simple words that affirm the person's strong faith. Whatever the means, the results are often miraculous, both to the person cured and to bystanders, family members, and religious officials.

The passages selected for this session are about how Jesus healed Jairus's daughter. The separate accounts by Mark and Luke have elements common to other biblical healing stories. Jesus receives an urgent plea from a parent and responds reassuringly. Events intervene that divert Jesus from the task, heightening the suspense. When Jesus arrives he finds a community lamenting the apparent death of the sick person, and skeptical that his presence can make a difference. Their

despair disappears as Jesus miraculously revives the deceased.

These particular stories of Jairus's daughter offer another key insight. As the 12-year old gets up and walks, Jesus directs those around her to feed her. The moment of healing is accomplished—but to restore this child fully, and to sustain her, the community must provide life-giving food. Jesus sees that this child must be nourished back to health.

In Genesis, God's creative impulse provides enough food for all humanity to enjoy life's fullness. But nowadays, in our distracted, fearful lives,

we need reminders of our responsibility to distribute, share, and consume food. Jesus became flesh and lived among us as the Bread of Life, a living sign of the Reign of God. Food is at the core of that kingdom's common life, as it was at creation. This is good news for everyone, including those who feel left out. The Beatitudes (Matthew 5:3) say: "Blessed are the poor in spirit, for theirs is the kingdom of heaven." In that promised kingdom, hunger is no more. May it be so on earth as well.



### MILESTONES IN RELIGION, SCIENCE, AND MEDICINE

100–300

Galen (c. 131–201), a Greek physician, publishes medical treatises that will form the basis of Western medicine for more than a thousand years later, until the beginning of the Renaissance.





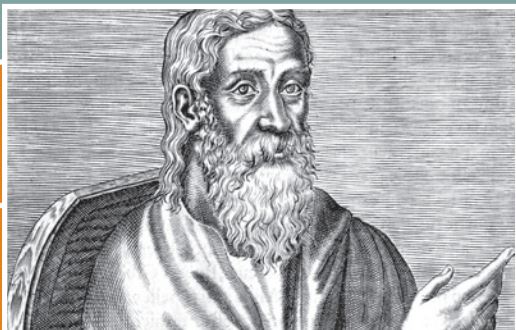
- Why do you think Jesus emphasized the need to feed Jairus's daughter? What was at stake?
- The Hebrew word *shalom* embraces “peace” as a deep, wide, and abiding wholeness, not just the absence of conflict. In what ways does this story remind us of the broad, community-based nature of *shalom*?

## The Issues

As these healing stories remind us, health and hunger are not distinct aspects of human life. The 2016 Hunger Report shows that they are deeply connected. We see hunger when we stop by a food pantry to pick up food for our families or to volunteer our services. Hunger is a daily reality when we use SNAP (formerly Food Stamp) benefits to buy food in our local grocery, or when a mother with young children in front of us in the checkout line uses WIC to buy cereal, fruit, milk, and eggs. Beyond food pantries and grocery stores, we see hunger's effects in hospitals across our nation among children and adults who suffer illnesses and medical conditions associated with poor nutrition. Hunger wreaks havoc in schools, among children eager to learn but without the capacity to thrive academically. Teachers know that stress, poverty, and hunger make it harder for children to get the education they need to reach their potential. Hunger reduces the productivity of our workforce and undermines our national economic security.



USDA Photo by Lance Cheung



100–300

Clement of Alexandria (150–215), one of the early church fathers, argues that health by medicine has its origin in and its existence from God as well as resulting from human cooperation.

How much and what types of food we eat help determine whether we are healthy or not (see [www.healthypeople.gov](http://www.healthypeople.gov)). But other factors—where we are born, live, grow up, and interact with others—affect our overall quality of life and well-being. Estimates are that these broader factors (social, environmental and behavioral) account for 60 percent of health outcomes. Another 20 percent is based on genetics, and only 20 percent on medical care (See Figure i.8, Introduction, page 25). Improving access to quality housing and education, safe neighborhoods, nutritious food, and clean air and water promote positive health outcomes for individuals and whole communities.

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Often, people who lack access to health care are the ones who need it most (Introduction, page 23). Unequal access to health care reflects deeper social inequities. People of color and low-income communities are more likely to experience diabetes, hypertension, obesity, and exposure to toxins, such as lead paint—especially dangerous for children. Some communities have concluded that changing those realities in a lasting way takes more than a few well-targeted programs. It requires a whole new way of thinking about a sustainable future and the health-hunger connections (See the story of Williamson, WV on pages 94-95 of Chapter 2).

The Hunger Report urges citizens to both understand how hunger and health intersect and to act to improve health outcomes. That includes advocating for useful public policy changes. The healthcare sector itself can have a strong voice in ending hunger. Health professionals understand the connections and often have powerful political clout in their communities. ProMedica in Toledo, Ohio, is a healthcare system that works actively to end hunger (see Chapter 2, page 101, and see "Hunger as a Health Issue" at ProMedica's web site, <https://www.promedica.org/Pages/service-to-the-community/default.aspx#hunger>). At the same time, anti-hunger agencies can be vital partners in the healthcare delivery system, particularly in providing more nutritious and affordable food. Read about the Oregon Food Bank on pages 36-37 of the Introduction.



## MILESTONES IN RELIGION, SCIENCE, AND MEDICINE

Eastern Orthodox Christians, at the insistence of St. Basil, Bishop of Caesar (329–379), establish the first great hospital in Asia Minor.

**300–500**

Saint Augustine of Hippo (354–430) presents a perspective on secular medicine that is positive, and like many other church leaders, he encourages Christians to care for the sick.



Medical care alone cannot shoulder the burden of keeping people healthy. Once we recognize the complex nature of what it takes to be healthy, together we can make things better in all sectors.

- Have you or someone you know experienced a health challenge in which the addition of quality food played a role in improving the health outcome? In what way?
- Before starting this study, what ideas did you have about the connections between hunger and health? What do you hope to learn from this Hunger Report?

## Activities

- Read about Sustainable Williamson in Mingo County, WV, on pages 94-95 of Chapter 2. How does this community's approach to improving health and reducing hunger differ from other communities? Could your community benefit from a more holistic, integrated approach to these issues? Invite someone from local government and someone in health care to address some of these questions with you.
- In small groups, discuss what can be done to address income inequalities that affect people of color in our nation more than other groups? How does income inequality in developing countries affect hundreds of millions of people in those nations? How could better education improve incomes over a lifetime?
- Examine the two maps on page 17 of the Introduction. Do you find anything surprising or interesting about the state and regional differences in food insecurity and obesity levels? What links can you see between the two issues? The Hunger Report says, "Conditions that are common in food insecure households—episodic food shortages, reliance on high energy-dense foods to stretch food dollars, stress and depression—are all risk factors for weight gain." (Introduction, page 19) What other factors might connect food insecurity with obesity?

*For suggestions on how you can translate your group's knowledge and energy into concrete forms of advocacy, see [www.bread.org](http://www.bread.org).*



Between fifth and tenth centuries, the practice of medicine is handed down from master to pupil.

500–1200

By the twelfth century, medicine is taught in medical schools and as part of the education of the clergy.





## SESSION 2: HONORING VOICES, EMBRACING CHANGE

### The Word

*Read Mark 10:46-52*

In Mark's gospel, when Jesus meets Bartimaeus, a transformation occurs. But it is different from other healing passages in intriguing ways. At first, the surrounding crowd tries to stop Bartimaeus from attracting Jesus' attention and concern. The bystanders don't welcome his initial cry for help; instead they try to silence him. Bartimaeus' status—blind and living beyond the city gates—marks him as someone outside the acceptable realm in the view of more privileged society. But see what happens when he cries out again and Jesus responds favorably. Jesus' welcoming attitude begins not only Bartimaeus' transformation, but the community's as well. Jesus makes the crowd co-creators in healing—"call him," Jesus says, and their cooperation enables Bartimaeus to rise and come close. Then something astounding happens. Jesus asks what he can do for Bartimaeus—simple, direct, inviting. Jesus makes no assumption about why Bartimaeus has cried out for mercy, despite his obvious blindness (would we ask that same question, or jump to conclusions?). Instead, Jesus invites him into a conversation to identify his pain, to point to the healing he needs,

leaving open the chance that his blindness is not the barrier from which Bartimaeus seeks relief.

Implicitly, Jesus invites the entire crowd—and you and me—to address the same question about our own health. Honestly, what needs healing in us? It may not be the obvious thing that a surface examination, or even extensive medical tests, might lead a doctor to identify.



The gospel story ends with Bartimaeus following Jesus on the way—the dangerous path to Jerusalem and the cross. Healing is not an end in itself, but a means to carry out a call, to remove barriers preventing

us from offering the fullness of our gifts for the world's greatest needs. It all starts with Jesus' simple question: "What do you want me to do for you?"

- How does society today—like the crowd initially in this story—stifle the voices of those on the margins? What impact does that have on a community's well-being? Each person is God's beloved creation, invited to experience a close relationship with Jesus and other people. Does that affect how we hear and affirm others' voices, and confidently lift up our own? Read Matthew

## MILESTONES IN RELIGION, SCIENCE, AND MEDICINE



### 1200–1400

Because some clergy begin to spend more time treating sick persons than on ecclesiastical duties, the church proclaims edicts that strongly encourage clergy to focus on theological matters, not medicine or surgery.

5:11-12. For those who are reviled and endure persecution and evil, how might their reward be carried out now—in the taste of “heaven” we seek to create on earth?

- Think about Jesus’ invitation for Bartimaeus to explain what help he’s seeking. What has been your experience with medical professionals in terms of their graciousness and willingness to listen to you? Elsewhere in Scripture Jesus rejects the then-common notion that illness is related to sin (John 9). Jesus instead makes grace, not judgment, the basis for health and wholeness. Is Jesus’ question to Bartimaeus in Mark’s gospel related to that saving grace?

## The Issues

The Hunger Report says “In the United States, the issues of hunger and health have been seen as two separate and distinct challenges.” (Introduction, page 11). Food insecurity has been widespread in our country for years. Yet many health professionals and the general public have not always clearly connected the dots between the related concerns of hunger and health.

The report explores these hunger-health links, and through stories offers a more complete and balanced picture of how people live their lives. We learn deeper realities—for example, that widespread chronic illnesses are more common among low-income communities and people of color than among other groups (Introduction, page 23). Those of us who live and worship in communities experiencing these impacts are already facing these realities and seeking empowering solutions that make sense in our own settings. But lasting solutions work best when wider communities embrace these challenges as a shared responsibility. It is important to invite members of the community to share their stories and to listen intently. Engaging people in the community takes time and dedication to develop strong, authentic relationships that lead to openness and truth. In this study guide session, we reflect on one



Meals on Wheels America



## 1200–1400



The Franciscan monk Bartholomaeus, a professor of theology, writes the *Encyclopedia of Bartholomaeus* (1203–1272), which discusses mental illness in terms of natural rather than supernatural causes.

aspect of this journey: the importance of asking the right hunger-related questions and gathering answers from medical patients as keys to ending hunger and improving health. Those questions resonate with the way Jesus welcomed Bartimaeus's honest response that described his own wish for healing.

Some healthcare providers now routinely ask patients questions to assess their food security status. With that information, providers can partner with food service groups to help their patients become healthy.

- In Colorado, Kaiser Permanente works with Hunger Free Colorado, a statewide advocacy and outreach organization, to address food insecurity and diet-related diseases. Kaiser Permanente health providers refer patients at risk of hunger to Hunger Free Colorado, which links them to federal nutrition programs and charitable food programs they might qualify for, and helps patients to apply for these programs (Chapter 2, page 75).
- An Oregon Food Bank employee meets with staff at clinics and hospitals, helping them develop plans to administer a two-question food security screen and enter the results in a patient's electronic medical records. (Introduction, pages 36-37).
- At ProMedica, a Toledo, Ohio-based health system, patients admitted to all its network hospitals are administered a two-question food security screen validated by Children's HealthWatch. Patients at risk of

food insecurity receive an emergency food package and community resource information when they leave the hospital (Chapter 2, page 102).

Public policy supports these approaches. The Affordable Care Act (ACA) of 2010 has been politically controversial, and you may have disagreements in your group about that law's overall impact and effectiveness. But invite people, regardless of their wider views on the ACA, to consider one part of that law. The ACA encourages non-profit hospitals to focus more on preventing illnesses, reducing patient readmissions, addressing broader societal influences on health, and developing community partnerships, rather than simply treating illness by prescribing more medical care (see Chapter 2, pages 75-77). The ACA urges hospitals to pay attention to community benefits they can provide, including ensuring adequate nutrition. More and more, healthcare providers look for ways to deal with hunger up front, encourage better eating habits, and offering access to quality food to improve health. What do people in your group think about those approaches?

There are multiple reasons for chronic health challenges. Early childhood is an especially vulnerable time, when deficits have lifelong implications (see Chapter 1, pages 45-50). The same chapter (pages 52-54) connects wider social factors—including abuse, violence, mental health problems, depression, the stress of poverty, and disabilities—to long-term health conditions. Consider the complexity of hunger, and discuss the opportunities you've learned



## MILESTONES IN RELIGION, SCIENCE, AND MEDICINE

With the advent of the Renaissance, the split between religion and science widens and the practice of medicine becomes more of a secular discipline.

### 1400–1600

John Calvin (1509–1564) denies any direct miraculous power from the sacraments or the act of laying on of hands.



from reading the Hunger Report about how to address hunger as a health issue.

- Review Figure 2.6, “The Fruit and Vegetable Prescription Program.” Then have half the class read and discuss pages 92-96 in Chapter 2 concerning Wholesome Wave’s fruit and vegetable prescription program. Have half the group do the same with the article “‘Food is Medicine’ in Navajo Nation” (Chapter 2, pages 106-107). These programs target children, pregnant women, and others with health risks to provide them healthy food, which also benefits local farmers. What advantages are there in these programs, and what challenges do you see?
- Assign small groups to read some examples in the report of ways hospitals are evaluating and addressing hunger concerns, such as Boston Hospital (Chapter 1, pages 48-50) and home-visitation programs (Chapter 1, pages 45-47). What aspects of these examples seem the most viable and effective to you? What might be the most adaptable to your own area?
- and vegetable prescription program in your area, similar to Wholesome Wave’s or ProMedica’s (see Chapter 2)? If the hospital or clinic is not currently screening for food security, consider ways to advocate that they do so.
- Invite speakers from a local food pantry or food bank and from a local healthcare provider to have a dialogue about the ways their missions intersect. Find out what currently is being done to connect hunger and health, and share your insights from studying the Hunger Report. Think together about possible new approaches to improve health and nutrition in your area.
- Read Chapter 1, pages 42-45, and examine Figure 1.1 on page 42. You can also view, share via social media, and print copies of this infographic online at [www.hungerreport.org/infographics](http://www.hungerreport.org/infographics). Young children who are at risk get life-long benefits from significant interventions during that early, vulnerable period of life. In your experience, what are the most effective activities and programs for children and youth that have made a positive difference on their health and well-being? Why do you think more people don’t ask for help during this critical phase of life? What gets in the way?

*For suggestions on how you can translate your group’s knowledge and energy into concrete forms of advocacy, see [www.bread.org](http://www.bread.org).*

## Activities

- Have class members contact local hospitals and clinics. Find out if they do food insecurity screening for incoming patients, and if so what they do with the information. Do they partner with local food banks or pantries for referrals, or is there a fruit



The sisters of Charity of St. Vincent de Paul organize Catholic nuns to serve both religious and secular hospitals.

## 1600–1800

The Wesleyan-Methodist tradition begins in England, and founder John Wesley (1703–1791) writes extensively on health topics, including his most famous work on the subject, *Primitive Physick*.





## SESSION 3: THE WAY FORWARD: IT TAKES A COMMUNITY

### The Word

*Read Mark 6:7-13; 30-44, and Mark 2:1-12*

Jesus sends his disciples out two-by-two with only a few essential resources. They preach, cast out demons, and cure those who are sick. When the disciples come back together, they're worn out, undernourished, and stressed. So Jesus—the good personnel manager and shepherd—invites them to a quiet, restful place. But crowds spot them and interrupt their journey. Jesus—again the shepherd to a larger flock—teaches the crowd. Time passes, people are hungry, and the event we know as the “Feeding of the 5,000” occurs. A story that begins with a small community of exhausted, hungry disciples—who work so hard they have no time to eat—becomes a banquet-like moment for the larger, gathered faith community. We cannot attend to our own intimate health and hunger needs without compassionately and faithfully embracing the broader hunger realities in communities beyond our own family. We cannot take bread and cup in our own faith community's Eucharist without sensing the universal offering of Christ's body and blood to a yearning world.



Some of Jesus' healing stories in Scripture are direct and personal, involving close contact between him and the person needing help. But other stories tell about community creativity and boldness, as in Mark 2:1-12. Bringing a paralyzed man to Jesus for healing, some compassionate people find crowds blocking the way forward. So they decide to break open (quite literally) established structures, show faith and ingenuity in their mission, and gain their friend's restoration.

In today's world, networks of people are part of healthcare systems—not only professionals, but also friends, family, volunteers, farmers, and merchants. Together communities can show vision, hope, and creativity in devising strategies for wholeness. As the Beatitudes remind us, “Blessed are those who hunger and thirst for righteousness, for they will be filled” (Matthew 5:6).

- Recall some people who have helped you when you have had health problems or experienced hunger? How have they partnered to improve your situation?
- Think of creative things going on in your community around health care

## MILESTONES IN RELIGION, SCIENCE, AND MEDICINE



### 1800–1850

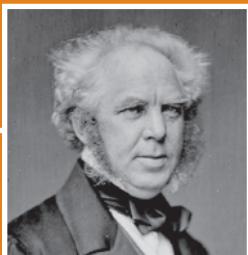
The American social reformer Dorothea Dix (1802–1887), a former Methodist turned Unitarian who herself suffers from depression, begins in the 1840s to fight politically for the humane care of poor people suffering from mental illness.

and hunger. What does your church or group do to address those related concerns? Have you found ecumenical responses to be most effective? In what ways and why? What are the biblical roots for faith communities to respond in this way? How does the example of church engagement in Macon County, Georgia inform your response? (Chapter 2, pages 88-89) Are parish nurses a part of church life in your area (see Chapter 1, page 51)?

## The Issues

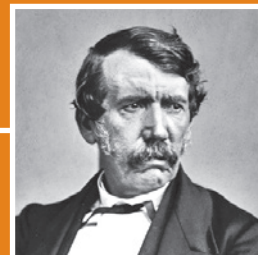
Scripture passages for this session give examples of energetic, creative partnerships that address hunger and health issues in Jesus' time. In our day, as we saw in Session 2 of this Christian Study Guide, partnerships have effectively addressed the health implications of food insecurity and other life course factors ("life course" is defined in Chapter 1, page 41). We expect that medical care will support healthy outcomes, but it cannot bear the burden alone. Session 2 begins to explore some innovative ways healthcare and food providers are combining resources. That session also notes that The Affordable Care Act (ACA) encourages these solutions. (If the ACA is controversial in your group, see Session 2 for helpful suggestions.) Now, in Session 3, we highlight additional approaches that connect these issues.

Doctors traditionally write prescriptions, usually for drugs or other medications. Yet for years some doctors have realized that a high quality, targeted diet can have a therapeutic effect in combatting particular diseases. So 50 years ago, in Bolivar County, Mississippi, Dr. Jack Geiger began writing prescriptions for specific foods for his patients (Introduction, page 32). But he, and other doctors since, found that health insurance systems and



1800–1850

Two Christian doctors, Peter Parker and David Livingstone, ignite a medical-missionary movement which progresses to involve nearly all major religious denominations and continues to this day.



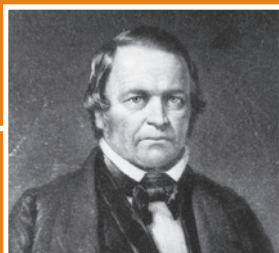
government medical programs do not routinely reimburse for those costs. That makes food prescription programs like Wholesome Wave's Fruit and Vegetable Rx program at Harlem Hospital Center and Lincoln Medical and Mental Health Center in New York City helpful as test cases. (Chapter 2, page 93).

The Hunger Report describes many innovative programs. Invite the class, perhaps in small groups, to explore several from the list below and compare ideas about them. You do not need to discuss all six.

- The Oregon Food Bank works closely with hospital and clinics, encouraging them to gather food insecurity information from patients and then, with help from nursing students, link the patients to available food sources (Introduction, pages 36-37).
- Bright Beginnings, an early education and childcare center in Washington, DC, provides nutritious foods to children in families experiencing homelessness. The program works intensely with parents on many life issues, including health and nutrition, and helps them develop goals and plans for improving their economic and family lives (Chapter 1, page 56).
- HealthCorps enables young people, as part of a comprehensive health education program, to understand how important nutritious foods are, and how to cope with financial and other barriers to eating well (Chapter 1, page 57).
- Eskenazi Health, a safety-net health system in Indiana, has developed a pilot program with Meals on Wheels America to provide nutritious meals to recently discharged patients for their initial period back at home. Eskenazi also maintains a food pantry at one of its clinics in a low-income neighborhood, and screens patients coming to the clinic for their food security status (Chapter 2, pages 78-79).
- In-home nurse visitation programs for first-time parents improve health, nutrition, and life outcomes for children and parents alike. These efforts supplement WIC and other federal programs targeted to low-income, nutritionally at-risk children and mothers (Chapter 1, pages 45-47).
- McKenna's Wagon, a mobile food truck, serves healthful meals daily to 300 people who are homeless in downtown Washington, DC (Chapter 2, page 84).

Many churches across the United States are involved in health care. They may offer mobile health vans or fairs, host food pantries with healthy food, employ parish nurses, engage with church-sponsored hospitals, or offer mission support for medically-based ministries around the world. In many cases these efforts involve

## MILESTONES IN RELIGION, SCIENCE, AND MEDICINE



### 1850–1900

The first General Conference of the Seventh-Day Adventists (SDAs), based on the teachings of William Miller, emphasize fresh air, exercise, a meat-free diet, sexual purity, drug-free medicine, avoiding stimulants, and sensible dress.

partnerships with other local churches, with ecumenical faith communities, and with denominational groups. This multi-church commitment, despite differences on other issues, is one visible sign of the unity of the church and recognizes both the spiritual and medical components of health and well-being. An example of these factors working well is Columbia St. Mary's Hospital in Milwaukee, which sponsors a chronic disease management program at food pantries in some of the city's lowest income neighborhoods (Chapter 1, page 51). Many pantries are in local churches, and the hospital engages parish nurses to help administer the program. The pantries stock fresh, healthful food aimed at diseases found in those communities. One local denominational group has strengthened its commitment to health ministries as a result. Communities across the country find that interfaith activities are also fruitful, uniting shared values common to different religious traditions.

- Which of these approaches seem most promising? What other ideas do these examples spark in your mind? What obstacles are there?
- Why aren't all churches, hospitals, food banks, and others experimenting with innovative approaches to end hunger and improve health in their communities? What limitations might they face? What role might advocacy play in stimulating more innovation?

## Activities

- If there are active parish nurses in your area, invite one to speak to your church or group. Discuss whether a parish nurse would be a good addition to your church's current health and hunger work.
- Many areas have Meals on Wheels programs. Bring together coordinators of that program and staff from local hospitals and clinics to see if your area could support a pilot project like Eskenazi Health's (Chapter 2, pages 78-79).
- Review the online video to the 2016 Hunger Report at [www.hungerreport.org/video](http://www.hungerreport.org/video). This is about how Whole Some Wave's fruit and vegetable prescription program (FVRx<sup>®</sup>) is improving one family's health and food security (see more about FVRx<sup>®</sup> in Chapter 2, pages 92-95). What is most striking to you about the story? Is the program effective and sustainable? What might make a similar program work in your area?
- Invite healthcare professionals in your congregation or who are friends of group participants to review the Hunger Report and offer their thoughts to the class.

*For suggestions on how you can translate your group's knowledge and energy into concrete forms of advocacy, see [www.bread.org](http://www.bread.org).*



Louis Pasteur (1822–1895) introduces the germ theory of disease.

## 1850–1900

Meanwhile, there is a resurgence of faith healing during revivals, pilgrimages to shrines, and exposure to relics.





## SESSION 4: ENDING HUNGER: HEALTH IS AT THE CORE

### The Word

*Read Mark 5:25-34 and John 5:2-15*

Some gospel stories that involve healing moments include heartbreaking histories of longstanding illness. In Mark, the woman who has suffered hemorrhages for 12 years has spent all her funds on medical advice, but her condition has only gotten worse. Is her illness a rare disease, or have male doctors misdiagnosed a common condition among women? Whatever the cause, the expensive healthcare system has let her down.

In a different way, the sick man in John's gospel has his own medical setbacks. Ill for nearly four decades, he is constantly outmaneuvered in getting to a soothing pool. People with more physical resources jump ahead of him, denying him access. In both gospel stories the people seeking relief are persistent and courageous. But Jesus offers a means of renewal that other health systems have failed to provide.

Both episodes occur in crowds, so the healing impact extends to those gathered bystanders as they see Jesus bring peace and wholeness into broken, aching places.



We're reminded again of the Beatitudes (Matthew 5:8): "Blessed are the pure in heart, for they will see God."

Modern medicine is amazing in its versatility and scope. But even it has limitations and failures. Perhaps part of the issue is our own expectations. Knowing what is possible, we demand the best for ourselves and our family. We don't always consider the consequences for neighbors who lack access or resources to get good health care.

Christian values and international declarations support basic health care as a right for all. Yet as a nation we struggle to make sure there is adequate care for everyone. Laws like the Affordable Care Act (ACA) that point in that direction become major political debating points rather than rallying wide support. We know that top-notch nutrition and health resources for children enhance their entire lives (see Chapter 3, pages 116-120). Yet the global community has not yet made protecting and promoting children's lives a top priority.

- Knowing the potential and the limitations of healthcare systems, what role can ending hunger play in bridging the gaps?

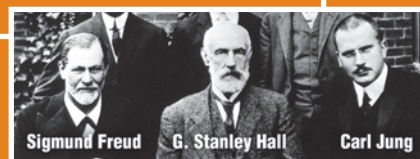


### MILESTONES IN RELIGION, SCIENCE, AND MEDICINE

In the 1930s, a Baptist commission reviewing missionary activity of the church calls for less evangelism and more use of medical and other professional service as a direct means of making converts.

**1900–1950**

Psychology emerges as a discipline in its own right and distances itself from philosophy and religion, instead modeling itself after scientific disciplines like physics.



- Is perseverance important in maintaining a person's health? Does the biblical witness in these stories show how important it is to foster hope and to take concrete action in seeking the justice of good health care?

## The Issues

Several chapters in this Hunger Report discuss the intersection of health care and hunger in the United States. But these same issues arise in the international context, often in different ways and with different solutions than here at home. As in our Scripture passages, perseverance and flexibility are at the center of sustained efforts to end hunger and improve health.

In the year 2000 all the nations of the world committed to a set of concrete, achievable development goals. These aimed to improve global health and well-being, reduce poverty and hunger, and enhance partnerships to meet those goals over the next 15 years. (For background on these Millennium Development Goals (MDGs), see Chapter 3, pages 110-115) The good news is that, despite setbacks in some areas, major progress has been made on many of these MDGs (see page 201 for details on that MDG progress). As the period of the MDGs ends in 2015, the Sustainable Development Goals (SDGs), approved in September 2015, will expand and refine the goals. The SDGs, covering now through 2030, point to challenges not addressed in the MDGs (such as climate change) and new opportunities for progress (see Chapter 3, pages 131-137).

### The Hunger Report suggests several key next steps on global issues:

Many countries need to build more capacity in their health systems. Over past decades



Church-related hospitals, first established around the turn of the twentieth century, care for more than a quarter of all hospitalized patients in the United States.



1950–1980

The Catholic Church is the largest non-government provider of health care in the world.



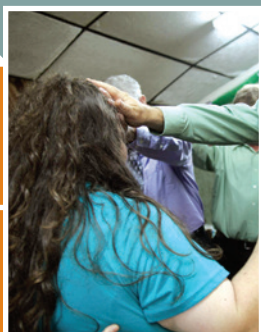
donor nations and financing institutions generously provided funding and support to fight HIV/AIDS, malaria, Ebola and other key health priorities. Those donations saved millions of lives, and continue to do so. Yet money targeted for diseases could be spent even more efficiently, in the short and longer terms, if recipient nations improved their health and information systems (see Chapter 3, pages 120-125). At first glance, providing aid to support these systemic changes may not seem as attractive and motivating as combating specific illnesses. But strengthening health systems promises major benefits.

Another global priority is to train community-based healthcare workers, especially in areas where formal health workers are not readily available (see Chapter 3, page 124). In many parts of the world, and in portions of the United States, trained community workers have helped provide primary health care; served as parish nurses, as midwives, and as maternal and newborn caregivers; and administered vaccinations. One of the MDGs that has not been fully achieved by 2015 is reducing maternal mortality (Chapter 3, page 120). Better health systems and skilled local personnel can change this. (See U.S. Leadership: Ending Preventable Child and Maternal Deaths in a Generation, on page 126.)

The Hunger Report discusses “hidden hunger,” known technically as ‘micronutrient deficiency’ (Chapter 3, pages 116-120). When children lack access to key nutrients (including iodine, A and B vitamins, zinc, and iron), a condition known as stunting can result. The most vis-

ible sign of stunting is when a child fails to grow to normal height, but other serious problems may also be present. Fortified foods and vitamin supplements can help in those settings. In wealthier nations, consuming more high quality and nutritionally rich foods available on grocery shelves may be more feasible. Yet even there, cost factors, food preferences, and the reality of food deserts can put those healthier alternatives out of reach to many who need them.

- Globally, conflict is a major cause of hunger and impaired health, and vice versa. Consider the Nigerian and Syrian examples in Chapter 3, page 115. How is peacemaking related to ending hunger and ensuring adequate health care for all? In conflict situations, what support do those caught in the middle need most?
- The Hunger Report discusses universal health coverage, which many countries and the global community are working to achieve (Chapter 3, pages 127-130). What would this look like, in the United States and abroad, as a culturally-sensitive goal tailored to meet a particular community’s needs and realities? What alternative forms of healing, beyond traditional Western approaches, must we be open to for those practicing them?
- The food industry in the United States plays a major role in the quantity and quality of food available in our communities (Chapter 2, pages 85-87). Think about the sweetened beverages many people drink. Some advocates suggest that public



## MILESTONES IN RELIGION, SCIENCE, AND MEDICINE

As many as 100 million charismatic Christians around the world express beliefs in divine healing.

1980–2000

More than 60 medical schools (of the 126 schools in the United States) have courses on religion, spirituality, and medicine.



policies should aim to reduce consumption of these beverages because of their health impacts. Others say this is a matter for personal choice. What are your views on the food industry's role in our nutrition and food decisions? What changes, if any, would you like to see? How could these changes come about given today's economic and political situation?

## Activities

- It's likely you have encountered health-care workers throughout your life, both professionals and those more informally trained. Discuss how these people have made a difference in your well-being. How might the global healthcare system support flexible roles that involve various types of healthcare personnel?
  - Look at the infographic on "hidden hunger" online at [hungerreport.org/hiddenhunger](http://hungerreport.org/hiddenhunger). Were you surprised at the close link between obesity and micronutrient deficiency and their dual impact on health? Why is this known as 'hidden hunger'? (Read Chapter 3, pages 116-120.) What responses—and on what scale—do you think are appropriate to deal with micronutrient deficiency?
  - Health literacy is an emerging area of concern. The Hunger Report says, "Health literacy, as defined by the Robert Wood Johnson Foundation, 'is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions and adhere to sometimes complex disease management protocols.'" (See Introduction, page 27, and also Figure i.10.) Do you feel you are literate on health matters? After reading portions of this report and using this study guide, do you feel more comfortable speaking with your doctor about health and nutrition concerns? Would you consider discussing, or sharing information about, some of the issues in this report with your doctor?
  - As you think about the role the government plays—in the ACA, in federal food programs, in international development assistance to relieve poverty and hunger—what would you say to our nation's leaders to help create a safer, healthier, and well-nourished world? For example, consider a federal policy, still in effect in some states, that prevents people convicted of certain felony drug offenses from having access to SNAP for the rest of their lives, even after their release from prison. (See Introduction, pages 30-31.) How does this policy impact both the formerly incarcerated person and their families? Are these policies fair and wise? Bread for the World has user-friendly advocacy resources on mass incarceration and other issues at [www.bread.org](http://www.bread.org).
- For suggestions on how you can translate your group's knowledge and energy into concrete forms of advocacy, see [www.bread.org](http://www.bread.org).*



## 2000–2015

Faith-based groups in the United States urge the federal government to increase support to fight the global HIV/AIDS epidemic, resulting in the authorization of the President's Emergency Program For AIDS Relief (PEPFAR), the largest U.S. development assistance program of all time.

