

ABORTION

the questions | the unspoken stories

The Unspoken Stories

BY SHARON FUJIMOTO-JOHNSON

間

Essential to Japanese aesthetics is the concept called “*ma*,” which can be understood as a space or a void between things—a pure emptiness that creates a relationship (spatially or rhythmically, for example) with the tangible objects around it. In calligraphy, flower arrangement, traditional music, and even in pauses in conversation, *ma* is not an absence but a presence, a place, that creates balance and rhythm. It is not barrenness but rather the heart of the matter. *Ma* is written graphically as a kanji character 間 that depicts the sun within an open double-sided gate¹. It is the space between the open gate doors through which light can enter.

In the pages that follow, the reader may realize there are voices missing from this conversation—namely, the voices of women who cannot tell us their own stories of abortion. These stories are not being spoken aloud in our lives, except perhaps in whispered confidence. These are the unspoken stories.

Between the lines of the articles that follow, in the pauses in the reader’s mind, may there be space, may there be *ma*, or what the poet Mary Oliver called “... a silence in which/another voice may speak.”² Hear the voices of the women who cannot tell their stories. Perhaps they fear judgment or perhaps they know how speaking this story will cause their families immeasurable pain. Hear their voices: the one who knows it was the right decision but will never, ever tell her parents, even years later; the one pressured into terminating pregnancies; the one who has regrets; the one who lives because she made a choice she never wanted to make....

Let us remember, even in the ethical and spiritual considerations of this topic, that abortion is an experience that belongs uniquely to a woman’s body. It takes place within the vessel of her body, to the flesh of her flesh: sometimes for her very life, sometimes against her deepest wish. Let us hold space, create *ma*, for the women whose stories are the heart of this matter.

Endnotes

1. 間 is also used in conjunction with numerous other kanji characters to create other words, such as human being: 人間, literally a person in place; and society: 世間, literally the world in place. <https://kyotojournal.org/culture-arts/ma-place-space-void/>.

2. Mary Oliver, “Praying” from *Thirst* (Boston, MA: Beacon Press, 2007).



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ADVENTISTS, ABORTION, *and* PRINCIPLED INTEGRITY

BY GERALD R. WINSLOW

A Little History

It has been about twenty years since I last wrote about abortion. Even though I work in a health care setting and my primary academic field is bioethics, I thought I had written and said enough. In 1992, the Seventh-day Adventist Church had adopted principled guidelines for abortion.¹ Those normative statements continue to be followed carefully where I work. The same is true in the other Adventist health systems with which I am well acquainted. The biblical basis for the guidelines was clearly stated as an integral part of the statement approved by my Church. Despite the fact that the subject of abortion continued to generate deep divisions in my culture, and despite the efforts of some vocal critics of the Adventist guidelines, the Adventist health ministries have been blessed to have unifying guidance that is clinically applicable for those rare cases when abortion is deemed medically necessary. I saw no opportunity to add anything new, nor any reason to try.

Times have changed. Throughout the culture I know best, the divisions occasioned by abortion have become

deeper and meaner. Influenced significantly by the religious right, several new state laws have been enacted. It appears inevitable that the matter will be taken up again by the US Supreme Court. The Adventist Church, never entirely exempt from such cultural currents, may also be on the verge of reconsidering its guidelines. So, I have rather reluctantly accepted this invitation to share some personal reflections based on just over a half century of experience, seeking to apply Christian ethics in the setting of Adventist health care.

The story, for me, begins in 1967. Just after graduating with a theology degree, my first full-time job was to serve as an Adventist hospital chaplain in Oregon at what was then called Portland Sanitarium and Hospital. I was filling in temporarily for the head chaplain who was on study leave. I had only been a chaplain for about a month when the physician in charge of the obstetrics department asked for a “consultation.” It would have helped if I had known in advance that he was a devout

Catholic and that his questions had to do with “therapeutic abortions”—those legally permitted for significant medical reasons. When we met later that day, it was obvious that he was frustrated. How, he wanted to know, could we justify abortions as “therapeutic” when the medical reasons seemed so trivial? (I only learned later that he was probably exaggerating the problem.) At that time, a committee of five or six physicians and administrators, all of them men, decided which abortions would be permitted in the facility. My unhappy physician colleague pulled out a number of charts that, in his view, represented errors in judgment. And, he wondered, if we did not care much about the morality of abortion, did it matter to us that some of these cases might represent a breach of Oregon State law?

(Like most states at that time, Oregon only allowed abortion for significant medical reasons.²) His final questions to me are still memorable: What is your church’s position? Have your theologians said nothing about this matter?

Where would a young Adventist chaplain turn for answers in 1967? I began to look, and found little. We were still four years away from the publication of the first Adventist guidelines. *Spectrum* was not yet in existence and a search of the official Adventist journals at that time yielded nothing. It is not as though no Adventist leaders had offered their views. Noteworthy among the most strident critics of abortion was Dr. John Harvey Kellogg. In his 1894 book, *Man, the Masterpiece*, he expressed the belief that from the “very moment of conception” the embryo “acquires the right to life, a right so sacred that in every land to violate it is to incur the penalty of death.”³

While Kellogg surely overstated the extent of existing penalties for abortion, it is apparent that restrictive state laws in the US did provide a kind of legal umbrella under

which, for decades, it seemed unnecessary to engage in further debate. When asked about what medical students and residents were taught regarding abortion in earlier decades, the long-term head of the gynecology and obstetrics department at one Adventist university told me that students were taught to follow the law.⁴ In his view, because abortion was illegal in most jurisdictions, there was not much more to say about the subject.

However, by the time I was serving as a young chaplain in 1967, the laws were already beginning to change. The influential American Law Institute published its *Model Penal Code* with a proposed abortion law reform in 1962.⁵ According to the proposed model, abortion should be permitted for three categories of cases: 1) when the

pregnancy represents a serious threat to the woman’s life or health; 2) when the pregnancy is the result of rape or incest; and 3) when the fetus is known to have devastating anomalies.⁶ In 1967, first Colorado then California passed legislation liberalizing their restrictive abortion laws. Several other states soon did the same. Then, in January 1973, as most American citizens know, the US Supreme Court, in the case of *Roe v. Wade*, found state laws restricting abortion in the early phases of pregnancy were unconstitutional because of a lack of due process and the intrusion into personal privacy.⁷

It was during this time of rapid social change that the Adventist Church published its first “suggestive guidelines for therapeutic abortions which might need to be performed in denominational hospitals in the United States.”⁸ The 1971 guidelines, as they appeared in *Ministry*, had been under development for several months in 1970.⁹ The preface emphasized the importance of care from qualified physicians working in well-regulated medical facilities and obtaining appropriate patient consent. Also included were warnings against moral laxity and affirmations of the personal

The preface to the guidelines included this rather rare admission: “It is recognized that these guidelines are not the final answer but perhaps can serve a useful purpose at the present time.”

conscience of health care professionals and patients. The guidelines listed three acceptable indications for “therapeutic abortions”: 1) threats to the pregnant woman’s life or impairment of her health; 2) pregnancies “likely to result in the in the birth of a child with grave physical deformities or mental retardation”; and 3) “when conception has occurred as the result of rape or incest.”¹⁰ It is obvious that the three categories of acceptable indications were essentially identical to those promulgated by the American Law Institute in its 1962 proposal for reform of abortion statutes.

The preface to the guidelines included this rather rare admission: “It is recognized that these guidelines are not the final answer but perhaps can serve a useful purpose at the present time.”¹¹ In fact, a conference of leading scholars and health care professionals was convened at Loma Linda University shortly *before* the initial guidelines were published. The purpose of the meeting was to resolve differences of perspective and provide a more coherent basis for the Adventist position. The most influential presenter at the gathering was physician and theologian Dr. Jack W. Provonsha. His paper, later published in *Spectrum*, presented the view that fetal life is valued because it symbolizes what we value about being human and because it has the potential to become human. For Provonsha, calling a fetus a “person symbol” was in no way intended to minimize the importance of fetal life. He wrote, “I ought to view the miracle developing in my wife’s body with the compassionate respect that it deserves as a gift of God.”¹² However, Provonsha also acknowledged that there are tragic circumstances that make abortion necessary. The symbolic value of fetal life must give way to the established needs of personal human life. In his words, “the increasingly potential human organism developing in its mother’s body is not yet human—but it ‘means’ human and can serve human values by crystallizing and conditioning respect for human life. However, if for some reason it should threaten human existence unduly, it cannot be permitted to survive.”¹³

In the months following the 1971 Loma Linda meeting, two more indications for ethically permissible abortions were added to the three that were published: 4) “When the case involves an unwed child under 15 years of age, and 5) “When for some reason the requirements

of functional human life demand the sacrifice of the lesser potential human value”¹⁴ Unlike the published guidelines, the expanded version did not appear in any Church journal. Instead, it was distributed upon request to Adventist health care institutions. The vagueness of the fifth indication’s language—“when for some reason”—was then and still is puzzling. Was it intentionally vague? Or was there a subtle meaning that somehow got lost? Years later, I asked Dr. Provonsha about his interpretation of that last indication. He said, “I think someone heard a paper I read and misunderstood it.”¹⁵

George Gainer is correct when he writes, “In effect, the church has simultaneously held two positions regarding abortion.”¹⁶ For over twenty years, until the adoption of the church’s current guidelines in 1992, these two versions were kept on file and occasionally sent to people who requested them. One of the directors of the Church’s health ministries department told me, with some evident chagrin, that he had discovered that the department occasionally distributed one or the other edition without noticing the differences.¹⁷

During those years, there were attempts to reconsider the Church’s position on abortion and other issues now included under the broad heading of bioethics. For example, in 1979 I received a letter from Dr. Samuel DeShay inviting me to come to the General Conference to deliver a paper on abortion and sex-change surgeries. I was just then completing my PhD dissertation on a topic in bioethics, and I responded that I could attempt to write a paper on one or the other of the two issues, but not both. Dr. DeShay chose abortion. The paper, presented at a meeting in Tacoma Park, MD and later published in *Spectrum*, called for a “principled approach” to abortion.¹⁸ I believed then, as I do now, that the complexities of the cases in which abortion is contemplated require careful attention to a number of Christian principles. I emphasized three essential principles, drawn from Scripture: respect for human life, respect for personal conscience, and fairness. Of course, for Christians these three and any other norms must be in the service of neighbor love (Romans 13:8–10). And no set of principles, however complete and however biblical, will be sufficient to eliminate all the ambiguities of the most difficult crisis pregnancies.

Confusion surrounding the official Adventist guidelines throughout the 1970s and 1980s might have

continued much longer had it not been for a conference held at Loma Linda University in 1989. Under the aegis of the University's newly formed Center for Christian Bioethics, more than twenty Adventist scholars were invited to present their views on abortion. Given the diversity experienced within Adventism, we should hardly be surprised by the wide range of views on full display. Sixteen of the presentations became chapters in a book edited by David Larson and subsequently published in 1992.¹⁹ The thoughts of biblical scholars, theologians, ethicists, physicians, nurses, feminists, right-to-life activists, and others provided all the evidence anyone would need to show that faithful Adventists, all reading the same inspired sources and all seeking to address the issue of abortion with ethical integrity, could arrive at vastly different positions.

The Christian View of Human Life Committee

The Loma Linda conference and the resultant collection of essays obviously did not settle the matter of abortion for Adventist thought or practice. What it did do was prompt the Church to appoint a committee to address the matter and a number of other issues within bioethics.²⁰ The Christian View of Human Life Committee, a group of about thirty Adventist scholars and health care professionals led by Dr. Albert S. Whiting, then director of the Church's health ministries department, met throughout the 1990s to develop principled consensus statements. The first item on the agenda was abortion. The practice of the group was to spend significant time hearing presentations by acknowledged Adventist experts prior to drafting guidelines.²¹ Then the committee sought to produce drafts and share them widely for comment. Over the course of two years, the abortion guidelines went through eight drafts before a final version was presented to General Conference leaders in the fall of 1992. The leaders approved the guidelines, and they are included in this issue of *Spectrum*.

Here, I want to take the opportunity to honor the memory of the late Dr. Whiting. His even-handed, non-anxious way of leading the Christian View of Human Life Committee was exemplary. His willingness to share drafts of the abortion statement with all of the Church's divisions in order to solicit comments that were then carefully considered was, so far as I know, unprecedented. His

courage to champion the committee's insistence that the membership be gender balanced was essential. His determination that we gather extensive input from theological and clinical leaders prior to drafting a statement was remarkably helpful in coming to consensus. His own faithfulness, spiritual depth, and commitment to biblical principles gave the entire process a sense of genuine Christian service. The legacy of his exceptional leadership lives on to this day.

Of course, acceptance of the 1992 guidelines did not settle the matter of abortion for all Adventists. Some questioned the need for any such statement. In their view, individuals and institutions could find their way without normative guidance from the Church. Others found the guidelines insufficiently restrictive. Some of these wanted the list of permissible exceptions to be very specific. Inevitably, some critics also disagreed with the guidelines' expressed conviction that the final decision belongs to the pregnant woman. Unfortunately, the 1992 statement has sometimes been presented without the accompanying biblical principles intended to serve as the basis for the guidelines. This has led some critics to conclude that little or no attention was given to Scripture. It was always the intention of the drafting committee that the normative statements and their biblical foundation would be presented together.

What the approved guidelines did accomplish was to provide Adventist health care systems with a coherent statement that is clinically applicable. As an obstetrician and former leader of obstetrics in one of those systems told me, the guidelines set boundaries that provide meaningful limits while also giving the flexibility to make appropriate clinical decisions. A recent document designed to guide practice within the largest of the Adventist health systems in North America, is worth quoting at length:

In accordance with Seventh-day Adventist theological beliefs regarding human creation in the image of God and the sanctity of human life, elective abortion is prohibited in AdventHealth institutions. Therapeutic termination of pregnancy is allowable in three specific circumstances—for conditions that pose a clear threat to maternal health and life, fetal conditions that are incompatible with life outside the womb, or

documented cases of rape or incest. Each potential termination of pregnancy is subject to review by the duly constituted institutional ethics process. Across AdventHealth, the average annual incidence of pregnancy terminations is less than one per 1,000 live births.²²

Similar statements can be found in the policies governing the other Adventist systems.

Shared Convictions

The fact that faithful Adventists have continued to differ on how our church should best address the subject of abortion should not obscure the widely held agreement on the foundational beliefs. Biblical scholar and pastor John Brunt wrote of this harmony of convictions years ago in an essay on the Bible and abortion. After surveying the divergent approaches of a variety of Adventist authors, he concluded,

All agree the Bible teaches that God values life highly and that we should respond to this gracious God by valuing it as well. All agree that this important biblical principle has serious implications for the question of abortion. No one sanctions the kind of wholesale abortion of convenience that has become commonplace in our society. Differences center on the kinds of principles that must be weighed along with this basic commitment to the value of life and the kinds of considerations that would make abortion the lesser of evils in certain situations.²³

Brunt urges us not to overlook this “positive consensus” nor underestimate its importance.²⁴

In addition to the points of agreement mentioned by Brunt, I would point to some often-overlooked elements of the Church’s statement, especially the guidelines numbered two and three. In them, there is a compelling call for church members to set aside “attitudes of condemnation” toward persons facing crisis pregnancies. Instead, the statement says, “Christians are commissioned to become a loving, caring community of faith that assists those in crisis as alternatives are considered.” The statement goes on to call for

strengthening family ties, enhancing education about human sexuality, providing tangible assistance to pregnant women, and encouraging fathers to take responsibility for parenting. Regarding these and similarly practical provisions of grace, we should hope for committed consensus.

Whether or not we can elevate the level of our ethical discourse above that of bumper stickers, will depend much on the willingness to search for such accord based on biblical principles. In order to do this, it will be helpful to read and listen, with open minds and

hearts, to those whose views differ from our own. Adventists who most thoroughly identify as “pro-life” do help to remind all of us that the Creator is also in favor of life and calls on us to protect human life. Adventists who most thoroughly identify as “pro-choice” also remind us of something essential to Christian life: The Creator gave human beings the kind of freedom that makes neighbor love possible.²⁵ An apparently heroic decision and its accompanying actions of self-sacrificial love would be robbed of their moral worth if the one acting had been coerced rather than having decided freely.

There are many reasons for the seemingly intractable nature of the abortion debates among Christians, including Adventists. There are, to be sure, different

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understandings of how to interpret Scripture in order to derive moral guidance. People also come from different cultural backgrounds that have deeply influenced their attitudes. Then, in the society I know best, there is the polarized nature of political debates, the meanness they can engender, and the media who love the ratings they produce. In addition to all these and many other factors, there is often also a difference in the kinds of stories people have in mind when they think about abortion. What cases are most memorable or considered most typical? What are imagined to be the motivations of those who are involved in such cases?

In the setting where I work, cases in which an abortion may be considered are always heart-rending. Because my organization's policy requires an ethics consultation prior to the termination of a pregnancy, and because I have for many years helped to provide those consultations, I have sometimes been called to join in the deliberations. The calls are very infrequent, but also necessary. Of course, for those who believe there should be no ethical guidelines for such cases, and that patients and their physicians should do whatever they want without paying attention to the faith commitments of a faith-inspired health system, there would be no need for an ethics consultation. On the other hand, for those who reject the legitimacy of any exceptional circumstances and would forbid all abortions regardless of the medical situation, there would also be no need for careful deliberation. For the clinical realities I have observed, neither of these extremes is fitting. Let me mention some examples.²⁶

One night, just after midnight, a pregnant, immigrant mother of four was bleeding to death. Her pregnancy involved what is called placenta previa with accreta.²⁷ In some relatively rare cases, this condition can cause uncontrollable hemorrhaging. Such was the case with this mother. She had received several units of blood, but it was a failing effort. Tearfully, with her husband by her side, she made the decision no one would ever have wanted. Her uterus was removed, and the pregnancy was lost. The sadness of that night stays with me even now.

I had not known of a story like this, so one might imagine my shock and dismay when I was called about 2:00 a.m. the next day for a medically similar case—

similar except this was a young Latina in her early twenties, and this was a much-wanted first pregnancy. Her young husband was with her, and both were obviously frightened. A visit from their Catholic priest was comforting. But the bleeding continued to worsen. Finally, the painful decision was made. She, too, lost her uterus, her pregnancy, and the possibility of ever being pregnant again. Years after that experience, I still can't talk or write about it without overwhelming feelings of sorrow. The obstetrician attending the patient—the same one from the previous story—told me through her own tears that she had not seen such a case in over ten years, and now two in two nights.

For those who find such decisions either unnecessary or simple, I have nothing to offer except a plea for more compassionate understanding. I am inclined to think that the ease of their answers is the result of not encountering the depths of the questions or the anguish with which answers must be sought. Let me give one more example.

At one of our weekly case conferences, the story of a 12-year-old girl was discussed. She had been raped by her mother's live-in boyfriend, and now she was pregnant. Child Protective Services had removed her from her home, and she had a court-appointed guardian who was consulting about the girl's care. If twelve seems too young to be pregnant, it is. But we have seen a few younger, pregnant children. In addition to this patient's young age, she was also intellectually handicapped and demonstrated little or no capacity to comprehend what was happening to her. Her physician was certain that she was neither physically nor mentally able to complete a pregnancy.

I never learned what finally happened in this case. I believe I do understand at least some of the consternation on the part of those who wrestled with the decision. My clearest certainty, upon encountering cases like this, is that no decision will be free of a residue of moral regret. This is true whenever the conflict over core values is not between us and someone else, but within us as we seek ethical integrity in such an imperfect world. We can try to reduce or eliminate the regret by narrowing our moral attention to only one value and banishing all others. But the cost of such false simplicity is too high.

Conclusion

As the national debates about abortion continue to escalate, the time is right for Seventh-day Adventists to ponder anew the history of our Church's attempts to address the matter. If the work of previous years needs improvement, we should hope to do that work carefully and openly, without fear. We are, after all, a people of faith who believe in present truth. In this work, the example of Dr. Whiting's leadership is worthy of emulation. Let us gather for grown-up conversations that include experienced scholars and clinicians exhibiting a commitment to gender equality and cultural diversity. I am fully confident that the same Spirit that has led us toward truth in the past can do the same now if we will listen in humility.

Endnotes

1. The Seventh-day Adventist official "Guidelines" for abortion are available on the Church's website: <https://www.adventist.org/en/information/official-statements/guidelines/article/go/0/abortion/> and they are included in this issue of *Spectrum*.
2. Oregon law changed in 1969. The story of the change is told in Jonathan D. Quick, "Liberalized Abortion in Oregon," *American Journal of Public Health*, Vol. 68, No. 10 (October 1978): 1003–1008. The article is available at this website: <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.68.10.1003>.
3. John Harvey Kellogg, *Man, the Masterpiece*, (Battle Creek: Modern Medicine Publishing Company, 1894), 424–425.
4. Personal conversation with Dr. Harold F. Ziprick, 1979.
5. This history is briefly told here: <http://todayinclh.com/?event=american-law-institute-proposes-abortion-law-reform>.
6. American Law Institute, *Model Penal Code*, 1962, para. 230.3 The document is available at this website: <http://www.icla.up.ac.za/images/un/use-of-force/western-europe-others/UnitedStatesofAmerica/Model%20Penal%20Code%20United%20States%20of%20America%201962.pdf>.
7. The full text of the *Roe v. Wade* decision, written by Justice Harry Blackmun, is available here: <http://cdn.loc.gov/service/ll/usrep/usrep410/usrep410113/usrep410113.pdf>.
8. General Conference Officers, "Abortion Guidelines," *Ministry*, Vol. 44, No. 3 (March 1971): 10–11. These first guidelines were developed by General Conference leaders in 1970 but were not published until 1971.
9. The development of the Adventist guidelines and the context in which they were shaped is told with helpful detail by George B. Gainer, "Abortion: History of Adventist Guidelines," *Ministry*, Vol. 64, No. 8 (August 1991): 11–17.
10. *Ibid.*, 11.
11. *Ibid.*, 10.

12. Jack W. Provonsha, "An Appraisal of Therapeutic Abortion," *Spectrum*, (Spring 1971): 34.

13. *Ibid.*, 35. An earlier version of this essay, likely the version read by Dr. Provonsha in the January 1971 meeting in Loma Linda, has recently been published in *Making the Whole Person Whole: Papers and Presentations on Religion, Ethics, and Medicine*, edited by David R. Larson (Loma Linda, CA: Center for Christian Bioethics, 2018), 55–64.

14. Gainer, "Abortion," 15.

15. Personal conversation with Jack Provonsha, c. 1980.

16. Gainer, "Abortion," 16.

17. Personal conversation with Dr. Albert S. Whiting, c. 1990.

18. Gerald R. Winslow, "Adventists and Abortion: A Principled Approach," *Spectrum*, Vol. 12, No. 2 (Dec. 1981): 6–17. See also "Abortion and Christian Principles," *Ministry*, Vol. 61, No. 5 (May 1988): 12–16.

19. David R. Larson, editor, *Abortion: Ethical Issues and Options* (Loma Linda, CA: Center for Christian Bioethics, 1992).

20. A number of Church leaders have told me privately that the 1989 gathering in Loma Linda, which was funded in part by the General Conference, provided the impetus to establish the Christian View of Human Life Committee later that same year.

21. The early years of the Christian View of Human Life Committee are nicely described in Margaret McFarland, "Inside the Committee on the Christian View of Human Life," *Spectrum*, Vol. 21 (August 1991): 37–39. The opening sentence of McFarland's article no doubt described the experience of many of the committee's members: "Participating for two years as a law member of the General Conference Committee on the Christian View of Human Life has made me more hopeful about the Seventh-day Adventist Church than I have been for 20 years."

22. AdventHealth, "Mission and the Management of an AdventHealth Facility," (2019), 23, paragraph CC.3.

23. John C. Brunt, "Adventists, Abortion, and the Bible," in *Abortion: Ethical Issues*, David R. Larson, ed., 27–42.

24. *Ibid.*, 40.

25. I seek to make the case for this kind of freedom in Gerald R. Winslow, "Freedom for Neighbor Love," *Spectrum*, Vol. 46, No. 2 (April-June 2019): 66–69.

26. The details of all of the cases described here have been altered sufficiently in order to preserve patient confidentiality.

27. The condition is described here: <https://www.mayoclinic.org/diseases-conditions/placenta-accreta/symptoms-causes/syc-20376431>.



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