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Haitians Praying More  
As Violence Increases

By Eric Miller

PORT-AU-PRINCE, Haiti (BP)--Amid increasing violence and killings church attendance in Haiti is high and many people are praying constantly, two Southern Baptist missionaries have reported.

Roadblocks, rock throwing, tire burnings, smashing of car windows, butchering of people and the gunning down of protesters started in late June as anti-government groups instigated strikes calling for a three-man governing council to step down from office. Strikers are calling for a general election to choose a new council.

"There's constant prayer, and it's more fervent than ever because of not having a job and people killing people, and their neighbors are dying and all kinds of crazy things," said Southern Baptist missionary Mark Rutledge a few hours after hearing gunfire in the streets July 29. Eight people had been shot to death by soldiers that day.

Non-Christians are "always asking for prayer now," he added. "There's a tendency for people here to ask you to pray for them -- and I mean the stranger on the street." Rutledge has prayed with some and gotten them interested in going back to church.

Rutledge and his wife, Peggy, who arrived in Haiti this year, are the only Southern Baptist missionaries in the country now. Southern Baptist missionaries Jack and Doris Hancox, who have spent nine years in Haiti, left July 26 for furlough.

Hancox, reached by phone in Jefferson City, Tenn., said the unrest has not hurt Sunday church attendance, especially since violence seldom occurs on Sundays. The church he attends, First Baptist Church in Port-au-Prince, has 8,000 members and four standing-room-only services each Sunday morning, starting at 5 a.m. A Bible study is on Tuesday nights, a prayer service on Thursday nights and a meeting for new converts on Friday afternoons.

Churches in rural areas and in peaceful small towns meet regularly and have good attendance. But when violence occurs in the streets of larger towns, many churchgoers stay home, Hancox noted.

The Haitian Baptist Convention convened in late July on the campus of Baptist Theological Seminary in Limpe in northern Haiti. However, since only 20 of the 89 churches in the convention were able to send delegates, new officers were not elected.

"Pray for a sense of calm and patience," Hancox asked. He urged Southern Baptists to pray that the people as a whole will get off the streets and calm down, hold elections and try to find workable solutions to their nation's problems. Another prayer request is that Christians there will have courage to give their witness, treat people like brothers and sisters and, forgetting old grudges, get on with starting a new country.

Disorder is resulting in "some of these old vendettas cropping up (in the general population) and people taking the law into their own hands like in the wild West and going out with their machetes and trying to right old wrongs," Hancox said.

"The Lord is the only hope Haitians have," he added. "It's certainly not in politics, the Communists or the Americans or anybody else."

Pastors are standing before congregations and appealing in prayers and sermons for trust, forgiveness and a Christian approach to the unrest, Hancox said.

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Southern Baptist volunteer groups from the United States were supposed to finish constructing buildings for congregations in Haiti, but those trips have been postponed indefinitely, Rutledge said. Another strike was planned for Aug. 3-7.

Despite the unrest, Haitian Baptists plan to continue well-drilling in rural areas by mid-August, Hancox and Rutledge said. Since January, they have drilled 62 wells, only two fewer than those drilled the previous year. Fewer than 10 percent of Haitians have clean drinking water.

Other Haitian Baptist projects are tree farming to reforest potential erosion sites and provide fuel to 6 million people, replacement of well pumps and the operation of hog farms. A future project will place water storage tanks beneath houses so Haitians can better endure dry seasons.

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Fear Limits Ministry  
To Chronically Ill

By Norman Jameson

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8/3/87

OKLAHOMA CITY (BP)--Afraid to shake the hand of a man with cancer? No kiss for a grandma with Alzheimer's?

People suffering with chronic illness know the pain of gradual withdrawal, the subtle severing of friendships, the chasm when friends fear touch.

"Everyone has friends who come and go, but when you're sick, they go faster -- and they come slower," says Pat Roberts, wife of Doyle Roberts of Coalgate, Okla., stricken with polycystic kidneys since 1966.

Cysts began forming in Roberts' kidneys, greatly enlarging them and cutting off their normal function. Normal kidneys weigh about four ounces each. Doctors estimate Roberts' kidneys weigh 25 pounds each.

Since his kidneys do not function, Roberts "changes" his own waste water four times daily. He pours a two-liter bag of solution into the peritoneal cavity surrounding his intestines, leaving it there to leach the waste water through his peritoneum, then drains it through a tube surgically implanted in his abdomen. The treatment is called "continuous ambulatory peritoneal dialysis."

Roberts, former pastor in Kansas, Missouri and Oklahoma, endured the typical emotional roller coaster when he learned of his illness -- anger, denial, deep depression and finally acceptance and determination.

But in the 21 years he has danced with death -- he was revived twice on the operating table just last year -- Roberts, 44, still grapples with the inability of healthy people to minister to the chronically ill.

When a serious illness first is diagnosed, friends "go overboard" to help. They bring food, collect money, help around the house. "But when you don't die, you get the impression they're upset that you didn't," Roberts says. "Then they go overboard in ignoring you."

People respond to a crisis. But chronic illness lingers. The chronic and terminally ill person's needs aren't resolved with a single, immediate action, but the person is caught in a long, continual slide.

To help people understand and minister to the chronically ill, the Robertses developed a seminar in which they help people overcome their fears of the chronically ill -- what to say, what to do: Will I get the illness by touching the ill? How do I get past the appearance? Will the sick person become dependent on me, become a leech?

"Treat the chronically or terminally ill like normal people on a casual basis, like you do everyone else," suggests Mrs. Roberts. "Be as free to speak to them about casual things or their problems. A listening ear is a big help."

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The Robertses feel strongly about the children in a home where illness is the order. Their 16-year-old daughter, Sarah, has participated in two seminars and says that too often, the children are ignored.

"Encourage them, take them into your home," Mrs. Roberts says. "Provide emotional support. They need an older friend to talk to when mom or dad aren't available."

Frequent long stays in the hospital take the parents away from home, leaving children to grow up fast and independent. Although Roberts' belies the severity of his illness, many other chronically ill people suffer an appearance that offends or frightens the uninformed.

Mrs. Roberts encourages friends: "Look through the physical disfiguration. Accept us like we are. Love us like we are. That's all anybody wants."

"Until you break the barrier of the physical disfiguration, you can't really be a friend, and you can't really help someone."

Roberts, medically retired since 1976, has outlived his prognosis by 10 years.

He and his wife are sensitive to the level of sincerity behind inquiries to their health.

"We've learned to say, 'We're fine,' and go on," she says. "We know that's what they want to hear."

They object to people who say "call me if I can do anything."

"Nine times out of 10 that's a cop-out," she says. "They feel you never will call them. When someone says that, we don't have a need."

For that one in 10 who sincerely wants to help but doesn't know what to do, the Robertses say make the sincerity known.

"You know there are things to do," she says. "Do them. If you see dishes need to be done, do them, unless they object. Do laundry, mow grass, shine shoes."

"If you get closely acquainted, you know a person well enough to discern a need," she says. "If you maintain only a casual acquaintance, you never learn."

Suicide is a "strong possibility" among the chronically ill, says Roberts, who admits he has asked his wife to hide any pills or items he might use to commit suicide.

His disease is hereditary. Sons Terry, 23, and Harold, 20, have been tested and cleared. Sarah is too young to test.

"God didn't put this on me," Roberts says. "I turn to (the Apostle) Paul who asked God three times to relieve him of his thorn in the flesh. God said his grace is sufficient. This illness is not a punishment."

"We don't feel God is cursing us," she says. "This is an avenue of service. It took us awhile to get there, to that thought. But the more we do for other people, the more satisfaction we have for ourselves. If we had not reached out to other people, I don't think we'd have the satisfaction we do, nor be as content as we are."

Each bout with infection, each loss of strength, change of blood chemistry or depression jangles a tiny buzzer just beneath the surface that reminds the Robertses that no matter how free they feel with the ambulatory treatment, no matter how long they have denied death, Roberts' time is limited.

"You live each day as if it's the last you have, but you pray you'll have many more to come," she says. "You try to make each day the fullest you can make it."

For them, that means "getting up with the right attitude and achieving at least one purposeful thing each day so you can look back and say, 'I accomplished this.'"

"We make calls, take people things from our garden, get involved in peoples' lives. And we sprinkle things in there for ourselves as well."

Although she had to help her husband outside, put him on a chair and put everything within his reach last winter, he started every garden plant in the greenhouse.

It's worth the pain, he says, for the "satisfaction of knowing I'm not an invalid. I don't want people to look at me and say, 'Look at that poor man.' If I can do it at all, I'm going to do it. I may not always succeed, but I'm going to try."

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(BP) photo available upon request from the Baptist Messenger.

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Robertses Suggest Ways  
To Help Ill, Families

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OKLAHOMA CITY (BP)--Concerned Christians who want to help the chronically ill and their families can do so, Doyle and Pat Roberts maintain.

They offer biblically based advice in three areas:

-- Your attitude (Phil. 2:1-4)

1. Be a friend -- in good times and bad.
2. Discuss illness with patient and family -- let them talk.
3. Allow them the freedom to express fears about the future -- or even death.
4. Treat them like "normal" people.
5. Give sympathy and understanding -- not pity.
6. Remember: A physical problem affects the entire family.
7. A chronic illness results in unpredictable times of alternating good and bad health.

-- Ways to help -- keeping in touch (Proverbs 3:27)

1. Phone call -- when the patient is well and when he is not.
2. Home visit -- especially when the patient is better and can enjoy your company.
3. Hospital visit -- make it short and cheerful.
4. Include hospital patient in conversation with the family and friends present in the room.
5. Send cards -- anytime -- not just when the patient is hospitalized. Include the family. Give a Bible verse.
6. Give a gift.
7. Offer to do specific chores, run errands, babysit.
8. Invite family for a meal when patient is hospitalized -- or bring them a prepared dish.
9. Sit with patient -- give the family a break to relax.
10. If you offer to help, be willing to honor a request.
11. Tell the family you're praying the Lord will comfort and strengthen them, then be sure to honor that promise.

-- Don'ts (Col. 3:17)

1. Judge health by appearance.
2. Repeat information about patient's condition unless you know it is a fact.
3. Ask family to call you about doctor's visit -- you call them.
4. Say you understand, or know just how they feel, when you haven't had a similar experience.
5. Ask how they are, unless you're willing to listen.
6. Condemn the patient's activities -- encourage them.
7. Ask family if patient's hospitalization is the "same old thing." (Each hospitalization creates its own fears and needs.)
8. Whisper in patient's presence. (He will wonder what bad news they're withholding.)

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Lewis Affirms Baptist Centers  
On 75th Anniversary Celebration

By Joe Westbury

LOUISVILLE, Ky. (BP)--Southern Baptist Home Mission Board president Larry Lewis affirmed the role of Baptist centers in ministering to the nation's poor while urging center directors to go out into the highways and hedges to reach people for Christ.

Lewis confirmed the board's ongoing support of the ministry during a celebration of the 75th anniversary of the first Baptist center. The three-day conference, which attracted nearly 250 center directors, was at the Southern Baptist Theological Seminary campus in Louisville, Ky.

The first center was founded by Maud Reynolds McClure, principal of the Woman's Missionary Union Training School in Louisville, who launched the downtown ministry in 1912.

Lewis lamented the polarization between social ministry and evangelism that he said often limits the effectiveness of the centers: "It would seem to me that even the most elementary study of the Scriptures and even the most superficial study of the life of our Lord would have to say it cannot be an 'either or' situation. There can be no evangelism that is not concerned about ministry, because evangelism that concentrates on a soul as if it were a part of someone's anatomy is a superficial, sham evangelism and will never really redeem. And a ministry that is not redemptive is not complete."

Baptists constantly need to remind themselves: "We do no one eternal good until we bring them to a trusting faith in Jesus Christ. And even if we get them out of the ghetto and do not get them out of hell, we have not achieved ultimate good for that person ... and have failed utterly in our most important task."

There can be no meaningful evangelism apart from ministry, he stressed, and "no eternal and fruitful ministry that does not also concentrate on reconciliation."

Lewis then pledged his fullest support for the centers and praised them for working in areas of the cities that have been abandoned by Southern Baptist churches: "You have long been the vanguard in the thrust to minister and evangelize the forsaken, forgotten and neglected while the rest of our convention has practiced the strategy of retreat. Yet we are now coming to realize that the most fruitful mission fields in America are those very neglected areas" in which the centers are located.

Those areas from which Southern Baptists relocated their churches to the suburbs are now where the denomination's work is growing fastest -- as much as five times the rate of traditional Anglo areas of the nation, he added.

Lewis reported that the nation's inner-city ethnic congregations are experiencing a baptism ratio of one-to-20 while typical Southern Baptist Anglo churches are lagging behind with a one-to-42 ratio.

He then said the parable of the supper in the 14th chapter of the Gospel of Luke is given as a directive for the ministry of the church in reaching people for Christ and ministering in the community. Lewis, former pastor of a St. Louis inner-city church, challenged the center directors to be "Luke 14 Christians" and lead their centers by the parable's guidelines.

"We can be a Southern Baptist church but we are not a New Testament church really reflecting and imaging the body of Jesus until we have broken out of the church house and into the streets where the hurting, helpless, people live," he said. "Jesus did not spend a whole lot of time sitting in the sanctuary. He spent most of his time preaching, teaching and healing.

"We can go down into the heart of a city and rent an old building and establish our center and still not be the body of Jesus. It's out there in the streets and the lanes and the highways where we really become Jesus in our world."

But the responsibility to minister and evangelize is shared by all Christians and not just denominational employees, he stressed: "There is no professional elite who God has anointed to get out there and work. Every Christian is a servant."

Ministry, Evangelism Are Complementary,  
Not Competitive, Theologian Stresses

By Joe Westbury

LOUISVILLE, Ky. (BP)--Christian social ministry and evangelism are complementary and should not be devisive ministries that compete against each other, a Southern Baptist theologian said.

"Social ministry was not a postscript in the activity of Jesus. Notice how he spent his time. Yes, he preached in an effort to win people's hearts ... but he also loved, healed and exorcised in order to meet people's needs," said Welton Gaddy, senior minister to the Atlanta and Macon, Ga., campuses of Mercer University.

"Jesus straightened a withered hand, opened a blinded eye and restored a person to fellowship without ever saying a word about the soul. Please do not misunderstand. Soul winning is important. But so are juvenile rehabilitation, clothing distribution and day care for children," Gaddy noted.

"These are complementary, not competitive, ministries. Jesus never ranked his actions on a scale of spiritual importance," he added.

Gaddy made the comments to nearly 250 directors of Christian social ministry centers who had gathered at Southern Baptist Theological Seminary in Louisville, Ky., to celebrate the 75th anniversary of the first Baptist center.

The three-day celebration was held in the city where Maud Reynolds McClure, principal of the Woman's Missionary Union Training School, launched the first Baptist center in 1912.

Gaddy, in centering his comments around the anniversary theme "It's OK to Care," noted that what Jesus practiced he also recommended to others through parables. In one such parable on the final judgment, Christ established a ministry to people in need as "the solitary criterion upon which life in the kingdom of God was granted," he said.

"Astoundingly absent are references to a creedal confession or conformity with orthodoxy. Pervasively present is an indication of the eternal importance of ministry. God has so clearly identified himself with the needy and hurting members of society that ministry to them is ministry to him," Gaddy said.

When people are involved in acts of ministry in the name of Christ, they are faithful to that which most pleases God. Their action is in conformity to the heart of true religion, he stressed.

Gaddy also affirmed Christian social ministries missionaries for their work with the nation's poor but warned that Southern Baptists' increasing prosperity may threaten that ministry: "You are our denomination's closest contact with the poor, but we as Southern Baptists are in danger at this point. By the standards of our world community, we are rich and, for the most part, have little contact with the very poor. We have prospered, and any time that happens you feel yourself being cut off" from those who are poor and suffering.

The ministry of Christ involved financial poverty for his followers, in order for them to identify with society's social outcasts, Gaddy said. The church never has been authentic apart from involvement in suffering, he maintained: "You keep us in touch. You remind us of the divine bias toward the oppressed. You extend the long arm of our denomination among those who only know deprivation."

Gaddy also said he feared the church has chosen an institutional role in society rather than becoming "a dynamic, living organism. Baptist centers are more realistic models of what a church should be than many existing churches because they have combined worship services with ministry to people in need."

Anne Davis, dean of Southern Seminary's Carver School of Church Social Work, noted last year 4,365 people accepted Christ through Baptist centers. The conversions resulted in the Southern Baptist Home Mission Board Christian social ministries department posting the highest ratio of converts per missionary, with an average of 27, of any department or division at the board.