
As I began reading this book, there was an outbreak of measles in the Fraser Valley where I live. Measles is a highly contagious viral infection and a potentially serious disease, but in communities with high vaccination rates, it’s generally not a problem. In fact, fifteen years ago, the immunization program was so successful that people spoke of measles being eliminated in North America.

In the eastern part of the Fraser Valley, however, the vaccination rate was only 60–70%, well below the 95% needed for effective immunity in a community. Several children had confirmed diagnoses, there were another hundred suspected cases all at the same religious school, and the infection was beginning to spread beyond the school to the general population.

One of the reasons for the low vaccination rate in that particular area is the belief that, if it is God’s will, God will protect people from disease. “We leave it in [God’s] hands,” says the pastor of the church at the center of the outbreak. While he does not oppose healthy eating, rest, and other natural ways of staying healthy, he is against vaccination. “Of course I openly express my own point of view according to the Bible, absolutely,” he says. “But it’s not that we force [people not to vaccinate]. It’s through their own conscience that they have to act.”

It would seem that this pastor’s teaching has had an effect, for vaccination rates in his community are relatively low compared to that of surrounding areas, and they were now facing this outbreak of measles. Was this really God’s will? Or does God will us to use medicine and science to prevent disease? What does it mean for God to be our healer? And what role does the community play in health and healing?

Willard Swartley’s book is a comprehensive treatment of these and other questions. I appreciate his careful biblical scholarship in Part 1 of the text, which gives an overview of healing in both the Old and New Testaments, offers sound theological analysis, and discusses the church as a community of healing. In Part 2, Swartley thoughtfully applies this understanding to current issues of health care in the United States, and extends this even further in Part 3 as he explores new paradigms of compassionate and sustainable health care that express mutual aid, service, and God’s shalom.

Swartley’s purpose in writing this book is to recall the church “to own its biblical, historical and theological heritage and its mission in healing and health care. It challenges the current dominant assumption that health care is an economic, political or medical issue only. It regards U.S. health care a moral priority” (11).

To the pastor who sees vaccination as a lack of faith, this book says: “We should not
pit faith healing against medical healing. We need not compartmentalize between the religious and the scientific, between natural and supernatural healing, between faith and pills” (100). “Medical cures rooted in scientific knowledge do not negate God as healer who gives wholeness and well-being” (107).

For the church seeking to live out its mission, this book reminds us of “Jesus’ dual mission of healing and proclaiming the kingdom of God” (11). It calls us “to continue what Jesus began: to be a healing community” (17), and reminds us that “The quality of the church’s life and mission is known by its response to the weak, the disabled and the poor in its midst” (163).

For those who are sick, there is both realism and hope that comes both from Scripture and from the author’s own experience with his heart condition: “Healing is always God’s/Jesus’ gift; it is not our faith or doing. And when we are not healed from physical sickness as we might desire, we may experience other dimensions of healing, emotional and spiritual, and know shalom-joy even when health is compromised” (229).

For those in our culture who tend to idolize health and the perfect body, this book reminds us of our all too human limitations, “to own our mortality and open ourselves to God’s work in and through us” (44), to see the “beauty and grace” in disability (166).

For healthcare leaders and others, this book sets out a vision of health care that “honors God’s good creation” (207), that is compassionate and just, and cares for those who are most vulnerable.

While the healthcare system and its challenges are somewhat different in Canada than in the United States, I resonated with so much in this book and found myself underlining these and many other passages. I highly recommend this biblical, practical, wise, and challenging book.

As for the measles outbreak in my neighboring community? The 320 confirmed cases is the largest measles outbreak ever recorded in my province. A medical health spokesperson expressed respect for the group’s religious views and at the same time encouraged others to get vaccinated. Extra clinics were set up for vaccination and were used by the general population and some members of the religious group who decided to get vaccinated as well. The outbreak was largely limited to the one area, and the crisis seems to be over.

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