The UCCP Healing Ministry

Spirituality for these Critical Times

United Church of Christ in the Philippines

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CONTENT

I
The Early Beginnings

Protestant missions played a major role in health, sanitation and hospital work in the early beginnings of the missionary endeavors. After the signing of the comity agreement, the mission boards pursued their evangelization and expansion programs through religious and secular education and evangelistic campaigns. Given the philosophy of missions at the time, their endeavors included the building of churches, schools, dormitories and hospitals.

The Presbyterians

The Presbyterians were the pioneers of Protestant medical mission in the Philippines. Considered as a major reason for the success of the Presbyterian mission in the Philippines was the outstanding medical work carried out by Dr and Mrs J. Andrew Hall, who, in 1901, built the first mission hospital in the Philippines—an 8-bed "Bamboo Hospital" in Iloilo.

In January 1901, Rev Leon C. Hills, a bachelor, arrived in Dumaguete, and after learning Cebuano, began an English class that quickly grew from 25 to 60 students (including Governor Larena and the provincial board.) However, it was soon decided that it would be best to have a married couple start a school. Hence, on August 12, the Hibbards came, and on August 28 held a class of 15 boys in what was to become Silliman Institute. In November of the same year, Dr Henry Langheim and his bride, a trained nurse, arrived and set up a clinic and a program of healing, with concurrence from the Presbyterian Board. Dr Langheim was appointed by the Philippine Commission as President of the Provincial Board of Health in Negros Oriental. From his salary as government employee, Dr Langheim in 1903 built on Silliman campus the *Dumaguete Mission Hospital,* the first hospital in Negros Oriental and forerunner of what is now Silliman University Medical Center.

In 1905, Dr Hall built an 18-bed hospital, which was later named *Sabine Haines Memorial Hospital.* By 1906, both Presbyterians and Baptists were cooperating in medical work through the hospital.

In 1918, the *Leyte Mission Hospital* was established through the efforts of Dr Warren I. Miller. However, in 1923, the Presbyterian Mission decided to recall the Millers on account of his poor health, and closed the hospital. The medicines, towels, sheets, lines, and other supplies on stock were distributed among the other hospitals — in Iloilo, Dumaguete, and Tagbilaran. The hospital building was converted into a boys' dormitory.

In 1925, Dr and Mrs Andrew Hall reopened the *Bethany Mission Hospital* in Tacloban. Dr Hall established clinics in all the towns that could be reached from Tacloban, and crossed over to the coastal towns of Northwestern Samar.

Until the 1930s, two more hospitals were built: the *Tagbilaran Mission Hospital,* under Dr. James A. Graham, and the *Milwaukee Hospital* in Legaspi, Albay.

The American Board of Mission

In 1908, Charles T. Sibley and his wife were sent to Mindanao, where Protestant medical mission began with the opening of the *Davao Mission Hospital* — in cooperation with businessmen-philanthropists in New York — in 1911. In 1928, this was renamed Brokenshire Memorial Hospital.

In 1922, the *Cagayan Mission Hospital,* a 25-bed hospital was built by Dr and Mrs Floyd O. Smith in Misamis.

The United Brethren

The arrival of Dr and Mrs Benjamin Platt in 1905 inaugurated the medical work of the United Brethren. But, unlike most of the other Protestant missions, the United Brethren did not immediately set up hospitals and clinics. Dr Platt had opted for an itinerant medical ministry, holding clinics in all towns in La Union. He taught people good habits of sanitation, cleanliness, care of infants and children, and other related subjects.

In 1921, the United Brethren built the *Bethany Mission Hospital* in San Fernando. It was founded by Ms Clara L. Mann, a registered nurse. Medical services were provided by Filipino physicians Dr Lar and Dr Antonio E. Querol. Ms Mann was later joined by Ms Lottie Spessard.

The Disciples

The Disciples were keen hospital builders. Through the efforts of Dr Cyrus Pickett and his wife, Dr Leta Major Pickett, the *Sallie Long Read Hospital* was established in Laoag in 1903. **Dr.** and Mrs. Pickett were not only the first Disciples medical missionaries: they were also the first husband and wife team in any Protestant mission in the country who were both medical doctors.

In 1911, Dr and Mrs W. M. Lemmon established the Manila Christian Clinic, which later became known as *Mary Jane Chiles Christian Hospital.*

In 1912, Dr and Mrs L. Bruce established the *Frank Dunn Memorial Hospital* in Vigan. Dr Kline quickly became a legend in Ilocos Sur.

The morning after his arrival in Vigan, Dr. Kline did his first surgical operation, sing only pocket instruments. A door removed from its hinges served as the operating table, while sheets were hung at the window to keep out the dust. (p265)

Through these hospitals, the medical mission of the Disciples flourished.

Other Mission Boards

The other mission boards also built their own hospitals.

The Episcopalians	St. Luke's Hospital in Manila, 1903 Brent Hospital in Zamboanga, 1913 St. Theodore Hospital in Sagada, Mountain Province
The Methodist	Mary Johnston Hospital in Manila, 1910 Aparri Mission Hospital, 1920
The Baptists	Baptists Emmanuel Hospital in Roxas
The Seventh Day Adventists	Manila Sanitarium and Hospital, 1929

These early missionary efforts had some common features:

1. the integration of preaching, teaching and healing — indicating that medical, educational, and evangelistic work have traditionally been the main approaches to mission.
2. the emphasis given to serving communities in depressed areas in the country.
3. the operation of hospitals subscribed to the organizational policies of the respective mission boards.
4. the availability of resources and other forms f support depended on the capacity of the respective mission boards.

There were hospitals founded by the mission boards before World War II that were historically related to the UCCP, but these had been closed or were transferred to other missions or to private institutions for one reason or another by the end of the war.

1. The Presbyterian's *Iloilo Mission Hospital* was turned over to the Baptist Mission as early as 1925.
2. The three mission hospitals of the Disciples Church in Laoag, Vigan, and Manila were sold to private individuals during the US Depression in the 1930s.
3. The American Board's *Cagayan Mission Hospital* suffered financial difficulties, partly as a consequence of the war, and did not reopen after the war.
4. The Presbyterian's *Milwaukee Hospital* in Legaspi suffered as its director, Dr William W. McAnlis was interned by the Japanese at the University of Sto. Tomas during the war. It did not reopen even when peace returned.

The War Years

There are stories about some of the hospitals during the Second World War, which are a testimony to the kind of witness that medical institutions gave in a period of crisis and instability.

In 1942, the *Dumaguete Mission Hospital* staff agreed to divide their forces, so as to continue to serve both the people who remained in Dumaguete and those who had fled to the hills. Dr Roman Ponce de Leon remained at the hospital in Dumaguete, while Dr Jose Garcia established an evacuation hospital at Pamplona. As Japanese activity stepped up, the evacuation hospital had to close, and Dr Garcia joined the resistance in the interior mountains of Negros island where American missionaries and their families, SU faculty staff, and students operated throughout the duration of the war.

In Tagbilaran, the staff of the *Tagbilaran Mission Hospital* under the leadership f Dr Pio Castro, evacuated into the interior with all the hospital equipment that could be carried. They first located themselves in Bilar, and then in a school building in Kanlaas near Antequera. Forced by frequent strafing and bombing, they finally disbanded, securely hiding all the equipment. In 1946, Dr Castro reopened the hospital, and repaired the bullet-ridden and damaged hospital, soon bringing it to its bed capacity of 80.

The *Bethany Hospital* in Tacloban was used by the Imperial Japanese forces as a military hospital, and then similarly appropriated by the US troops in 1945-1946. Thereafter, it was leased as the Provincial Hospital of Leyte until 1949.

At the outbreak of the war, in Davao, Dr Herbert Borkenshire was interned by the Yokohama - bound Japanese. Dr Brokenshire died in 1944 when the Japanese troop ship carrying him and other imprisoned US troops was sunk by an American torpedo in the high seas.

The Japanese Naval Forces took over the *Davao Mission Hospital.* Dr Baldomera R. Esteban-Sexon continued hospital work in her own store and residence. When the Japanese retreated, Dr Sexon took over the shell of the hospital building, and with the assistance of the Philippine Civilian Affairs Unit, rehabilitated the hospital, which later was named Brokensh ire Memorial Hospital.

Immediately after the war, the *Bethany Hospital* in San Fernando was reopened by Dr. Marcelino T. Viduya, its director since 1933, assisted by his wife. Dr Viduya had to start from scratch as the buildings had been shelled and burned, and all equipment has been looted.

At the end of the war, Dr and Mrs William W. McAnlis were liberated by American troops from the Japanese internment camp at Los Banos, and were repatriated to the United States in 1945. He came back to the Philippines in 1948, and directed the rehabilitation of Bethany Hospital in Tacloban until 1951.

II
The -United Church of Christ in the Philippines

When the churches came together in 1948, these hospitals were turned over to the UCCP:

1. Bethany Hospital (San Fernando), established by the United Brethren, 1921
2. Bethany Hospital (Tacloban), Presbyterian Mission, 1918
3. Tagbilaran Mission Hospital, Presbyterian Mission, renamed Graham Memorial Hospital in 1946
4. Davao Mission Hospital, American Board, 1911, renamed Brokenshire Memorial Hospital in 1948.

In 1951, Dr. William W. McAnlis opened the *Cebu Evangelical Hospital,* and served as its first director until 1953.

In 1954, Dr McAnlis operated a mobile clinic in Masbate, which was eventually moved to Sorsogon in 1958.

In 1955, the UCCP received from the Mennonite Central Committee Relief Mission (Akron, Pennsylvania) the *Bangued Christian Hospital,* which was established in 1947.

The *Dumaguete Mission Hospital,* now Silliman University Medical Center, which was founded by the Presbyterians in 1903, was not formally turned over to the UCCP because it was closely tied-up with Silliman University, and because it was hoped that the university would open a medical school. The UCCP has 1/3 representation in the SU Board of Trustees.

The UCCP Commission on Medical Work

With the formation of the UCCP and the subsequent turn-over of all the interests of the cooperating mission boards, the former mission hospitals came under the oversight of the UCCP, mainly through the Commission on Medical Work, which was created in 1952. The members included:

Dr Josefa M. Ilano	Chairperson
Dr Marcelino T. Viduya	Director, Bethany Hospital, San Fernando
Ms Lottie M. Spessard	Supervisor, Highland Mission Clinics
Dr William W. McAnlis	Director, Cebu Evangelical Hospital
Dr Virgilio Canlas	Director, Graham Memorial Hospital
Dr Julio E. Dolorico	Director, Bethany Hospital, Tacloban
Dr Baldomera R.E. Sexon	Director, Brokenshire Memorial Hospital
Atty Florentino L. Martinez	

It was the task of the Commission to:

1. appoint the directors, nursing school directors, and business managers of all UCCP hospitals;
2. control, supervise, coordinate, and establish standard requirements for all medical units and agencies of the UCCP;
3. formulate general policies, insure the proper supervision, and approve the annual budgets of all UCCP medical units and agencies; and
4. take all necessary measures to carry out the general program of medical work and medical education in the country, through the agency of UCCP hospitals.

In 1955, a study conducted by the ad-hoc General Committee on Evaluation showed that the UCCP's medical work could best be done by concentrating on improving the quality of what was already existing, rather than attempting to increase the number of medical institutions.

As suggested by the General Committee, a full-time executive secretary of medical work was to be appointed, to

1. give general supervision to all UCCP medical work;
2. direct a medical education program for the Church; and
3. manage a central purchasing and employment agency for the whole medical program.

To maintain highly-trained and skilled personnel, the plan was for

1. an integrated program of scholarships for advanced study for qualified doctors, nurses and technicians;
2. on-going in-service post-graduate training in each hospital; and
3. regular exchange between and among hospital staff within the country and with other medical institutions abroad.

To make more effective the ministry and witness of these hospitals, it was laid down as a policy

1. that the director, head nurse, and other officers in key positions should be active evangelical Christians; and
2. that they and the largest possible proportion of the entire staff should be in full accord with the purpose for which the hospitals had been established in the first place.

There was also a plan to develop a comprehensive program of evangelism including visitation of patients, distribution of evangelical literature, and placing flowers in every room. An important component of the plan was the assigning of hospital chaplains either on a full-time or part-time basis. It was also urged that medical extension services, combined with evangelism, be conducted.

However, these well-conceived plans remained only as plans. The minutes of meetings of the Commission, later renamed as the Medical Committee, did not provide indication of any official action taken on these. The 1956 General Assembly also failed to consider these as well, pressed with other more controversial issues.

Rational for Medical Work

In 1957, Rev James C. McGilvary arrived in the Philippines to serve as Medical Work Consultant to the UCCP. His wife, Dr Eve McGilvary, was assigned to the Cebu Evangelical Hospital. Rev McGilvary visited the various hospitals, held meetings and conferences, and with the data gathered drafted a paper articulating the goals of the UCCP pertaining to medical work. He came up with several recommendations regarding principles and procedures for the most effective use of UCCP's medical and financial resources. The paper was adopted by the UCCP as policy.

We must think of our hospitals and clinics as channels for the expression of the Church's witness and Ministry of Healing. What is this ministry that makes it peculiar and different from the secular approach to medicine? In the first place, our attitude to patients must be exemplary. It must go beyond the idea of compassionate service to suffering people. When our Lord healed He made the patient whole because He knew that in each person was an inter-relationship of body, mind and spirit and that true health was only possible where all three were in complete harmony and subservient to God. How often, when healing. He would say "thy sins are forgiven thee: go and sin no more," as if those sins had a direct relationship to the un-wholeness of the patient. He said to the sick of the palsy, "thy faith has made thee whole." Jesus Christ always related the recovery of health to the direct action of God. Thus, in our work we can never

be content to treat the disease of the body alone. Disease must be a spiritual challenge, as well as a challenge to our specialized skill as doctors and nurses. This is the essential difference between Christian and secular medical work.

Our first task must be to call to re-dedication of those who are engaged in Christian medical work. Too often we put an evangelist on the staff and imagine that we achieve our purpose. It is almost as though we expect the evangelist to perform his specialized duties, while the rest of the staff can go on with theirs. Yet evangelism must be a function of every member of the hospital staff This does not mean that the doctors and the nurse, the attendants and the janitor should spend their time in preaching, but it does not mean that their relationship to God. This "concern" and therefore this evangel will be expressed in the total attitude of approach to patients. It will be expressed in the touch of a hand, the dressing of a wound, the changing of a bed, the scrubbing of the floor, as much as in the spoken word. To this end we shall need to seek daily the spiritual priorities in our work. If this is our purpose ... then the morning devotions in our hospitals will help seek these priorities, and through daily commitment enable us to mediate the hearing love of God to our patients. It is here, too, that we must seek a close integration of Local Church and hospital, so that the Local Church through prayer in fellowship may come to share a larger part in its Ministry of Healing.

III
The UCCP Mission Statement on the Healing Ministry (1987)

The UCCP Constitution and Bylaws provides

As part of its ministry of teaching, healing and service, the Church shall continue its participation in the ownership of schools, hospitals and other service, institutions. The administration, operation and maintenance of schools, hospitals and other service institutions wholly or partially-owned by the Church shall be subject to annual review by the National Council to ensure the quality of their service and their contribution to the mission of the Church. The Church shall take steps to ensure their continued viability. (UCCP Constitution and By-Laws Article V, Section 28, LICCP By-Laws, 1993)

In 1987, the UCCP came up with a mission statement on the healing ministry. It was issued at a time of great expectations. It was the year after EDSA I, which brought about the fall of the Marcos dictatorship and the installation of a popular regime. There was hope that the agenda of the poor would be finally addressed. (Montes)

The UCCP engages itself in holistic health ministry in obedience to the will of our Lord Jesus Christ for abundant life for all.

Affirmation of this conviction, we thus further state that health is a basic human right.

While it is the duty of the State to provide health care, the Church has a moral responsibility towards the attainment of a wholesome and healthy life for everyone as God intended, recognizing that the art and science of healing is an integral part of the message of salvation.

The active participation of the people of God through her various institutions shall enable the Church to fulfill her healing ministry.

Though the Church focuses her attention upon people, she cannot close her eyes to the ills of society which give rise to poverty of the body and spirit. It is therefore necessary for the Church to address herself to the historic problems of domination, unequal distribution of land, inequality in economic opportunities and resources, and oppression and exploitation of less privileged and marginalized Filipinos (EC 1987)

General Policies

1. The Health Ministry Desk (HMD) shall be the ministerial arm of the United Church of Christ in the Philippines for the healing ministry. The Desk, in response to the Mission Statement on the Healing Ministry to all UCCP constituencies for the realization of the concept and vision of wholistic health.
2. The HMD shall coordinate, monitor and evaluate all UCCP health programs and integrate them in the healing ministry of the church. It shall implement health programs with the various constituencies of the Church.
3. The HMD shall formulate and implement policies and guidelines for a coordinated and integrated health program and shall be the official endorsing body of the Church to the funding agencies. Thus, all proposals for health program shall be reviews by the Desk.
4. The H MD emphasizes that health services must be delivered to everyone, regardless of race, creed, religion, as well social.
5. The HMD believes that health, the community, the economy, and the whole societal conditions are interrelated. Thus, **it** shall be the objective of health programs towards community development and social upliftment.

Program Policy Guidelines

1. Community-Based Health Programs (CBHPs) shall be initiated and implemented by the local church through its members and church organizations. It shall be in cooperation and coordination with the community/community organization and shall provide services to the entire community.
2. Primary Health Care (PHC) shall be its main approach. PHC means essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford. It forms an integral part both of the country's health system of which it is the nucleus, and of the overall social and economic development of the community.
3. PHC as an approach of CBHPs shall address the main health problems in the community, providing promotive, cultural background, economic status, and political affiliation. Health programs shall give priority to the poor, marginalized, deprived, oppressed, the unserved and underserved among the people.
4. The HMD shall promote awareness through the education of the people concerning their heath in relation to society, and shall emphasize that health is a basic human right, and that it is the right and responsibility of everyone to maintain; and promote wholeness not only for him/herself but for the community and society preventive, curative, and rehabilitative services accordingly. It shall include at least: promotion of proper nutrition, growth-monitoring, adequate supply of safe water, basic sanitation, maternal and child care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; education concerning prevailing health problems and the methods of preventing and controlling them; and, appropriate treatment of common diseases and injuries.

5. The church and the community shall work together to make the program self-generating, self-sustaining and self-reliant, thus contributing to the development of the community.

Organization, Administration, Management and Implementation

1. CBHPs shall be under the Christian Witness and Service program of the local church, shall form part of the health programs of the Conference and as part of the overall program of the Jurisdiction. All CBHPs shall be an integral part of the overall nationally coordinated set-up of the UCCP.
2. CBHPs shall be administered and implemented by the local church and shall be coordinated with the community/community organization to encourage and welcome participation from them.
3. CBHPs shall build coordination with health and non-health program within and near the community to attain goals for an integrated community development. CBHPs shall establish coordination with nearest hospitals and clinics for an efficient referral system.

Education/Training of Community Health Workers

1. Health Education for Community Health Workers (CHWs) shall have the following components:
    a. First Aid Skills
    b. Definitive Health Care
    c. Identification of Complicated Health Problems
    d. Rational Drug Use
    e. traditional Medicine Practice
    f. Basic Laboratory Skills
    g. Personal Hygiene and Environmental Sanitation
2. As a program initiated by, through and with the Church, the training shall include biblico-theological reflections on the healing ministry.
3. As a program with total community development as objective, it shall include: studies on the Philippine situation which will cover historical, cultural, social, economic and political issues.

UCCP-Related Health Institutions

1. Health Institutions shall have a wholistic approach to health care. His shall deliver quality health care system, promote health and disease prevention quality health care system, promote health and disease prevention and direct its goals to community development.
2. Health Institutions shall deliver quality medical care relevant to the needs of the region and shall be within reach of the general population. He shall give priority to the poor, marginalized, deprived oppressed, the unserved and the underserved; and shall deliver services to everyone regardless of race, creed, religion, social and cultural background, economic status, and political affiliation.
3. Health Institutions may venture into tertiary health care and medical research provided that it is for the interest of the people, for the benefit of the community, and related to the health needs of the people, but His shall not sacrifice or impede their primary objective to serve the poor. His must have the capacity and capability to respond to the current and prospective need of the community.

Services

1. Health institutions shall deliver quality medical health care in all fields and specialties of medicine, and shall make it available and within the reach of all people giving emphasis to the poor.

2. Health institution shall serve as a back-up and shall be supportive of the CBHPs working in the region. His shall operationalize their referral systems in order to serve the needs of the population with maximum effectiveness and minimum cost.
3. Health institutions shall provide auxiliary medical and paramedical services with the reach of the poor.
4. Health Institutions shall encourage and develop Traditional Therapeutic Medicine Practice.
5. Health Institutions shall implement a Rational Drug Policy and Essential Drug List.
6. Outreach programs shall give attention and priority to the marginalized, the poor, oppressed, deprived, the unserved and the underserved. It shall be in a community where no health service/programs operate, and in case there is an existing health program, the outreach program shall integrate and coordinate with said program. Outreach programs shall focus on and emphasize primary health care and direct their goals to community development.

Training and Exposure Programs

1. Health Institutions shall be institutions for teaching, training and developing medical and health professionals, and shall also provide support training to primary health care workers.
2. Exposure programs shall involve students and staff, and shall be community service-oriented.

Coordination and Integration of UCCP-Related Health Institutions

1. The UCCP shall promote and develop UCCP-Related Health Institutions for it recognizes their important role in the healing ministry of the Church.
2. The Church shall integrate them in its mission.
3. The health Institutions shall integrate themselves and constitute a body that shall uphold the mission of the Church and help the Church guide and direct its goals for the attainment of wholistic health.
4. The integrated health institutions constituted body shall create committees within the organization that shall function as a ministerial body for their common interest, aspiration and problems.
5. The health institutions shall establish coordination and consultation with UCCP Learning Institutions, and shall formulate and implement a relevant education, curriculum and training for the medical, health and other related courses.

Health Institution Administration, Management and Operation

1. The administration, management, and operation of health institutions shall be in a participatory and consultative manner, involving a representative from the medical, nursing, paramedical, and non-medical personnel and employees of the respective institutions.

UCCP-Related Learning Institutions

1. Learning Institutions shall have health education as a part of the curriculum for the primary, elementary and secondary levels.
2. The curriculum of medical, health and other related courses shall emphasize and shall be relevant to the national health situation. It shall include Traditional Therapeutic Medicine Practice. Research on Traditional Medicine, Rational Drug Use, among others.

3. Outreach and exposure programs of Learning Institutions shall be coordinated and integrated with operating CBHPs and health institutions' outreach program in the area.

IV
UCCP Policy Document on the Healing Ministry (2006)

Biblical Basis

In the Gospels, healing is regarded as a sign of the in-breaking of God's reign and Jesus' statement to the world that he has breached the defenses of Satan's dominion on Earth.

Healing is considered as one of the gifts of the Spirit. Each gift is "a manifestation the Spirit for the common good" (1 Cor. 12:7). The Spirit "allots to each one individually just as the Spirit chooses" (1 Cor. 12:11). The gift of healing pertains to the work of the church, rather than a personal asset of an individual member, and "allotted" to those who employ it for and on behalf of the church. Concretely, it is the church that determines the distribution of the gifts in accordance with its discernment of the Spirit.

According to the Book of Acts, the early church elected deacons for the distribution of good assistance to the widows and the poor among the members. Modern states, especially socialistic and welfare states, consider the provision of social services to the citizens as one of its primary duties.

Across the centuries, the gift of healing came to be objectified and institutionalized. The charismatic exercise of the church's various offices — apostles, prophets, evangelists, pastors, teachers, etc. (Eph. 4:11) — gave way to professionalism. Theological seminaries were put up by churches and church-related universities to provide professional training to pastors, Christian Education teachers, evangelists and theologians. At the same time, churches established educational and medical institutions.

Basic Theological Affirmations

Healing is a metaphor for salvation, which means the attachment of wholeness and the restoration of a state of brokenness and alienation. Although illness indicates the natural vulnerability of the human body and mind, it is also a metaphor for the power of evil that dominates humankind. The saving message of the gospel is most transparent when the sick is brought back to wholeness. In the healing of the sick, the liberating reign of God is made manifest and the gospel of salvation proclaimed. This is made manifest in the ministry of Jesus, which gave a prominent place to healing.

Jesus Christ is the fulfiller, the redeemer and the source of life. Health is what we enjoy and when we are collaborating in that path God has promised.

1. The healing ministry has a special and irreplaceable place in the ministry of the church. The ministry of the Church would not be complete without a healing ministry. By its healing ministry, the church proclaims Christ's solidarity with the suffering ones and his victory over the powers that cause human suffering.
2. The mission that the UCCP has ascribed to itself is the mission of Jesus Christ. It is a mission of reconciling the whole of creation with its Creator. It is the News and the UCCP's faithful and other statements. A mission, which is to be accomplished through preaching, teaching, and healing.

3. The healing ministry is an important ministry to be left to physicians alone to define and to perform. Christian medical care must lead to the improvement of the human condition and the alleviation of human suffering. This is especially so in countries, like the Philippines where many people die unnecessarily due to curable illness. Many podiatric deaths, for example, could have been avoided with proper medical attention.

General Policy

1. that all UCCP-owned/related hospitals be administered by persons with theological background and understanding of the UCCP healing ministry apart from such qualification as integrity, competence, and proven administrative skills;
2. that, in the hiring of hospital staff and personnel, priority be given to UCCP members, medical professionals and practitioners;
3. that UCCP members and medical professionals be encouraged to contribute their knowledge and skills to the Church's healing ministry including serving through UCCP-owned/related hospitals;
4. that UCCP-owned/related hospitals make available discounts and other benefits to UCCP church workers needing medical attention; and
5. that church-related organization launch a vigorous campaign among members and potential clients to patronize all UCCP-owned/related hospitals.

V
Towards an Integrated Healing Ministry

The UCCP pursues its healing ministry through five medical institutions located in strategic parts of the country.

Medical Institutions	Location	Concerned Judicatory
Bethany Hospital	San Fernando City	NLJA
Bethany Hospital	Tacloban City	EVJA
Brokenshire Integrated Health Ministries, Inc. (BIHMI)	Davao City	SEMJA
Silliman University Medical Center	Dumaguete City	WVJA
Visayas Community Medical Center	Cebu City	WVJA

Coordination with these institutions is through its association, UCCP Hospital Association (UHA) through which the CEOs meet regularly for the sharing of concerns, experiences, perspectives and plans.

Health institutions support the UCCP in various ways, among others

1. extending regular support to the various judicatories — local churches, conferences, and their respective jurisdictional areas;
2. giving contributions for special celebrations and events, including to other programmes of the church like the Church Workers Benefits and the General Assembly;
3. providing generous discounts for the hospitalization of church workers and their families; and
4. serving as hosts to meetings and consultations, providing accommodation and food for participants.

These institutions also have extension programmes benefitting communities that otherwise have no access to health facilities and services, e.g., BIHMI had facilitated the installation of water pumps and village clinics, VCMC has health programmes in a number of communities in Cebu.

All the hospitals have comprehensive development plans, some components of which have been or are now being implemented. Brokenshire College had built a resource center; Silliman University Medical Center has finished its Medical Arts building and continues to refurbish its facilities; VCMC is finishing construction of a multi-use building.

During the quadrennium, the CEOs of the hospitals have participated in meetings, consultations and exchange visits with partner institutions in Indonesia, Korea, Australia, Vietnam and Thailand.

Context

A Consultation on the Healing Ministry was held at Shalom Center in August 2013. Present were the CEOs of hospitals, Chair and representatives of the respective BOTs, Medical Directors, Nursing Services Directors, Finance Officers, GA officers, incumbent Bishops, and staff in the National Secretariate. Discussions revolved around the context, emergent concerns, perspective, structural and organizational relationships. (See Report on the Consultation on the Healing Ministry)

The report brings to our attention the context and the challenges confronting hospitals today, among others:

1. New policies, rules and regulations concerning private hospitals pose difficulties for the hospitals.
    a. DOH AO 2012-012 on the New Standards of Classification of Hospitals

        There are new requirements to qualify as a tertiary, teaching and training health facility. if our hospitals do not qualify, the subsequent downgrading will have negative impact especially in terms of PHIC reimbursement, consequently reducing number of patients.

    b. BIR Revalidation of Non-Stock, Non-Profit Status

        Non-revalidation will mean payment of taxes, which will possibly increase in cost for the patient or diminished net proceeds, generally affecting delivery of health services, employee welfare, and improvement projects. (Example: Supreme Court ruling in the case of St. Luke's)

    c. PhilHealth Case Rates

        The implementation of case rates in 11 medical cases (e.g., dengue, pneumonia, hypertension cerebral infraction, cerebro-vascular accident, acute gastroenteritis, asthma, typhoid fever...) and 10 surgical cases (e.g., radiotherapy, hemodialysis, hysterectomy, mastectomy, caesarean section...) have already affected patient rates.
2. Other challenges include:

a. The emergence of new private hospitals, most of these stock corporations or family-owned companies, which have the capacity to procure high-end medical equipment and machines that attract patients and practitioners, and give high wages and benefits to staff. This will increase competition and may weaken patient census.
b. The growing number of stand-alone laboratories and pharmacies' 3. Hospitals are also facing other challenges internally, among others:

3. Hospitals are also facing other challenges internally, among others:

a. The viability of hospital work given new standards and regulations;
b. The need to expand physical infrastructure to address congestion and lack of beds; the need to upgrade medical equipment and facilities;
c. With diminishing global support, the strengthening of community extension programmes;
d. The existence of unions - in some cases, among the rank and file, in the supervisory level, and among the medical practitioners.
e. The crisis of leadership succession with a dearth in leadership potential for institutional management/administration; and
f. The need to concretize mutuality in the relationship with the church.

All these are putting enormous pressure on the church hospitals and are creating major contradictions between the need to be faithful to its gospel mandate of being an arm of the church in bringing about healing to our people and the need to survive in this increasing harsh world of both commercial competition as well as strict government regulations.

Many hospitals are confronted with issues of survival, compounded by growing unionism among the employees. Hospital administration/leadership face challenges in human workforce management, including on labor issues and the need for innovative relationships. Medical practitioners considered as "visiting personnel' or consultants are not hospital employees, hence, are not accountable to its mission/purpose but practically determine, or even dictate, the improvements and services the hospitals should provide.

Hence, these trends in our hospitals have been observed:

1. New technologies or state-of-the art machines are given more importance than actual health care, which is further compounded by the financial burden to patients and hospitals.
2. Pre-need hospitalization insurance plan (HMOs) holders get more preference for hospital In-patient care at the expense of those who do not have such plans and the general public who rely mainly on out-of-the-pocket resources to pay for services.
3. The rising cost of pharmaceuticals and medical service, and unscrupulous practice of drug promotions by pharmaceutical companies.
4. Medical services are measured in terms of providing discounted rates to its members and workers; and charity services to indigents classified as "mission" work.

In spite of the odds, hospitals are gearing towards

1. Accreditation and the need to meet statutory standards and requirements;
2. The upgrading of infrastructure, equipment and facilities;
3. Strengthening cooperation and coordination with other hospitals for mutual edification, exchanges, resource sharing and support; and
4. The implementation of common commitments and declaration of principles.

Recommendations

1. On Programmatic Work

    a. To strengthen the Community Ministry Program in every hospital;
    b. To institute Nursing Spiritual Care as the distinctive brand of UCCP hospitals;
    c. To unify the human resource development and enhancement programs; and
    d. To encourage all hospitals to put up in more prominent places in the hospital premises, copies of the UCCP Statement of Faith, and to make this available to any interested patients, doctors and staff of the hospital, together with the UCCP's zeal or logo.

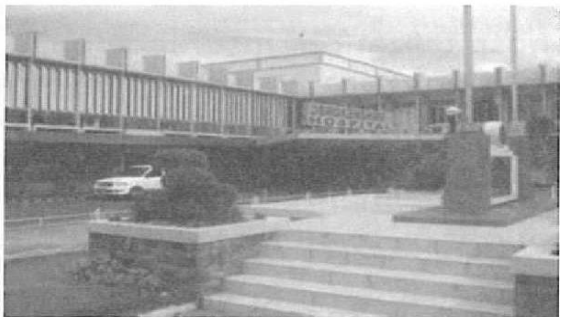
2. On Organization

    a. To unify on the leadership succession policy;
    b. To institute the policy of preference for qualified church members in hiring;
    c. To expand and enhance the role of hospital chaplains;
    d. To enhance and develop special services for UCCP members; and
    e. To develop staff community organizers.

3. On Resource Management

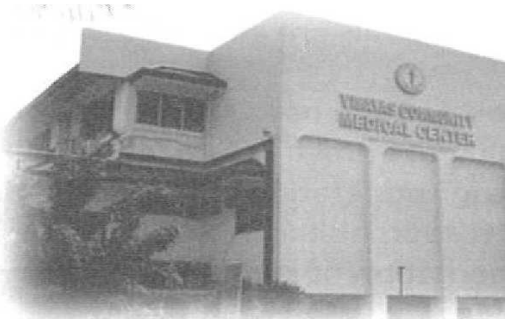
    a. To develop a consolidated procurement system;
    b. To develop a joint loan negotiation;
    c. To establish cross training and exchanges;
    d. To develop continuous coordination and information sharing; and
    e. To encourage "Tithing" and "Pledge" towards the UCCP wider mission programme and judicatories

Bethany Hospital (La Union)



Brokenshire Hospital

Silliman University Medical Center



Visayas Community Medical Center

VI
Declaration of Principles and Self-Understanding: Implementing Guidelines for the Healing Ministry of the Church

We, the representatives of the different hospital institutions of the United Church of Christ in the Philippines (UCCP) have come together at the UCCP Shalom Center, this 3rd day of August, 2013, to journey together for the purpose of establishing the warm fellowship of the church in the ministry of healing.

In this light, we therefore affirm the following principles and guidelines:

1. That we serve in faithful obedience to the mandate of our Lord Jesus Christ and to be an instrument of the church in the proclamation of the Gospel in both word and deed;

   Hospitals can serve as instruments of the evangelism of the Church;

   Patients of the hospitals may have access to the preaching/teaching of the gospel through the services being provided by the chaplaincy programs: through regular chapel services and bible studies within the hospital premises and even spiritual counseling for distressed patients;

2. That we affirm our identity as UCCP Institution abiding by the Statement of Faith of the UCCP, upholding the authority of its Constitution and By Laws and supporting its vision, mission and goals as a church;

   We encourage all hospitals to put up in more prominent places in the hospital premises, copies of UCCP Statement of Faith, and to make this available to any interested patients, doctors and staff of the hospital, together with the UCCP's zeal or logo

3. That we bear the name and presence of the UCCP in all our services and programs and enjoin the church institutions to include the UCCP Logo as part of their institutional name;

   To enjoin the hospitals to include the name of the UCCP in their stationeries, official communications, official vehicles, and as part of their official institutional name.

4. That we uphold a strong sense of moral values, biblically based ethical standards and attitudinal disposition and render high quality health service;

   We enjoin the hospitals to conduct regular seminars, fora, and make available study materials that will reflect the moral and ethical foundation and principles upon which the institution is founded, together with continuing staff development programs to upgrade their skills and qualifications;

5. That we affirm the need for more creative and innovative strategies of resource generation and development and to install appropriate mechanisms of internal controlin the resource management systems for a more effective utilization of the material, financial and human resources;

   To harness the financial and managerial expertise of the lay members of our church and to engage them as consultants in the upgrading and improvement of the financial and managerial systems of our institutions;

6. That we uphold the principle of stewardship, accountability and transparency in the resource development and management of our resources; and joyfully share material blessings as our way of actualizing the ideal of mutuality in mission to our Church judicatories;

   The hospitals are enjoined to regularly engage the services of an external auditor and have his or her report be published and made accessible to the stakeholders of the institutions;

   For the hospitals to conduct regular inventory of all their resources and properties and to plan for their appropriate development to maximize their potentials in supporting their healing ministries;

   For the hospitals to regularly engage in consultations and dialogue for purposes of planning together on how they can share and maximize the utilization of their resources for the mutual benefit and support

7. That being driven by the moral and ethical imperatives of our faith, we will respond to the challenge of persisting high prices of medicines in the country today making them inaccessible to so many of our people;

   To enjoin the hospital to promote the use of generic drugs so as to maintain the most affordable price of medicine that will be prescribed for their patients;

   To promote pooling together of medicine equipment and other supplies for bulk purchase by all the hospitals to ensure the lowest or cheapest acquisition price that can be obtained

8. That we shall always be imbued with the spirit of generosity towards our clientele and shall endeavour to establish partnerships with the communities that we are serving;

   To encourage the hospitals to engage in community outreach projects that will involve the residents of such communities in the actual implementation of said projects

9. That, as a matter of strategy, we shall consider setting apart a tithe from the income of the hospital as one means of working towards financial self reliance for the church and its ministries;

   To encourage the hospitals to set aside a tithe of the NET SAVINGS of the hospital which may then be channeled to the respective church judicatories and national church in support of their various programs and ministries;

   To monetize the value of other non-cash contributions and gifts extended by the hospitals to the various entities and judicatories of the church and to consider them as part of the tithes of the institutions;

   Hence, proper accounting of such contributions must be carried out as part of their periodic report to the UCCP national treasurer.

VII
On the Contribution of Church Institutions (2014)

The Commission on Stewardship and Resource Development has recently come up with policies and guidelines concerning the contribution of church institutions to the Wider Mission programme of the church.

1. General Policy Statement

   Church institutions, schools and hospitals must allocate a tithe in their annual budget to be remitted to the General Assembly annually.

2. Basic Principles

   The contribution of church institutions is

   a. an affirmation of the interconnectedness and interdependence as partners and fellow instruments of the church for mission;

   b. an acknowledgment of each other's gifts and limitations, each other's resources, capabilities and expertise as well as embracing each others' challenges and opportunities;

   c. an affirmation of the strategy of actualizing their ideals in mutuality in mission, to consider setting apart a tithe from the income of institutions as one means of showing, as well as working towards financial self-reliance for the church and for the church institutions[1]

3. Implementing guidelines:

   a. Service Centers (95%)

      Under the existing One-Management System there shall be a unified budget for all service centers.

      i. Service centers shall remit to the General Assembly 95% of the net income. This shall be done on a monthly basis.

      ii. Net income shall be determined after deduction of all operational and statutory requirements.

      iii. Service centers shall exercise accountability and transparency in its financial management.

   b. Educational Institutions (1%)

      i. Educational institutions shall contribute to the General Assembly an amount not less than one tenth (1/10) of one percent of its gross operating income which should be properly reflected in its budget. (EC 86-76)

      ii. The value of other non-cash distributions and gifts extended by the hospitals to the various entities and judicatories of the church shall be monetized and shall be considered as part of the tithe of the institution.

      iii. Proper accounting of such contributions must be carried out as part of their periodic report to the UCCP National Treasurer.

      iv. Educational institutions shall exercise accountability and transparency in its financial management.

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[1] Declaration of Principles and Self-Understanding by the Church Institutions of the UCCP

c. Hospitals (1%)

   i. Hospitals shall set aside a tithe of the net savings which may then be channeled to the respective Church judicatories and to the General Assembly in support of the various programs and ministries. The determination of net savings shall be from the annual audited financial statement.

   ii. The value of other non-cash distributions and gifts extended by the hospitals to the various entities and judicatories of the Church shall be monetized and shall be considered as part of the tithe of the institution.

   iii. Proper accounting of such contributions must be carried out as part of the periodic report to the National Treasurer.

   iv. Hospitals shall exercise accountability and transparency in its financial management

All UCCP representatives to the different Boards of Trustees of Church institutions shall ensure that these policies are implemented in their respective institutions.

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