

**The Prayer of Faith**

<sup>13</sup> Are any among you suffering? They should pray. Are any cheerful? They should sing songs of praise. <sup>14</sup> Are any among you sick? They should call for the elders of the church and have them pray over them, anointing them with oil in the name of the Lord. <sup>15</sup> The prayer of faith will save the sick, and the Lord will raise them up, and anyone who has committed sins will be forgiven. <sup>16</sup> Therefore confess your sins to one another and pray for one another, so that you may be healed. The prayer of the righteous is powerful and effective.

We are beginning a Lenten series on healing. The theological quagmires awaiting an erstwhile preacher are substantial. Is healing something we pray for? What is our agency in healing? What if we have approached healing with the best of habits and still the healing for which we long does not come to be? Is God at fault for not offering us healing akin to so many of our bible stories? Are we to fault for not having had the faith to heal that which is broken? And yet “healing” is a very biblical topic. According to my comprehensive concordance there are over 100 references to “heal”, “healer”, “healed” or “healing” within our biblical texts. Treacherous territory indeed.

With that in mind I will share reflections from congregational members (passing the buck?) and include a few thoughts of my own as we go along.

I begin with Wade. I have visited with Ted and Joanne now and then about the gift of their child named Wade. He makes Parkridge his home. Knowing we were approaching this Lenten topic I visited again with Ted and Joanne. Joanne said, “read the book”. “The book?”, I asked. “Yes, our story is in the book *Inside I am Dancing: Personal Stories of God’s healing and Design* commissioned by MCC SK and edited by Edna Froese,” she said. So I read the book. It is this book [hold up book] and it is in our church library. To their story.

The upshot is that the professional community, and the spiritual community I have sensed, was eager to offer quick answers why Wade was not like other children or healed. Quoting from the text, “We recall the psychologist / family therapist in her office near the foot of the Calgary Tower who, on observing Wade for 4 or 5 minutes finally looked up, smiled, and in a most detached and unfeeling manner, said, “Wade is very obviously retarded. He probably didn’t receive proper parental bonding at birth.” Continuing on in the article... “We also recall the pediatrician on one of the referrals saying, “Mrs. Ewert, you are a neurotic mother. You are only imagining that Wade is experiencing physical pain. You need the help.”<sup>1</sup> Ted and Joanne remember one parishioner in Calgary “thinking these young parents had sinned, in explanation to this handicap.”<sup>2</sup>

Joanne and Ted, though, were very clear to point out that many church people showed support and solidarity with them in a challenging time. They wrote, “People at the church in Calgary and on our return to NPMC were mostly so very kind and understanding and tried to relate to Wade.” And within the article the friendship and presence of Joan and Bob Sawatzky was noted.

---

<sup>1</sup> Joanne & Ted Ewert “Life with Wade” in *Inside I’m Dancing: Personal Stories of God’s Healing and Design*, edited by Edna Froese (Saskatoon, SK: Mennonite Central Committee), pp 136-137.

<sup>2</sup> Email from Ted & Joanne Ewert: 2023-02-18 07:46

Healing. A topic fraught with pitfalls. Stephanie Epp articulates well some of my questions around healing in a broader spiritual and theological framework. She wrote,

“Healing can be a problematic term or concept for some, myself included. And in my experience healing is not something that is talked about a lot in Mennonite circles. In fact, I cannot recall a single sermon on the topic. Healing may be mentioned in prayers for recovery of people in hospital, but that is the extent of the word healing in a Mennonite worship setting. Its no wonder then that it is a daunting topic to even consider, when most of us don’t necessarily have the framework to even speak about it. Often healing is restricted to situations involving the physical body. The term healing has been co-opted by some theologies which err to the side of the prosperity gospel - if you have enough faith, if you pray enough, if you pray in the right way or are of the right faith; if you are righteous and blameless and good and suffer in the right way, God will see this and will bestow favour upon you in the guise of wealth, healing, and anything you want.

This isn’t how life works, and limited though my understanding may be, this isn’t how faith or God works. Where does this leave us, if having [enough] faith doesn’t mean we automatically get to take up our mats and walk? What does healing even mean for someone who struggles with a mental illness? What does healing mean in our inherited settler society where many still fail to even try to hear, let alone acknowledge, the truth of the land’s history and ongoing colonial story? What does healing mean in occupied Palestine, where the relentless violence and injustice literally never sleeps or takes a day off in nearly 75 years and counting? What does healing mean in Syria and Turkiye, amongst all the rubble? What can healing mean in these and other contexts? I don’t have answers. I think questions like these and wrestling with questions is a good start. Recognizing and understanding the privileged place we each individually hold in this world and the ripple effects of all of that, is vitally important. Are we using our privilege for the benefit of others and the betterment of the world? Are we addressing our own inherent racism? Are we educating ourselves and continually working to become our best true selves?

I don’t know about healing per se, but I do believe in justice and compassion and Shalom. Somehow attempting to embody and work towards those things for all of us is perhaps one way to look at healing.” – *Stephanie Epp*

Both the Epp and Ewert reflections tilt the scale of healing, however you define it, from the physical and mental realms into the social realm. We pray for healing, yes, and whatever happens we can be healed through relationship. We may not get better physically or mentally, but we have people around us and creation beneath

us—and that is a part of the journey towards healing. We have hauntings from the past and those memories will linger, but we have resources near by to help detoxify those generational experiences-- that is a part of the journey towards healing.

This healing in community made Susanne and I consider the toll it takes on those along side those desperately seeking healing. With that in mind it seemed only right to ask a medical care provider to offer a word on the topic. Ben Leis writes:

“As a health care provider, I inevitably suppress emotions throughout the day. There are times during the day, when I get a chance to sit with the clinical team, and I express more emotion, or even cry. This always feel good. I don't mind showing vulnerability in front of my team. It keeps us all more grounded and builds our ability to collaborate. Without this catharsis I will start to "bring my work home". This will usually manifest as impatience with my kids, choosing to be anti-social, and insomnia. I have learned to recognize these patterns and act accordingly, whether that means an apology for an inappropriate outburst, or taking time off for self-care. I think Marlie would say I am getting better at this, but you may have to ask her :). We are still happily married and so I think I am doing some things right.

It is true the health care system is more strained than I have ever seen it. Beds in hallways are the new standard, no longer just an occasional work around. Allied health teams are tired. In my opinion, the main issue is social determinants of health which are left unaddressed at the time of a patients discharge. For example, discharging a patient on multiple heart medications without knowing if they can afford them, pick them up, or even tolerate them. The worst situation is homelessness. How can I hope to make any sustainable treatment plan for someone who is homeless—it will fall apart the minute they decide to use money for shelter instead of medications, physiotherapy, exercise etc. Basic health needs need to be met for outpatient plans to be successful, otherwise patients will end up in hospital. It is then no surprise that hospital wards remain overcrowded after a several year pandemic that saw Saskatoon's poverty and substance use rates increase substantially. And it seems to be getting worse.

There are solutions, some of which I am proud to be involved with. Sanctum Care Group, an organization which Annette Epp has advocated for in the past, addresses homelessness in patients with chronic diseases like HIV. In Saskatchewan, a homeless person with HIV has a 50% chance of dying within a year due primarily to medication non-adherence. Imagine living on the streets and trying to prioritize pills over food or shelter, especially if some of these pills need to be taken on a full stomach, let alone that you have a horrible virus which literally consumes you. This is a third world situation in our city. In Saskatoon, people are dying in the streets from treatable diseases which have a normal life

expectancy. I'm ashamed of our social infrastructure when I treat these patients in hospital.

Sanctum Care Group accepts these patients in their residence without prejudice and treats them like worthwhile humans. In my mind, they are fulfilling what Jesus asks of us; protecting the most vulnerable and loving one's neighbour. Sanctum's results are staggering. Not only do they divert these patients away from urgent care which diminishes overcrowding, but they save lives. Some of their graduates are now housed and leading fulfilling lives. Their programs consistently keep children out of foster care and under the care of their biological mothers. If something is going to help our system, it has to be this. If you feel the same way, I would encourage you to donate or volunteer with Sanctum Care Group as they need help. The government still isn't investing the amount of money in them that they deserve.

Above all, I feel hope guides me. No matter how sad or treacherous a patient's life has been, they have taken time out of their day to see me so that I can provide some hope, even in the face of permanent physical disability. Having programs like Sanctum offers can help me do that, especially when patients feel society has done nothing to support them. Sometimes hope is transferred through a listening here, a comforting gesture, or more frequent follow-up, even if there are no interventions that modern medicine can provide to improve things. If there is physical disability, the mind must still be tended to and patients must feel loved, have self-worth, and hope. I aim for my care to achieve that no matter what modern medicine can offer. – *Ben Leis*

In Conclusion, Ben highlights some of the systemic issues surrounding healing in whatever category one probes. He, and all the contributors for this morning, identify the communal dimension of healing. With that I will end with end with another experience of Ted and Joanne.

They sing to Wade. Wade loves Elvis. He would be pleased that the movie garnered several awards last Sunday. One of his favorites from Elvis is “We Call On Him”. The text goes: “Whenever storm clouds gather; we call on Him to light our darkest day. Why must it be that only when we're lonely; and hopes are dim, we call on Him. Why don't we call on Him before we lose our way?; to count our blessings and thank Him while we may. We call on Him when no-one else will answer. We ask of Him a reason to go on; when our cup of joy becomes a cup of sorrow; filled to the brim. We call on Him”.

The lyrics of the text are worth considering. The dedication of parents to offer a son something beautiful is noteworthy. The presence of a community to support such healing in action is what we want and need to be about.

Patrick Preheim, co-pastor Nutana Park Mennonite Church