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### The Healthy Church?

#### Part I. A Personal Health Ministry **Within** the Adventist Church.

##### A Brief History

Dietary recommendations and prohibitions have a long association with religion. Judaism has regulated diet for millennia. Islam builds on the same traditions and requires abstinence from alcohol and pork. Hinduism advocates vegetarianism, based originally on the sanctity of all life, and also asceticism. Through the middle ages various groups within Catholicism advocated vegetarianism for reasons of asceticism and spiritual development. A vestige of these practices remained until recently in the form of fishless Fridays.

The Adventist faith developed at a time in American history when the idea of mixing health and religion was not strange. Prominent non-Adventist health reformers of the time often had an overtly religious tone to their pronouncements. Charles Wesley, founder of the Methodist church wrote extensively on health and medical issues, the Bible Church pastor William Metcalfe first brought vegetarianism in an organized manner from England in 1817, health reformer Sylvester Graham, was a Presbyterian minister, and Larkin B. Coles, a Millerite preacher physician, was another prominent health-reform author. The serious problem of alcohol abuse was recognized by the churches, and many of the religious leaders and members became active in the temperance movement. Consequently, there was ample precedent during the early and middle years of the 19th century for an alliance between health and religion.

Ellen White and the other founders of the Adventist church had from the beginning an interest in temperance and health. Ellen experienced her first vision with health content in 1848, where she was shown that "not only was tobacco harmful, but also that tea and coffee were injurious." However, it was June 6th, 1863 at Otsego, Michigan that she had her first major "health vision", less than three weeks after the adoption of the first constitution of the General Conference and the election of its first officers. The focus of this vision was personal preventive medicine and health improvement, and the interventions recommended were lifestyle in nature. By 1866 the first issue of a periodical "The Health Reformer" had been published, and the Western Health Reform Institute had been opened at Battle Creek, Michigan. In 1878 the much larger Medical and Surgical Sanitarium was opened, also in Battle Creek, and directed by the talented young Dr. John H. Kellogg. This was the forerunner of the world-famous Battle Creek Sanitarium.

Most readers will be familiar with the more recent history of Adventist health activities, the gradual development of a worldwide network of high quality hospitals and clinics, and a real emphasis on personal health outreach endeavors such as cooking schools, stop-smoking plans, and health screening vans. These last activities continue, but few would disagree that the momentum for a personal health emphasis has diminished. A more recent addition, the scientific

studies of Adventist health, has fulfilled the evidence-based expectations of our times. The pronouncements of a 19th century visionary will no longer persuade most educated late 20th century non-Adventists, but the results of these studies have brought respect for Adventist health in circles where other aspects of Adventism are often considered unattractive. Our studies have played an important and oft-quoted role in the recognition by the scientific community that a proper diet, particularly the vegetarian diet, can indeed promote good health.

### A Church With A Health Message?

Any organization needs one or more distinctives to justify its existence. Seventh-day Adventists have few unique doctrines, but certainly a unique mix. To non-Adventists the most well known distinctives are the Saturday Sabbath and the health reform emphasis. Consequently when mixing with non-Adventists we often define ourselves along these lines at first. As science has slowly caught up with Adventist health over the last 130 years, it has become a national priority to change the health behaviors of whole populations. Yet changing health behavior, even in those who desperately need it, is often very difficult. Thus the Adventist experience, so many years before there was credible scientific evidence, is all the more remarkable, and points to the genius of tying behavior to the powerful motivator of religion.

Changes can either be motivated by the assumed eternal bad consequences of poor progress with health habits; or may be more positive, mentally, physically and spiritually, when the habits flow easily, self-motivated from a conviction of what is right. Renouncing tobacco and alcohol and for some, vegetarianism, are usually hard-won victories in converts and thereafter become a cherished part of one's identity. Thus social forces help ensure that health reform continues as a defining principle of the "faith" for many members.

Although it was not so problematic in the 1860s, today we are almost alone among Christians in giving such a strong denominational emphasis to health. Are we then not only eccentric but also mistaken? In fact there continues to be many logical interfaces between religion and health, and these are increasingly recognized amongst some non-Adventist Christians<sup>1</sup>. Perhaps the most obvious motivation follows from the concept of a creator-God. The marvelous work that God created in the human organism, with its profound biochemical, physiological, psychological, social and moral components deserves the most fastidious care (historically endorsed by Judaism). More frequent adoption of the vegetarian dietary habit would also utilize the world's agricultural resources much more efficiently, would promote a greater respect for the rights of animals, and hence the well-being of God's creation in a broader sense. However many modern Christians are no longer creationists.

Second, the Christian God portrayed so obviously in the New Testament as a God of love, would surely have concern for the comfort of His creatures, and provide guidance promoting good health and a long productive life. Some such guidance is found in the Bible, but only Adventists among modern religions claim additional revelation on health. These additional insights are particularly well suited to preventing the modern diseases of affluence. The easy availability of a heavy meat diet, with an excess of calories, and additionally a lack of exercise were undoubtedly not great problems in biblical times. With greater affluence, the less physical industrial employment, and modern food technology, the situation today is unique in history.

Third, as God's representatives we should be active in guiding the non-believer to a knowledge of the Gospel. A vigorous, healthy group should be more productive in this regard, and more attractive to the new believer. Fourth is the idea that healthful living may be in some way involved in salvation. Is the right lifestyle necessary for salvation, or is this alternatively a spiritual discipline, thus aiding but not required for salvation? This is a

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<sup>1</sup> Vaux K. Religion and Health. *Prev. Med.* 1976;5:522-36

question of some importance, as Adventists may have differing convictions. In this regard, is it possible that the way we eat, the number of hours we sleep, how we exercise, can affect our thinking and perhaps our spiritual perceptiveness? There is no direct evidence (who has looked.), but such a conclusion, also advanced by Ellen White, is physiologically and pharmacologically plausible.

#### Supporting A Health Ministry To Our Church Members

It seems that the personal health emphasis of Adventism is going through troubled times. Our original health message was a mix of healing for those already ill, modeled on Jesus' ministry, but in addition placing great emphasis on "right" living to prevent disease in the first place. Today, there is often a new balance that emphasizes medical institutions and modern healing, but provides fewer resources to support personal disease prevention. Fortunately, our tradition of right living continues to pass down the Adventist generations, but with reduced corporate support and emphasis, one must question how long this will continue, and whether patterns of healthy living are already eroding or falling far behind the ideal. There are virtually no American local or Union conferences that maintain health secretaries with time to be effective in this role. Another side effect may be the decrease in community health promotional outreach activities organized by local church members. Are the "glory days" of Adventist personal health practice behind us?

The above is not necessarily intended as criticism, rather as the identification of an important change that has apparently gone almost without comment. I believe that the distinctives of Adventist health practice are inherently unlikely to remain without frequent reinforcement of a type that is no longer supported. How long is it since you heard a sermon on the importance of personal health? For most it will probably be a number of years! Ten years ago, we documented that in 13 randomly selected southern California Adventist churches, only 20% of middle-aged male members ate flesh foods less than once per week. Some will not see this as a problem yet it clearly differs from the original model and needs discussion.

Administrators have many other priorities and worthy goals, such as increasing church membership, improving church finances, and promoting spirituality in the church. Supporting the personal health practices of members is not often seen as particularly useful for these goals. Indeed, some Adventist groups placing particular emphasis on personal health have tended to the ultraconservative, whose ideas can run contrary to good sense, modern medical knowledge, or for that matter the Spirit of Prophecy. Extreme dietary habits may well be helpful for reversing established cardiovascular disease and diabetes mellitus, but the evidence suggests that this is not necessary or helpful for most members. Dealing with some of these problems and entrenched ideas has been an administrative chore, and has undoubtedly complicated the effort to maintain a visible corporate personal health emphasis having balance and perspective.

My observation is that many theologians also find it difficult to give high priority to a health message as a *bona fide* part of our religious beliefs. Although most are personally committed to a healthy lifestyle, health as a doctrine often seems a mild embarrassment, passed off as a historical quirk. The theology of health is poorly developed, and common attitudes may lead to guilt amongst non-vegetarians, or perhaps more likely a sense of superiority amongst the "more pure", so a "works ethic" can lurk just below the surface. As there is a need to shed the stigma of legalism that some have associated with Adventism, health and religion is an area avoided by many serious Adventist scholars. In 1993 a church conference on "Adventist Theology, Philosophy, and Practice of Health and Healing", by all accounts led to a useful exchange of ideas.

However, as far as this writer knows, no succinct official statement describing the theological, philosophical and ethical bases of our health message resulted. Such a statement, jointly developed by theologians and health professionals, could form a basis for scholarly work to further develop the rationale of our health emphasis, and to identify problem areas for further study.

#### Contemporary Goals For The Adventist Health Emphasis

Has our model of health promotion within and beyond the church membership been less successful than expected? Possibly so. However, this is entirely dependent on the expectation. As far as disease prevention is concerned, studies of Adventist health indicate striking success<sup>2</sup>. For some, the goal is to use the health message as an "entering wedge" so as to result in baptisms. A lovingly concerned member can make a real impact in this way on interested and needy folks. Yet to be most successful this preventive care needs to be given in the context of love and compassion, without the hidden agenda. Today people are familiar with sharp advertising strategies, wary of the "hook" and easily turned away. Yes the "entering wedge" has worked on countless occasions, but it is an uncertain process and cannot compete with mass evangelism to produce at least the appearance of rapidly successful soul-winning.

A superficially similar but very different evangelistic scenario consists of a clear focus on religion which is then supplemented with health materials. The audience attends because of their interest in the religious theme, and the non-threatening health supplement may often be seen as a welcome bonus even if it means some difficult changes. I suspect that the presentation of health topics can increase baptisms and long-term commitment when used in this context.

A different motivation for continuing a strong health ministry is important and often overlooked: the continuing nurture of existing members. If the health message has value, above all else it must be preserved in the existing church body. This will not happen with the commitment of trivial corporate resources given the powerful social forces favoring gravitation toward community norms and the pervasive advertising of alternative lifestyles. Thus programs directed towards existing church members should not be neglected. In this respect high quality health programs from the church to the community win also benefit both those who give and those who receive.

While acknowledging and respecting the Spirit of prophecy where appropriate, materials presented need to be up to date, and reflect the state of health knowledge in the late 20th, rather than the late 19th century. Members are less likely to feel that they have "heard it all before" if care is taken to enliven the topic with recent information, of which there is no shortage. Even so, repetition of basic materials at suitable intervals is valuable as a means of reinforcement. The public is increasingly knowledgeable regarding health, thus mandating a high standard for programs that should usually be given with professional oversight. Health education is now a scholarly discipline studied in schools of public health around the world, and efforts that do not conform to certain standards of both information and presentation will reflect badly on the church. Fortunately our members include many health science professionals.

Without the Adventist motivation of a link between health and religion, most non-Adventists still have a long way to go in making the transition to healthful living. This is despite the profusion of scientific evidence. If the special emphasis in the Adventist church loses visibility among members, and if clear practical support from denominational leaders is less evident, why would Adventists not experience the same difficulties as others in effectively modifying and maintaining their health habits?

(To be continued)

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<sup>2</sup> Phillips RL, Kuzma JW, Beeson WL, Lotz, T. Influence of selection versus lifestyle on risk of fatal cancer and cardiovascular disease among Seventh-day Adventists. *Am J Epidemiol.* 1980; 112:296-313