

# Adventist Health Care in the Public Square:

*Where Holiness and Humanity Meet* | BY SAMIR SELMANOVIĆ

I was working with a team of entrepreneurs in a large, newly renovated brick building in the meatpacking district of Manhattan. It is a beehive of offices, studios, and the innovation labs of a hundred or so new companies. To churn out new ideas, the place is equipped with everything needed by upcoming creatives, who exude an air of confident inevitability. Every first Wednesday of the month, our consultancy team would gather and have one person share something from outside of our current projects.

This particular Wednesday it was my turn. At first I had thought of sharing something about mindful leadership, identity and storytelling, or befriending of the unknown—something that would make them sit up and notice. As the food for the meeting arrived and good-natured banter began to quiet down, I hesitated. *What if they don't understand what I'm talking about? What if they do understand but cannot relate?* I took a deep breath, made eye contact with those bright faces sitting before me, and put my palms together.

"I want to talk to you about the Sabbath day."

They did not blink. As I spoke, they listened. Even when I ventured into Bible passages and the life of Christ, they kept listening. I went on to describe the biblical view of "reality as relational," in which everything that makes us human, from food to friendships to purpose, grows in the soil of time. I contrasted it with our culturally sanctioned view of "reality as thinghood," in which all of our hopes are deposited into what we can own and in which time is feared, a taboo really. Sabbath eluci-

dates the difference between having and being and has power to cause disruption in the cultures that are based on the exhausting cycle of dissatisfaction and consumption.

They kept listening, and, against my better judgment, I waded into Sabbath boundaries, rules, and discipline. From the book of Isaiah, chapter 58, I talked about the inherent problem with avoiding disciplined spiritual practice in favor of doing what we want: If we simply go where our desire leads us, we will end up in a place where we don't want to be.

I closed with an invitation to the Spirituality of Time, one of the sweet fruits of my Seventh-day Adventist experience. And my time was up.

Immediately, a young female professional with a charming and slightly intimidating stud in her nose said, "The world around us has become boundary-less and, as such, exhausting. We are in need of some structure and discipline."

Another woman, an indomitable marketing consultant, said, "Hm. I would love for my family to live like that. Do you have some good rules of life to share with us?"

"Paradoxically," I replied, "my denomination has spent decades talking about freedom from rules, structures, and disciplines of Sabbath."

She said, "I am asking you about Sabbath *because* I want to be free."

## Another frontier for conversation

Around that time, away from my home in New York City, I had been learning about another cultural context, the world of Adventist hospitals. For more than a decade, working as an

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ordained Adventist pastor, I had paid no attention to Adventist hospitals. They were large buildings around which protected and well-kept communities of Adventists were born, married, and died. I could see that they were run by capable professionals, and I thought of Adventist hospitals as an Adventist improvement over regular hospitals, like the way Stripples® have improved on bacon.

Over the past several years, however, I realized what should have been obvious from the beginning. Adventist hospitals go farther and deeper. They have done for Adventism what the church has wanted to do all along. They brought our faith into the world and the world into our faith—both directions of this movement being critically important for our denominational future. Through their success,<sup>1</sup> we have been brought into a frontier conversation with the world. This is a real place.

### **Life in the public square**

Of all the religious institutions in society today, it is our hospitals that provide context for overcoming our artificial division of life into secular and sacred. On the one hand, Adventist hospitals have to operate in the face of disruptive and unforgiving forces of business, markets, and technology. Current pressures to reduce costs, increase quality, and improve patient experience are only the latest wave of imperatives. On the other hand, these hospitals are planted in the sublime realities of the human experience of birth, suffering, healing, and dying. As a result, they are emerging as public sanctuaries where humanity and holiness meet. At a time when people are turning away from theological abstractions and organized religion, transformative experiences in Adventist hospitals spur people's search for meaning, re-calibrate their relationships, and spill over into their daily lives. Our hospitals bring the treasures of Adventism into the public space where, for more than a hundred years, we had wanted to be but never quite knew how.

And yet, the very success of Adventist hos-

pitals points to a wide gap between Adventism and the world, a gap that is unnecessary and that Adventist hospitals of our generation can help us bridge. Our hospitals give us an opportunity to reimagine our uniqueness.

### **Faithfulness through innovation**

At the annual mission conference of Adventist Health System (AHS) in 2013, executives in leadership pointed to the generative tension of being in the world *and* being true to oneself. The discussion was based on Jeremiah 29:4–7, where the prophet invites God's exiled people to go to Babylon and leave behind their binary thinking of either isolating themselves from the world or being assimilated into it. He implores them to make their home in Babylon *and* seek its wellbeing.

Over the years our hospitals have been our mission outposts and sites of innovation and—because of innovation—sites of faithfulness. For all stakeholders in the national health-care drama, from patients to employees to physicians, from communities to government to insurers, it is Adventist health-care institutions that offer rooted and potent stories of holistic health that American citizens always needed but are only now awakening to as a society.

As I was preparing this article in mid-2014, Gerald Winslow, Vice President for Spiritual Life and Wholeness at Loma Linda University Medical Center, sent me an email:

*We have just completed a conference of Adventist health leaders meeting in Geneva [Switzerland]. There were over 1100 leaders assembled from 81 countries. It's difficult to imagine many organizations of any size that could convene that many people committed to health ministry as an integral and practical function of Christian faith. Now that the whole world is recognizing the financial impossibility of coping with the NCDs (non-communicable diseases) by spending unimaginable sums to rescue people from conditions that could have been prevented, the Adventist emphasis on health promotion and disease prevention is "in demand" as never before in my lifetime. This gives us a new opportunity to provide leadership around the planet.<sup>2</sup>*

# The Power of Art in Healing

Explored at Adventist Midwest Health | BY BONNIE DWYER



National Arts Program "Healing Arts" exhibit reception

Pencil drawings by a nurse, child portraits by a physician, sculptures by a mechanical engineer—the second annual art contest at Adventist Midwest Health gave employees a chance to share their creativity. Sponsored by the National Arts Program Foundation, the contest included \$2,400 in prizes for winning art pieces. It was just one of the ways art is transforming the four hospitals in the Adventist Midwest Health System.

The first art contest exhibit was held at the Hinsdale campus. Working with the hospital's foundation, organizer and visionary Sue Kett installed a professional gallery hanging system, providing not only for the art contest but for future exhibits as well. She turned to the nursing staff to help with the development of an art cart program that takes art directly to the patients. There have been painting classes for the nurses

too. And the "I Am Who I Am" exhibit gave special-needs children a chance to shine in an exhibit featuring their art.

In a survey about the arts program, employees reported seeing benefits in the emotional and physical wellbeing of staff and the healing of patients. It made for a more pleasant environment for everyone, as well as a more committed and joyful nursing and medical staff. They saw improved relationships in the community because of the col-

laboration. Improved patient outcomes were also noted, an important result in these days of the Affordable Care Act's emphasis on patient satisfaction.

Musical performances are also part of the arts program. Hinsdale Hospital has a chorale, and local musicians are also brought in to perform. A Healing Arts Council of employees and volunteers plans the programs and events.

Kett says the program has been a unifying experience for the hospitals. The winners of the most recent art contest included a man who works in the boiler room, a physician, and an Intensive Care Unit nurse. People get to know each other in a different way through art.

The beauty of the art provides serenity for the hospitals and is thus seen as a benefit to the culture of spirituality. The hospital chaplain is one of the members of the arts council and a major supporter of the program. ■

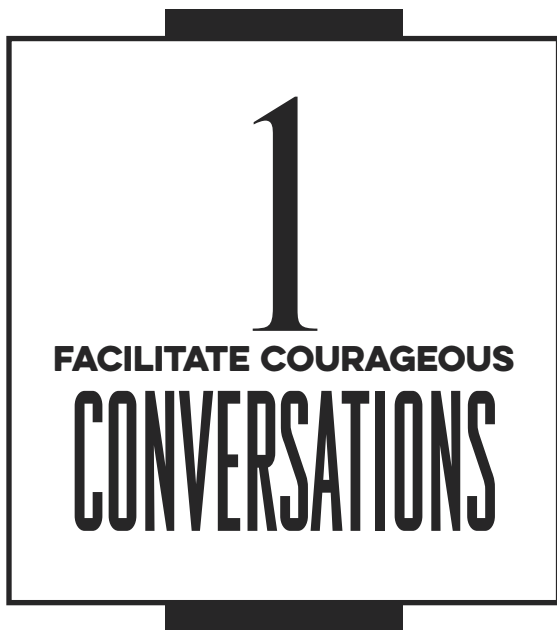


"I Am Who I Am" exhibit

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To learn about what challenges might await Adventist health-care leaders who are stewards of our hospitals' cultures and—on the other side of the coin—our hospitals' brands, I decided to turn outward to the experience of others who have been on a similar journey before us. I interviewed leaders of other faith-driven nonprofits with a history of success. I asked them about ideas that might help Adventists understand and navigate the challenge of living out our larger story in the midst of the exploding plurality of our shared life. How can we stay true to ourselves on the expanded stage brought about through the success of Adventist health care?

Timm Glover is Senior Vice President, Mission Integration for Ascension Health, the largest



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## FACILITATE COURAGEOUS CONVERSATIONS

nonprofit hospital system in the United States. Rooted in the Roman Catholic tradition of Christianity, Ascension Health is profoundly dedicated to the care of the poor and vulnerable.<sup>3</sup>

Until the summer of 2014, Tom Farquhar was the Head of Sidwell Friends School in Washington, D.C., a flagship school of the most respected faith-based educational system in the United States, known for educating the children of presidents and other prominent officials.<sup>4</sup>

I also include here what I have learned from my participation and collaboration with 92<sup>nd</sup>

Street Y, a world-class cultural and community center, serving from the platform of Judaism, located in Manhattan, where I live.<sup>5</sup>

Following are some of the results of my research expressed through the views of the interviewees, as well as the implications for our Adventist context, all summarized in four practices.

### 1. Facilitate courageous conversations

*The fact that difficult conversations are occurring regularly here means that we are not bound by absolute dogma or doctrine, that there is a degree of freedom and a safe space for every individual or community within our institution to share a perspective.*

—Tom Farquhar

*Physicians send a lot of their poor to us to assist with charity care for procedures needed. One of the things we ask is, "What level of charity care are you providing or planning to provide to this patient?" We want to really partner with physicians, and charity is about solidarity with the patient in need and solidarity between provider and health system. Yet, a physician billing a patient for full cost while we provide our care as charity isn't a partnership or solidarity. What this begins to do is it begins to deepen and elevate the kinds of conversations we're willing to have with each other and therefore who we are willing to be with each other.*

—Timm Glover

The challenge of having real and relevant conversations today lies in the changing nature of boundaries that once set us apart and gave us a distinctive identity. Our group boundaries are now overlapping, morphing faster than our respective cultures have time to adapt. Those who used to be "out there" have moved into our physical, intellectual, and emotional neighborhoods. Our previously functional walled-in/walled-out sense of identity is falling apart, and our identities now follow more organic laws. Like a tree whose protective glass nursery walls have been removed, we are forced to grow deeper roots while our branches are being strengthened by the wind of exposure.

# Loma Linda's Mission:

*Make the World Whole* | BY ELIANA ZACARIAS

**A**t an event I attended in July 2014, Loma Linda University Health (LLUH) president Richard H. Hart, alongside professors, board members, and the LLU board chair, aided by video testimonies of patients and students, announced the groundbreaking vision for health care and education called Vision 2020.

Vision 2020 is a \$1.2-billion strategy that will set new records in fundraising in the Adventist Church. Of the \$1.2 billion, the organization plans to raise \$350 million in private philanthropic donations—the largest amount of donated money for one project in the history of the church. The remainder of the money, a Loma Linda representative says, will be a combination of funds from the State of California, operating gains, and loans.

Plans for Vision 2020 will affect Loma Linda University Medical Center (LLUMC) on multiple fronts. An update to the State of California's seismic requirements that must be implemented by 2020 has rendered parts of the Medical Center, like in many other hospitals in Southern California, non-compliant with new seismic safety standards for inpatients after that year. Rather than a retrofit to the current structure, the plan calls for an entirely new main hospital building, along with an expansion

of the children's hospital. The first part of the project is made possible through the personal commitment of \$100 million by Inland Empire couple Dennis and Carol Troesh, who have a long personal history with LLUMC and the university.

Vision 2020 also includes plans for another new building on campus, which will feature research and house the Wholeness Institute. This \$60-million structure is a new frontier for LLUH and will be geared toward research, community programs, and professional education. It will house expert researchers from a variety of disciplines—molecular biologists, psychologists, nutritionists, and physicians, among others. With LLUH's mission statement, "to continue the teaching and healing ministry of Jesus Christ" in mind, the new project seeks to explore all aspects of what it means to live a whole life across all dimensions of the human experience.

According to Hart, the research and discovery center will expand the size of research facilities that had become cramped as research projects grew over the years. The new center will make room for more laboratories and contribute fresh proposals to LLUH's offerings. The new facility brings researchers together in one building, fostering interdisciplinary work, while also



Richard H. Hart (right) with Dennis and Carol Troesh

creating opportunities for more faculty development, student research, and scholarships.

A future project for the Wholeness Institute is a new executive health program. The program's goal is to better prepare area leaders to be a guide and example to their employees and their community in preventive wellness—to create "a model for health in corporate America."

I heard speakers at the event repeating key phrases such as "redefining what it means to be healthy" and "treating the whole person," along with references to "transformation." It seemed that these concepts were the basis for the drafting of Vision 2020.

With the tagline, "The campaign for a whole tomorrow," LLUH hopes, with this new venture, to transform not only Adventist health but health care overall. In particular, the new building that will house research and the Wholeness Institute is LLUH's way of setting new goals for health care, leading the way with scientific and technological advances and yet remaining true to the original ideal—holistically treating the patient. ■

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Now, non-exposure is death. In this identity-threatening turmoil, to survive and thrive, faith-driven nonprofit organizations have to tap deeper into who they are and learn to tell a larger story.

Paradoxically, it is conversations about difficulties of the past and present that offer the most potent elements for the new and larger narrative to emerge. The wrinkle here is that all cultures tend to censure such conversations among participants as well as their leaders, all the while being unaware that they, in fact, are avoiding speaking about certain topics, not



bringing up certain ideas, and inhibiting others from speaking to them.

This is because safety from loss of identity has always been paramount to any culture, particularly religious culture. What has changed now is that what used to protect us from loss of identity has now become a liability. In our hyper-connected world, the walls of isolation have been scaled by communication technology, and all kinds of conversations are occurring, whether sanctioned or not. If not recognized and developed, these critically important conversations will go underground, and with each departure, the organization weakens.

What's remarkable about the three institutions we will consider here is that each of them

was able to articulate courageous conversations they have fostered. At 92<sup>nd</sup> Street Y, for example, early in their rich history, leaders had to have one such conversation about the direction of the institution, weighing the pros and cons of turning their energy outward in service to non-Jews at a time when Jewish immigrants in New York City needed all the help they could get. As a result, today's 92<sup>nd</sup> Street Y has an astonishing presence in the city and internationally, and is a real place in the hearts of a wide spectrum of people, while at the very same time serving Jewish people beyond any of their early dreams.

The word *courage* comes from the Old French word *cuer*, meaning heart. It is courageous conversations—conversations that we want to avoid—that take us to heartfelt conversations. To have courage is to continually lean into difficult conversations and continually nourish the greatest source of organizational strength: wholeheartedness. Through conversations that matter, wholehearted leaders, employees, and other stakeholders in Adventist health care would be, and in fact are, increasingly able to both feel and articulate the evolution that Adventist hospital brands want to see in the world and the way their organizations position themselves to effect such transformation. If continually pursued with courage, these conversations will develop new missional language that is vivid, impatient, and inspiring.

## **2. Develop robust authenticity**

*Cultural uniqueness must not be scrubbed out of the nonprofit institutions serving a general audience or else the strength of that association will be weakened and broken. People don't want more generic. They want distinctive.*

—Tom Farquhar

*We have to really watch out for merely trying to make this place simply a corporation where persons purely advance their careers. We can't do business as usual, "sprinkled with holy water," as a colleague often says. The question is always how do we really*

*become more authentic, have more integrity, and are more imaginative and inclusive. . . . Faith has a way of defining reality and as such becomes an organizing and animating dynamic.*

—Timm Glover

To be, one must take a risk. Corporate poet David Whyte notices that we have picked up

*the strange idea, unsupported by any evidence, that we are loved and admired only for our superb strength, our far-reaching powers, and our all-knowing competency. Yet in the real world, no matter how many relationships have been initiated by strength and power, no [relationships] have ever been deepened by these qualities.<sup>6</sup>*

Not only as individuals, but also as organizations, we believe in an outright fallacy that we will engender “loyalty, and admiration in others by exhibiting a great sense of power and competency.”<sup>7</sup> To the contrary, real relationships are based on mutual vulnerability.

In conversation with these interviewees, I have noticed how challenging it is for every organization that fosters people’s identity to understand the growth potential in awkwardness and vulnerability. Instead of seeing “not knowing” and “not being in control” as potent practices for spiritual and organizational growth, organizations tend to experience them as loss of self.

And Adventism is not immune to this. In our context, the root of our particular fear of vulnerability might have been sustained through our collective memory of having been expelled from mainstream Christianity during our formative years. We have spent a long time trying to prove that we are just fine after being rejected, all the while not being just fine and desiring to be accepted by the world. Like every healthy human being or community, we needed to be needed, but we have had a hard time coming to terms with it.

The challenge for every organization, both religious and secular, is that in the interdependent world we live in, one must come to

terms with the fact that half of the interdependence equation is one’s own dependence. As one Christian pastor told me more than a decade ago, “The world will need Adventists when Adventists learn to need the world.”

Fortunately, our hospitals have been discovering the power of interdependent partnerships. At Florida Hospital, part of AHS, for example, I have been surprised by the positive impact of non-Adventist leaders, whether they were employees of the hospital or leaders of local partnering organizations. On the national level, one outstanding example of interdependence is the involvement and the leadership of the various Adventist health systems in North America in a group called Stakeholders Health,<sup>8</sup> a cooperative effort that has involved the White House Office of Faith-Based and Neighborhood Partnerships, the comparable office at the Department of Health and Human Services, and dozens of faith-based health systems. The primary goal is to shift emphasis from acute care toward community health development, with a focus on health promotion and disease prevention—an Adventist wheelhouse.<sup>9</sup> As a result, through interdependent partnerships like this, Adventists have tasted the blessing of being needed, wanted, and respected in the world.

The greatest source of untapped power is often the place in one’s story that needs to be reconciled. Here is an example. Jewish immigrants to the United States were in many cases citizens who, although willing to lay down their lives for their home countries, were treated as outsiders there. The 92<sup>nd</sup> Street Y has turned this dynamic around. Instead of being the other in another’s land, they became the land. Their hospitality to people of all faiths and persuasions has staged a reversal and created empowerment of Jewish experience. They have become the land that welcomes the other, as they were not welcomed. They have healed their wound by creating the world they wanted to have.

Similarly, I believe that our hospitals have a growing presence in the world, not in spite of

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our difficult Adventist past but because of it. The greatest untapped power in our Adventist story has been our own hard experience of being excluded. This is *our* reversal and empowerment moment. We have always championed religious freedom because we have been denied freedom. Now we can be even more true to our origins story by offering deep empathy and collaboration to people whose religion differs from ours. We can be like Moses, who was first called God's remnant. He refused God's offer of favoritism and even preferred being excluded



from the Book of Life (a.k.a. being with God forever) rather than participate in excluding people. And God loved him for that.

As Adventists, we are vulnerable in small ways when we—being dance challenged—mingle our lives with those who are different from us to the extent that they have an opportunity to drag us to the dance floor at their events that celebrate life. The resulting scene of an Adventist dancing is almost always as endearing as it is funny, and often liberating.

We become vulnerable in more significant ways when we transform, reinterpret, or leave behind beliefs or practices that have served God, the world, and our story in the past but now need to give way to new life and new ways of God. This is a historical flexion point in which

our pivot to the future is nothing less than practice of robust vulnerability and authenticity that accompanies any real transformation.

One meaningful way to maintain such practice would be to make public the riddle that animates our organizational life. Every passionate community struggles with their own beautiful question, a question that is larger than the community itself, a question that others can resonate with and would want to help answer. Riddles like “what it means to heal a person” or “what it means to be whole.” Adventist hospitals that are willing to pursue their riddle publicly and make mistakes—which are an integral and necessary part of real learning and innovation—will be irresistibly attractive. Ultimately, most people are not attracted to perfection; they are attracted to passion and recovery after falling that comes with believing in something larger than oneself.

### **3. Cherish your mission**

*There is this progression of a holy and sacred movement. We are part of this movement as a community, which is part of this movement of God's people, which is part of this movement of Christ, which is part of this movement of the Reign of God. So, when you ask me why we do health care, well, we do it to manifest the Reign of God. This reign of God supersedes Catholicism both in scope and substance. Our multiple sponsors have incredible distinctiveness about each one of them, but we all unite under this fundamental and empowering sense of being called to sacred service and healing presence in the world. . . . The Reign of God proclaims each person's intrinsic worth that has no dependency upon economic category, period. . . . This is what we see as Reality. That's why we serve the poor.*

—Timm Glover

*Our school sets us apart from the crowd in two ways. One is that we are known as being distinctively ambitious and successful academically. We are also known for having this mysterious framework of values related to the principles, practices, and traditions of Quakers. . . . These values most people consider universal but they remain challenging to put into practice.*



# CREATION Health | BY RACHEL LOGAN

**F**lorida Hospital is extending its health ministry program through CREATION Health, a “faith-based wellness plan” that provides lifestyle seminars and training programs for those desiring to live healthier, happier lives.

The Florida Hospital organization consists of twenty-four campuses with more than 2,200 beds and 18,000 employees, making it the largest nonprofit health-care system in the United States. Known for its quality care, Florida Hospital was named by *The Wall Street Journal* as the “Hospital of the Future.”

CREATION Health, a health and ministry initiative, works to promote healthier and happier lifestyles through these factors, represented by the acronym C-R-E-A-T-I-O-N: Choice, Rest, Environment, Activity, Trust in God, Interpersonal Relationships, Outlook, and Nutrition. By incorporating these different principles into daily life, CREATION Health aims to “fulfill God’s original plan for our lives, which is to live and be happy.”

Not only is CREATION Health part of Florida Hospital’s desire to provide better health care, it is also a lifestyle the hospital encourages everyone to emulate. Robyn Edgerton, administrative director



of mission development for Florida Hospital, describes how the program evolved from its biblical roots: “The Bible speaks of health in the Old Testament’s creation story; it was the ideal that God intended for all of us.”

This Old Testament health message was continued by Jesus’ healing ministry in the New Testament: “Christ showed through His ministry how to reach people’s hearts; He mingled with men, oftentimes healing them, then invited them to follow Him,” Edgerton continues.

Florida Hospital’s mission is to take these biblical principles of physical, emotional, and spiritual healing to extend the healing ministry of Christ.

Edgerton explains why a program like CREATION Health is important: “People are suffering physically and emotionally from diseases that are influenced by anger, loneliness, and fear. CREATION Health addresses the root causes of these diseases.”

There are several ways to get involved in CREATION Health.

One way is by attending CREATION Health seminars and learning how to live a CREATION lifestyle. Another way is by becoming a certified seminar leader through certification programs offered in Orlando, Florida or online at [Creationhealth.com](http://Creationhealth.com). And finally, anyone can sign up to become a CREATION Health member and join the CREATION Health community. By doing so, members will enjoy emails, text updates, health tips, news clips, and devotionals.

Church groups are also invited to host their own CREATION Health seminars for their communities. Turn-key packages are available online for purchase and include training DVDs, small-group kits, marketing materials, and Vacation Bible School programs.

“CREATION Health is a whole-person health philosophy and program that speaks to this healing,” explains Edgerton. “It is a modern expression of the SDA health message upon which our church was founded more than a hundred and fifty years ago.” ■

*Every presentation the school makes to any audience of prospective community members, whether it is prospective employees or prospective students or prospective parents, every presentation refers to these principles that are distinctive in a Quaker institution. . . . The weekly silent meeting, for example, is a practice that is non-negotiable for the entire community, an essential part of what we do.*

—Tom Farquhar

Each interviewee had a sense of fascination and joyful celebration about whatever was in the center of their communal faith.

The name *Israel* means “to struggle with God,” and that’s why 92<sup>nd</sup> Street Y, for example, has opened a wide public space of learning. Landing on their web page and browsing through their community class offerings and the list of guest speakers is truly a breathtaking experience. My last two classes were one with an outstanding instructor of feng shui and the other with Bill McKibben, addressing a couple of hundred high-schoolers on the topic of the environment and their future vocations. Many of my Jewish friends see this struggle with God as even more life-sustaining than their belief in God. Judaism does not require them to agree with or even believe in God, but it does require them to engage.

The center that holds such a great community together can never be exhausted, because the center is a mystery. Not data, not laws, not influence, not money, but mystery. This is particularly true of faith-driven nonprofits. There is a unique pearl in the center of every religion around which religious community of practice develops. Although we all share common perennial wisdom and common ethical ideals, it is in our mysteries that we differ.

For AHS, for example, this wonder in the center is AHS’s mission to “extend the healing ministry of Christ.” Around this mystery, AHS has built complex institutions in which thousands of people have discovered their life calling. In my experience, many of the employees, physicians, and partners find their inspiration

there, and it is the real reason why many of them get up to go to work.

However tempting it is to break down the healing ministry of Christ into steps or principles that we can operationalize and scale, this mission statement is larger than us, and we can never fully master it. Monica Reed, the CEO of Celebration Health, part of AHS in Florida, brings this tension between operation and inspiration into a generative balance:

*Both mystery and mastery are necessary. . . . It is a true organizational maxim that what we don’t measure escapes our focus. It is also true that everything that’s measured does not matter. . . . Effective organizations are on the journey to balance the two. We must find the ways to measure how effective we are with our mission statement and know whether we are making progress to our truest North. The mission of “the healing ministry of Christ” is both mystical and methodical.<sup>10</sup>*

A mystery is not something that cannot be known. Rather, it is something that can be known but known without end. Christ and his healing ways will forever spill over the edges of our current comprehension. It will take many lifetimes for the healing ministry of Christ to be embodied into an institution, all the while fueling its day-to-day operations.

To guard us from losing the mystery of our calling, the work that every nonprofit institution needs to learn how to do well is the work of cherishing. Vision and mission statements, left to themselves, have a propensity to become a laminated cluster of words hung on the wall, no matter how many times they are repeated within the walls of the culture. In contrast, we cherish our mystery by paying attention to it, like lovers paying attention to one another, learning to love each other in ten thousand ways. The organizational cultures that fearlessly open up access to the interpretation of their central mystery to everybody, from young to old, from followers to leaders, from scientists to artists—providing support and space to create, share, and celebrate this mission—will grow stronger. Diversity of

**As entrepreneurs love to say, the future is already here; it’s just not widely distributed.**

expressions, rather than uniform definitions, will maintain their depth and longevity.

Cherishing one's unique mystery as expressed through a mission statement has another critical advantage. It gives the organization powerful leverage, a firm ground from which to deal with the forces of the market, commoditization, and narrow bottom-line thinking, in which profit is the only way one measures success. Many organizations have a nice version of the following statement: "We want larger market share, we want more influence, and we want lots of money." This statement leaves them hanging high and dry when they need to make far-reaching strategic decisions or make a transition into a different business model. Without a vision that serves the world, they have no leverage to push back against the urgency of profit making and no faith to help them survive the dark nights that



every organization faces. They are left with extensive expertise but without deeper wisdom that can take them into the future.

Also, we cherish our mysteries by making them intelligible to more people. As Tom Farquhar emphasized in the quote above, one's mystery must touch people universally. AHS, for example, has found a way to cherish its mystery by making it incredibly accessible

through the wholeness plan called CREATION Health.<sup>11</sup> It offers eight windows into the healing ministry of Christ. Instead of collapsing the mystery, it opens it up to different people at different places on their life journey. Through CREATION Health, each person may discover the healing ministry of Christ in their own way and time. It makes it possible for each person to weave their own story into the story of Christ, or, at the very least, the story of Christ into their own.

#### 4. Offer radical hospitality

*Health care reform provokes a lot of financial and vocational anxiety for the physicians. Why did I become a physician in the first place? How can we collaborate with physicians in such a way that fosters a reconnection with their sense of calling as a physician? This is our task. To become partners. The paradigms of health care we have all been working with and under truly didn't work anyway. We are finally admitting they didn't work. Now we have the opportunity to co-create something together that is a connection with our sense of callings and make that real in the world. Designing how we care for populations and care for persons across the entire continuum of care truly points to this. An example is financially incentivizing primary care practices to focus on prevention and wellness by sharing in the cost savings achieved through the reduction of inappropriate utilization or readmissions.*

—Timm Glover

*Over one hundred years ago, our founders spent years actually seeking a Quaker Headmaster who could open this school, and after long search, they acknowledged to the larger Quaker body that they had not found anyone. Interestingly, two months later the school was opened under the management of a young man named Thomas Sidwell. He was not a Quaker, so they made an arrangement with him. Rather than sponsoring the school themselves as a Quaker congregation, they rented the rooms to him to run his own school in the Quaker Meeting House. He operated the school for 53 years. He did become a Quaker, but he courted one of the teachers, a non-Quaker who was*

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whole.**

*not likely to become a Quaker. So, he went to a particular congregation in Baltimore that was willing to marry the two of them.*

—Tom Farquhar

Hospitality is being kind to strangers. Biblical hospitality is far more radical. It is accepting the stranger as a blessing and a necessary help for one's own survival and thriving. Strangers have arrived in our daily lives with their beauty, wisdom, and vulnerabilities, as well as their suffering, grievances, and aspirations, all of which offer priceless wisdom to us. In this new world, we are confronted not only with a new view of those we used to consider outsiders but also with a new view of ourselves. They see in us what we could not recognize in ourselves, and, when we invite them, they tell us what we cannot tell ourselves. Like an uninvited company consultant who can see what the company cannot see and say what the company cannot say, the stranger reveals.

That's why the Bible obsesses about care for strangers. Priest Melchizedek, who blessed Abraham, the father of faith, and the Magi who blessed Jesus who was the Christ, were strangers from a different religion, with sacred texts, rituals, and ways of being that we know nothing of. Yet their wisdom and authority played a critical part in the formation of Christianity, including the first funding of the Christian movement in the currency of frankincense, myrrh, and gold.

Furthermore, Christ's words and life taught us that he is in "the other," in people from the wrong group, whether Samaritans, Greeks, Romans, lepers, or prisoners, or whatever that wrong group is for you or for me. God is a trickster in this way. When we fail to learn and receive from "the other," we risk failing to learn and receive from God.

The blessing of the stranger goes even deeper. When encountering another, we also encounter ourselves in a new way. Each encounter challenges our isolated and ingrown ideas about ourselves and helps us become our

better selves. Throughout the millennia, religion has been one of the most potent identity-forming mechanisms. Today, when the walls of isolation are down, we have a chance to transcend our own limitations and delve deeper into what the healing ministry of Christ could do for *us*, how it can heal *us*—teach us that we are part of a larger web of life in which "the other" is part of our own life.

In this light, the most potent practice of radical hospitality is the practice of receiving. Continually giving to others and blessing them without authentically receiving and being blessed by them puts us in a position of power and masks our needs and vulnerabilities. To receive the blessing and treasure from the other is an act of conceding the presence of God in them. Receiving is, paradoxically, the greatest gift one can give to another. It is in the valuing of what others have to give us that we practice generosity.

As obvious as it seems, it is worth repeating that our teachers, guides, and leaders don't have to be Adventists. They can be anyone who can help us on our way to heal and be healed. Our mission is not only to reach out to everyone but also to be enriched by everyone who comes and blesses us through their own traditions, stories, and practices. To earn the title of a respected teacher, one has to embrace the continual role of a master learner who knows how to receive.

Our response to the, at times, bewildering diversity that surrounds us does not have to be a fear of losing our identity. It can be curiosity and gratitude. Through exposure to the beauty and truth that others have, we grow roots into our own story. Through the other, we don't compromise but learn more about Christ. When we serve our world together in partnership with others who can teach us as we teach them, we evolve a more authentic, genuinely responsive, and newly aware Adventist identity.

Such processes have been underway in our hospitals. The vast majority of employees, physicians, and even directors are not Adven-

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changed now is  
that what used  
to protect us  
from loss of  
identity has  
now become a  
liability.**

tists. As such, our hospitals are representative microcosms of the real world and create context for life-giving diversity in a safe space hosted by Adventists.

## Becoming whole

These four practices, I believe, would help Adventist institutions bridge the gap with the world “that God so loved” and weave them into the fabric of the present Kingdom of God, a domain larger than Adventism. Our Adventist community is only a part of a larger whole and larger undertaking of God. Randy Haffner, CEO of Porter Adventist Hospital in Denver, Colorado, puts it this way: “We have a unique value to add to the conversation. However, uniqueness is not the goal, the point, or the intended outcome. We engage with others to learn their perspective and make our distinct contribution to a larger good in the world.”<sup>12</sup>

As diverse as we Adventists are, whether liberal or conservative, urban or rural, young or old, we have a burning desire to see the days when we will be able to open our treasure chest and dust off beautiful stories we might have forgotten—of our first light and first love, of being misfits in the world, of being lost and being found again and again, of our heart-stopping discoveries in the Bible, and of the questions that are ravishing us today. And eventually the time will come when we will leave behind our conversations about protecting our identity and focus our conversations on our integrity—on becoming whole.

Many who serve in our denomination are already living out this future. On the West Coast, Richard Rawson, CEO of Loma Linda University Medical Center-Murrieta and the Senior Vice President for Strategic Planning at Loma Linda University Health has his heart soaked with the mission of the healing ministry of Christ, all the while dealing with the crucible of business:

*We are determined to break out of the traditional relationships, offerings, and services to minister and heal beyond the walls of our hospitals and clinics. . . . I*

*believe that strategy focused on Wholeness is both good mission and good business. By being true to ourselves, we create an unassailable competitive advantage because very few of our competitors understand, let alone invest in it.*<sup>13</sup>

Similarly, leaders I have met at Florida Hospital are determined to live out their faith *in the world*. Ken Bradley, the CEO of Winter Park Memorial Hospital in Florida,<sup>14</sup> and his religiously diverse leadership team are seeking to integrate Sabbath into their core identity and manifest it through their presence in the community. Monica Reed, CEO of Celebration Health<sup>15</sup> and her equally diverse team, on the other hand, are pursuing deeper understanding of the healing ministry of Christ through faithful innovation in every corner of the campus and, through Nicholson Center,<sup>16</sup> spreading it around the world. Pastor Andy McDonald and the Florida Hospital Seventh-day Adventist Church have been so authentic and courageous in their hospitality that the place has been buzzing with new life and creativity.

This is going on in thousands of different ways in a thousand different places, in ways both big and small. As entrepreneurs love to say, the future is already here; it’s just not widely distributed.

Ascension Health, Sidwell Friends School, 92<sup>nd</sup> Street Y, and Adventist health-care institutions are each called to serve something larger than their own success, whether by God, or by a people’s own hearts, or by their surrounding human communities in need. Perhaps it is all one calling anyway. The challenges of staying true to one’s calling in the real world that we explored here are not for the faint-hearted. The path is littered with faith-driven nonprofits that have regressed, dissolved, or imploded.

Yet for Adventism this is a moment to pause and celebrate, even in the eye of the health-care reform storm. Through patient, skillful, and visionary work taking place in Adventist health care, the edges of Adventism—places where we touch the world—have

**To earn the  
title of a  
respected  
teacher, one  
has to embrace  
the continual  
role of a  
master learner  
who knows  
how to  
receive.**

been revived. “The right arm of the gospel” has strengthened, and we now have a real opportunity to become a movement again. ■

**Samir Selmanovic**, PhD, is a leadership and executive coach, mission and stakeholder consultant, and the author of two upcoming books, *Breakthrough Human Skills for Executives*, and *Hospital Is Sabbath*. He is also the founder and executive director of Faith House Manhattan, an interfaith nonprofit. Contact him at [samir@wisdomworkroom.com](mailto:samir@wisdomworkroom.com).



## References

1. The five Adventist health systems are: Adventist HealthCare on the East Coast of the United States, Kettering Health Network in the Dayton, Ohio area, Adventist Health on the West Coast, Adventist Health System, based in Florida and now by far the largest, with forty-five facilities in ten states, and Loma Linda University Health, with six hospitals in south-eastern California. They provide a distinctive health ministry that serves millions of our fellow citizens every year. Together, they operate hundreds of clinics and more than seventy hospitals in North America and employ more than 120,000 people.

2. Gerald Winslow, personal email, July 18, 2014.
3. See [www.ascensionhealth.org/](http://www.ascensionhealth.org/).
4. See the details at [www.sidwell.edu/](http://www.sidwell.edu/).
5. More information at [www.92y.org/](http://www.92y.org/).
6. David Whyte, *Crossing the Unknown Sea: Work as a Pilgrimage of Identity* (New York: Riverhead, 2001), 128.
7. *Ibid.*, 129.
8. Originally called Health System Learning Group.
9. See the list of Adventist participants at Stakeholder Health, [www.stakeholderhealth.org/participants/](http://www.stakeholderhealth.org/participants/).
10. Monica Reed, personal correspondence, July 16, 2014.
11. See CREATION Health at [www.creationhealth.com](http://www.creationhealth.com).
12. Randy Haffner, personal email correspondence, Aug. 12, 2014.
13. Richard Rawson, personal correspondence, July 21, 2014.
14. See [www.floridahospital.com/winter-park-memorial](http://www.floridahospital.com/winter-park-memorial).
15. More information at [www.celebrationhealth.com/](http://www.celebrationhealth.com/).
16. The Nicholson Center trains physicians from all over the world in leading-edge surgical techniques: [www.nicholsoncenter.com/](http://www.nicholsoncenter.com/).

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