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.

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...
even the Japanese. Five simple habits long advocated by the
church have added 10 years to the lives of this group—avoid-
ing smoking, maintaining an ideal weight, getting regular exer-
cise, 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 Ad-
ventists, including 45,000 blacks, to try to identify what Ad-
ventists are doing that can be shared with the national popula-
tion.

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 contribu-
tion 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 informa-
tion, 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. Peo-
ple 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 dis-
connect between our health professionals and the health mes-
sage of the church. Our professionals have acquired highly so-
phisticated 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 under-
standing, 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 pro-
fessional concern.

In our professional training programs, we need to encour-
ge 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. Work-
ing 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”
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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