The Healing Arts

Loma Linda University (LLU) School of Medicine (Coleman Pavilion) and the Cancer Institute (Chan Shun Pavilion) with the Medical Center in the background and the Good Samaritan statues in the foreground.

By Richard H. Hart

The Seventh-day Adventist Church has been blessed with a unique understanding of health as an integral part of its theology. Although a commitment to good health was part of several other denominational beginnings, none was blessed with the articulation of that understanding provided for us by Ellen White. This central value has produced significant results for the church.

The Adventist Church now owns and operates 174 hospitals and 386 clinics around the world. Adventists have always seen health care as the very embodiment of their Christian values and commitment. So we have fought hard to hang onto our institutions when politics or economics have threatened them.

The need to prepare staff members for these institutions has led to the development of training programs in many countries. Our denomination of some 13 million members now has the highest proportion of health professionals of any religious group. They form an integral part of our local church membership and financial base. Most are not employed by the church, but they provide a credibility that has clearly benefited the church.

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Even more significant than the church's commitment to providing health care has been its belief in personal health *practices*. Indeed, sharing this understanding is the reason our health-care system was developed. While some would argue that the "system" has lost this commitment to personal health, we still have much to be proud of. According to recent analyses conducted at Loma Linda University on 34,000 Adventists they have studied for 25 years in California, this group is now the longest-lived scientifically described population in the world, with longevity exceeding

Students for International Mission Service (SIMS) visited Calcutta, India, to work with Mother Teresa. Here, one of the students helps an elderly homeless woman at Kalighat.

LLU sophomore medical student Chris Burton cradles a child at the Pan American Health Services clinic where he served during a two-week SIMS trip to Honduras.

even the Japanese. Five simple habits long advocated by the church have added 10 years to the lives of this group—avoiding smoking, maintaining an ideal weight, getting regular exercise, following a plant-based diet, and eating nuts five or more times a week.

Accomplishing this feat in an individual life is not unusual, but for a population of 34,000 to do so is truly remarkable. Now the National Cancer Institute has funded the School of Public Health at Loma Linda to initiate one of the largest prospective epidemiological studies in the country—enrolling 125,000 Adventists, including 45,000 blacks, to try to identify what Adventists are doing that can be shared with the national population.

This raises interesting issues. When I was growing up, the explanation I remember hearing for following "health reform," as it was called, was that good health gave a clearer mind so that we could better perceive spiritual values. Now, it seems clear that the opposite is really the genius of the Adventist health message. Our spiritual understanding, sense of obligation, and purpose have given us the collective motivation to follow good health habits. And we have done this in a way that not only 30,000, but millions, have gained benefits that far outdistance the five extra years that modern medicine is estimated to have added to our longevity. In other words, Adventism's contribution is not knowledge about a particular set of behaviors, but a recognition that people pursue good health habits consistently when their understanding of themselves arises from spiritual discernment and a relationship with God.

Against this solid foundation of truly impressive information, some real concerns are emerging. Indeed, one of the main reasons the Government funds studies about Adventists is not that we all live and eat in a certain way, but because we have a wide variety of diets. This lack of commitment to a plant-based diet appears to be spreading within the church, even while the rest of the world desires to learn about our unique cuisine. People used to joke that "they practice health reform even if it kills them," and "they don't really live longer, it just seems that way." But those voices are largely silent now, as our quality of life and balanced approach are emulated and scientifically validated. The drift away from these practices within the church seems to be more out of indifference than knowledge or belief.

Another real concern within the church is the growing disconnect between our health professionals and the health message of the church. Our professionals have acquired highly sophisticated technical knowledge to function well within their disciplines. They are now caught up in the tightening constraints of time pressures, liability concerns, and all the other issues that regulate health care today. Against that backdrop, many do not feel comfortable participating in church-based health ministries that often teach simple remedies and practices with significant benefits for the community. This disconnect has opened the doors for other church members, some with limited understanding, to step into the information void and serve as the voice of the church. Some of their approaches have driven the health professionals even farther away out of embarrassment or professional concern.

In our professional training programs, we need to encourage our students and alumni to assume their rightful leadership role in articulating the church's health message. This includes providing them with the necessary skills and materials so they feel comfortable serving in this capacity.

Our health-care systems confront many issues today, not the least of which is survival itself, and they have done much to maintain church credibility in Adventist health services. Working together with our health professionals, they need to provide leadership in articulating the purpose and value of Adventist health behaviors.

Finally, I would be remiss not to discuss the "two-thirds"

During the time James E. Gillespie, director of internal audit at the LLU Adventist Health Services Center spent at the Adventist hospital at Mugonero, Rwanda, analyzing the hospital's management structure and operations system, he also met with some area children at Karora Rural Dispensary in Kibuye District.

Patients must travel for miles by foot and local transportation to bring their children for medical care at Adventist hospitals like this one in eastern Africa.

A LLU medical student (left) learns whole patient care with a multidisciplinary team that includes a resident/doctor, a nurse, and a specialist in wholeness, Dr. Wil Alexander.

world where our church has made such impressive contributions. Seventy of our hospitals and most of our clinics are located in the world's 50 poorest countries, where four billion people, two-thirds of the world's population, and 80 percent of our members live. These people are not worried about obesity and lack of exercise as they watch their life expectancy at birth drop dramatically due to infections (especially HIV/AIDS), civil strife, and malnutrition. Our "healing arts" are not having much impact in these countries because of struggling institutions, few professionals, and incredible challenges. The average annual income is less than $500 per year in these areas, with only $3 to $5 per person being spent on health care annually.

The world is becoming one village, but we have largely turned our backs on the huge issues facing our brothers and sisters abroad. We have gradually drifted into a "tourist missionary" mentality, going on short trips here and there, building a few churches or schools, and believing we have made a difference. The idea that it is now "their" responsibility or that they really don't need or want our input has gained acceptance.

This is simply not true. The world, both within and outside the church, is desperately looking for a true partnership that can once again give its people hope in the future. Our 100-plus colleges and universities, most in that "two-thirds" world, are recognizing the incredible opportunities they have to train health professionals to confront these needs, and want to start many new programs. But they need skills and resources, which Adventists in the West have and could share with them. The Department of Nursing at Pacific Union College (Angwin, California) has connected in a small way with one of these programs, the Mugonero School of Nursing in Rwanda. This nursing program illustrates the challenges—500 students in a six-year program combining secondary school and nursing with no books, computers, teaching materials, or skills labs. The only way to transmit information is by writing on a blackboard. Yet those students are the vanguard of the healing arts for Rwanda. And the story can be repeated over and over again.

We can do better. Despite the fact that our genome is the same, Rwanda's life expectancy at birth is now just about half of the West's 80 years. The Rwandans are looking to us in the developed world to do something, but it will take more than a few trips or even donations. We will need to prepare health and development professionals with solid skills and commitment, prepared to engage for years, not weeks. They will need organizational support. They will need a new paradigm of partnership, probably best summarized in the old Chinese saying

"Go to the people, live among them, learn from them, love them.

Start with what they know, build on what they have.

And of the greatest leaders, when their work is done,

The people will all say, 'We have done it ourselves.'"

Those of us who practice the healing arts have much to give the world. Our compassion and skills can bring hope and promise. May we be liberal in our commitment. ✎

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