

Dreaming of Convergence

By Rev. Greg S. Henneman



U.S. Health forum in Houston, TX.

The Rev. Gregory S. Henneman is a Church and Community Worker missionary serving through Global Ministries as coordinator of the HEAL Initiative of Community Development for all People in Columbus, Ohio. In one of his most [recent blogs](#), he shares his views on General Secretary's Thomas Kemper point on convergence during the U.S. Health Forum in Houston, Texas.

Yesterday, Thomas Kemper, the General Secretary of the General Board of Global Ministries planted a word in my consciousness I cannot shake—convergence.

One of the four focus areas of the United a Methodist Church is “Global Health”. About 150 pastors, doctors, nurses, missionaries, health care providers, deaconesses, and people with a desire to bring health to their churches and communities have gathered in Houston for a U.S. Health Forum. Kemper stated that at one point people around the world had a shared life expectancy, no matter where they were born. However, in the

last several hundred years, the life expectancy and health indicators of people around the world diverged greatly.

Today, a wide range of non-profits, churches, government agencies, medical systems, and the United Nations are working to bridge these gaps. This work has a focus that by the year 2035 there can be convergence: that a child born in Europe, Africa, Asia, and North America will have the same life expectancy.

Global health is not a new focus. All my life I've seen television images of the disparity between the world I grew up in and the developing world.

But we have not come to Houston because of global disparity, but to focus on US health.

I saw this disparity on my morning run.

Within a mile circumference of our hotel is the greatest conglomeration of hospitals I have ever seen: billions of dollars of impressive architecture reach to the sky and streams of health professionals pour from light rail trains in to state-of-the-art facilities. If there is any place to be sick, the center of Houston must be the place to be; unless, you are on the wrong side of the disparity.

On the other side of the Methodist Hospital is Hermann Park. The park includes a Japanese garden, zoo, golf course, and miles of groomed trails. As I ran to the edge of the park, I noticed a statue and fountain from a distance. Gathered around the fountain was a small village of homeless people. In the shadow of the hospital, sleeping bags and backpacks circled the statue. As I ran closer, a homeless man dodged the sidewalk with me, tapping me on the arm as I ran by. In him, I saw a playful spirit in the shadow of disparity.

I thought of so many of my homeless friends who have died young and struggled hard.

It is with those faces in mind that I dream of convergence. A convergence where my brief running partner and the person with medical access share the same quality of life. Perhaps that sounds like an idealistic dream as likely to happen as addressing disparities of education, opportunity, or violence.

This week, at this conference, I have seen glimpses of where convergence is possible. From the Mississippi Delta to the Appalachian Mountains, we heard stories of churches serving as beacons of health in their communities. Major medical systems spoke of looking outside their walls and seminaries are offering programs with titles like "Faith, Health, and Community."

I believe convergence can happen. Convergence can happen through a God in whom all things are possible, convergence can happen through the joined hands and hearts of diverse people, convergence can happen as the church recaptures its role of bringing health and living in to God's dream of healing for all people.