

## Pastor's Column

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Years ago the famed preacher Richard Baxter was quoted as saying, "I preach as a dying man to dying men."

We are dying physically as a result of sin. In recent articles I have sought to lay a foundation for ministering to those with health needs within the congregation.

Our most basic ministry to the sick and their families is the ministry of prayer. God holds life and death in His hand. It is not a futile exercise to seek His face on behalf of the sick. Long ago James was inspired to write, "Is any one of you sick? He should call the elders of the church to pray over him and anoint him with oil in the name of the Lord." Members should be reminded of the importance of prayer. Officers, also, must be taught the importance of their prayers for the sick. Each of us needs to study Scripture in order to learn how to pray. Visiting and praying for the sick extends beyond the pastor's duty. Our prayers must include more than asking for the person's healing, God willing. It can include the following: that the individual would be made more holy through this trial (I Thess. 4:3); that God would use this illness to bring glory to Himself (I John 9:3); that , if healed the individual would "commend (God's) works to another; they will tell of your mighty acts." (Ps. 145:4); that the individual would be enabled by God to suffer for God's glory (I Cor. 10:31); that the Gospel will be extended through this trial (Mt. 28:18-20); and that the ill would be comforted by the hand of a sovereign God and realize experientially that all things do work together for the good of Christians (Rom. 8:28). You can add many other items to this list.

The names of the sick need to be kept regularly before the congregation so that continual prayers can be made. Such prayer concern should not end upon the patient's

release from the hospital. Flare-ups and backsets do occur. Prayer is needed for the restraining hand of God to be upon the individual, if it is God's will. The whole recuperation process can only occur by God's hand.

I would pause to remind non-medical personnel of the importance of praying for physicians and others in the medical profession. Their proper use of their knowledge rests not in their degree or in medical technology but in the hand of God who gives wisdom.

Ideally a deacon should be assigned to anyone in the congregation with a severe illness. The deacon can work toward ministering to any physical need that may arise. Often transportation is needed for therapy or follow-up doctor's visits. If a patient is undergoing outpatient chemotherapy, an additional person to drive can be very helpful. This leaves the family member free to care for the treated person in case he becomes nauseated or experiences other reactions. Financial needs may arise of a short term or long term nature. Deacons need to know this so that they can minister accordingly.

Deacons may also make a list of medical supplies that are kept on hand for use by the congregation. Such inventory should include an adequate first aid kit for minor accidents around the church. The following may prove to be helpful: crutches, a wheelchair, and a cot or bed. Again, you may want to add to this list.

Your church may have ministered to the sick in far better ways than I have mentioned. If so, share your insights with fellow Christians so that we might be able to better meet the needs of the sick within our congregations. Any diaconal program must not rest solely on material items. It must be bathed in prayer.

The implementation of any program requires wisdom as to how to best do it, as well as openness and receptivity by those receiving the help. By God's grace and only by His grace can such a ministry function properly.