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Talk #2: Purpose of the Health Message--ten more years or ten thousand plus?

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Introduction: During the past fifteen years we have witnessed an explosion of health-fitness centers around the country, many of them promoted by non-Adventists. *They all have common purposes:* lose weight, avoid heart attacks and diabetes, reduce stress, relieve depression, etc. And most of them do very well, as well as our Adventist-run programs, in helping sick people get well, without drug medication or surgery.

Are we merely copycats today, though we were seminal leaders 20 years ago. In the 80s, we were way ahead of the curve, leading the way in the face of derision from the medical world, even from the Adventist medical world. (Example: Dr. Tims/Bakersfield who was given up by his medical family, including his children who were also physicians. He had a rapidly weakening heart condition; after trying all his friends in conventional medicine, he decided he had no other place to go except for Weimar Institute. Example: Physician's wife, married to a specialist in diabetes, came to Weimar Institute as the place of last resort; she had not walked without help for 20 years, etc.)

Today, however, most other non-Adventist wellness centers do what we were alone doing in the 80s. Why do we keep going when others do the job as well and probably with much ritzier lodging and diagnostic tools? *If we don't know why we should keep going*, and we just try to compete with the world's wellness programs because we don't charge as much, I can assure you, we will be on a *slippery road to frustration and insolvency*. In other words, if we can add ten years to the lives of faithful adherents to CHIPS programs and our institutional wellness programs, if we can get them off their insulin and their arthritis medication, if we can forestall, if not remove, all need for open-heart surgery—*what is the difference* between our hard work and that of the secular programs flooding the world today.

Of course, all this wonderful work we do is very helpful and people are very grateful for our effort. *But is this gratefulness our highest motivation!* Are we in this work only to help people live ten years longer and to get off their costly medications as well? And the answer to that question leads us to our theme for this meeting.

Theme: The SDA health message was given to us, not merely to help us live ten years longer but to prepare us for translation and to live forever. And this leads us to the purpose of the gospel.

I. Within the great controversy, *"its grand central thought . . . . the theme about which every other in the whole book clusters, is the redemption plan, the restoration in the human soul of the image of God. . . . the burden of every book and every passage of the Bible is the unfolding of this wondrous theme,—man's uplifting,—the power of God, 'which giveth us the victory through our Lord Jesus Christ."—Education,* pp. 125, 126.

A. The purpose of the gospel is not primarily to forgive sinners but to restore everything that sin has damaged, physically, mentally, emotionally, socially, and spiritually. In other words, the *key word* in the plan of salvation is *"restoration," not only "forgiveness."*

B. Since 1844. God has given the Adventist Church the assignment of clarifying this intent and content of the "everlasting gospel" as God prepares a people to meet the return of Jesus —a people made up of all those from every religious group the world over who are following the light as they see it, not a rebel among them.

C. The reason why EGW consistently linked the health emphasis with the "third angel's message" is because she understood the purpose of the gospel as being restoration, not only forgiveness. She saw the health message to be an essential part of the "everlasting gospel,." an integral part of preparing a people to meet the Lord.

II. This linkage of health with the gospel is based on three principles:

A. *The Humanitarian principle.* In many ways, by example and teaching, Ellen White emphasized that the "work of health reform is the Lord's means for lessening suffering in our world." This is not an insignificant purpose for our health message as any Adventist knew in the 19th century when they exchanged their conventional habits for a whole new way of living. Nor is it insignificant today—relief of suffering wherever possible is putting the hands of Jesus on the sick as He did. But there is more.

B. *The Evangelical principle*. Ellen White was instructed (and her own experience validated this principle) that health reform is to be the bridge over which the gospel will meet people where they are. She called the health message a *"great entering wedge . . . the door through which the truth for this time is to find entrance to many homes . . . [It] will do much toward removing prejudice against our evangelical work."*

Specifically, in regard to Adventist health-care institutions: *"The great object of receiving unbelievers into the institution [sanitarium] is to lead them to embrace the truth."*

C. *The Soteriological (salvation purpose) principle.* This third principle supplied the Adventist distinctive to nineteenth-century health reform that others were promoting in bits and pieces: The Adventist emphasis on health was to help "fit a people for the coming of the Lord." "He who cherishes the light which God has given upon health reform, has an important aid in the work of becoming sanctified through the truth, and fitted for immortality."

III. This threefold linkage has not always been understood. Some made our health message an end in itself as they developed a worldwide network of hospitals and clinics; others made the health message into a compelling public relations stratagem whereby non-Adventists would become interested enough to sit through an evangelistic sermon that followed a health lecture.. Both were worthy uses of Adventist health principles—but short of the primary purpose that made Ellen White's health emphasis distinctive. The primary purpose was to join the spiritual and the physical in the practical, daily lifestyle of the average person.

IV. Ellen White was both specific and practical when she applied the purposes of the gospel to our health message. Placing health matters within the intent of the Three Angels' Messages of Revelation 14 raised the health issue from personal opinion and choice to the level of spiritual commitment and character development. Health principles were linked with spiritual goals, a truly distinctive touch to health-care on any level, in the 19th century as well as the 21st. Let's look at eight ways our health message is linked to our spiritual goals:

A. *Our First duty to God and man is self-development.* The following creative statement by Mrs. White has inspired many young people: *"Our first duty to God and our fellow beings is that of self-development. . . . Hence that time is spent to good account which is used in the establishment and preservation of physical and mental health. We cannot afford to dwarf or cripple any function of body or mind."*

B. *Heart reform before health reform*. Ellen White kept priorities straight—preserving health is primarily a spiritual challenge: *"Men will never be truly temperate until the grace of Christ is an abiding principle in the heart. . . . No mere restriction of your diet will cure your diseased appetite. . . . What Christ works within, will be worked out under the dictation of a converted intellect. The plan of beginning outside and trying to work inward has always failed, and always will fail."*

C. *Preparation for the latter rain and the loud cry*. This application of health principles to our spiritual goals is profound and distinctively an Adventist insight. Ellen White wrote in 1867: *"God's people are not prepared for the loud cry of the third angel. They have a work to do for themselves which they should not leave for God to do for them. . . . Lustful appetite makes slaves of men and women, and beclouds their intellects and stupefies their moral sensibilities to such a degree that the sacred, elevated truths of God's Word are not appreciated. . . . In order to be fitted for translation, the people of God must know themselves. . . . They should ever have the appetite in subjection to the moral and intellectual organs."*

D. *Health closely linked with sanctification.* Ellen White was not hesitant in pointing to the direct relationship between daily habits and character development: *"A diseased body and disordered intellect, because of continual indulgence in hurtful lust, make sanctification of the body and spirit*

impossible." Further, for *"those who have received instruction regarding the evils of the use of "flesh foods, tea, and coffee, and rich and unhealthful food preparations, . . . God demands that the appetite be cleansed, and that self-denial be practiced. . . . This is a work that will have to be done before His people can stand before Him a perfected people."*

Adventist leaders such as J. H. Waggoner saw the distinctive difference between contemporary voices appealing for health reform and the "advanced principle" of Ellen White. Waggoner wrote: *"We do not profess to be pioneers in the general principles of the health reform. The facts on which this movement is based have been elaborated, in a great measure, by reformers, physicians, and writers on physiology and hygiene, and so many be found scattered through the land. But we do claim that by the method of God's choice it was been more clearly and powerfully unfolded, and is thereby producing an effect which we could not have looked for from any other means.*

"As mere physiological and hygienic truths, they might be studied by some at their leisure, and by others laid aside as of little consequence; but when placed on a level with the great truths of the third angel's message by the sanction and authority of God's Spirit, and so declared to be the means whereby a weak people may be made strong to overcome, and our diseased bodies cleansed and fitted for translation, then it comes to us as an essential part of present truth, to be received with the blessing of God, or rejected at our peril."

E. *Health directly affects moral judgment.* Probably Ellen White's linking health with moral judgment has been one of the most compelling concepts for unnumbered thousands: *"Anything that lessens physical strength enfeebles the mind, and makes it less capable of discriminating between right and wrong. We become less capable of choosing the good and have less strength of will to do that which we know to be right."*

Many early Adventists conceded that eliminating pork and alcoholic beverages was in one's best interest. Some further conceded that flesh foods were not beneficial. But the connection between temperance (self-control) and spiritual discernment, did not come quickly. Most, at first, saw no link between preaching the gospel or their own spiritual growth and what they ate. Ellen White maintained her course, often against many who thought she was advocating extremes. She resolutely led her colleagues into thinking more clearly: *"Some have sneered at this work of reform, and have said it was all unnecessary; that it was an excitement to divert minds from present truth. They have said that matters were being carried to extremes. Such do not know what they are talking about. While men and women professing godliness are diseased from the crown of their head to the soles of their feet, while their physical, mental, and moral energies are enfeebled through gratification of depraved appetite and excessive labor, how can they weigh the evidences of truth, and comprehend the requirements of God?"*

F. *Commitment to health reveals one's depth of caring for others.* Ellen White was intensely practical. Her counsel was easy to understand. In those days before the services of the modern hospital and the latest antibiotics, the extended family often lived under one roof. The elderly and the sick were the burdens of whoever happened to be healthy at the moment.

Mrs. White, observing how heavy that burden fell on young, busy mothers and other members of the family, wrote: *"Many by their actions have said, 'It is nobody's business whether I eat this or that. Whatever we do, we are to bear the consequences ourselves.' Dear friends, you are greatly mistaken. You are not the only sufferers from a wrong course. The society you are in bears the consequences of your wrongs, in a great degree, as well as yourselves. If you suffer from your intemperance in eating or drinking, we that are around you or associated with you are also affected by your infirmities. We have to suffer on account of your wrong course. . . . If, instead of having a buoyancy of spirit, you are gloomy, you cast a shadow upon the spirits of all around you. . . . We may have a good degree of confidence in our own judgment, yet we want to have counselors; for 'in the multitude of counselors there is safety'. . . . But what care we for your judgment, if your brain nerve power has been taxed to the utmost, and the vitality withdrawn from the brain to take care of the improper food placed in your stomachs, or of an enormous quantity of even healthful food? . . . Therefore your course of living affects us. It is impossible for you to pursue any wrong course without causing others to suffer."*

G. *Commitment to health is best motivated by a desire to glorify God in helping others*. Paul made it clear that living for the glory of God is the Christian's highest goal: *"Therefore, whether you eat or drink, or whatever you do, do all to the glory of God"* (1 Cor. 10:31). Ellen White frequently focused on this motivation as the *"glory of self-sacrificing love. In the light from Calvary it will be seen that the law of self-renouncing love is the law of life for earth and heaven; that the love which 'seeketh not her own' has its source in the heart of God."*

Side benefits of this highest motivation include longer life and less disease, etc. But if the higher motivation is eclipsed, much of health reform may be self-centered to the neglect of the well-being of others. Caring for one's health is a spiritual matter, not merely a physical concern.

H. *Commitment to health among the factors relating to a prepared people*. Ellen White directly linked a person's commitment to physical and spiritual health with his or her readiness for eternal life. Here again "restoration"—the goal of The Great Controversy Theme—determined the philosophy of health.

Regarding the kind of people prepared for Jesus's return, Mrs. White wrote: *"We believe without a doubt that Christ is soon coming. . . . When He comes He is not to cleanse us of our sins, to remove from us the defects in our characters, or to cure us of the infirmities of our tempers and dispositions. If wrought for us at all,*

this work will all be accomplished before that time. When the Lord comes, those who are holy will be holy still. Those who have preserved their bodies and spirits in holiness, in sanctification and honor, will then receive the finishing touch of immortality."

V. Our health message is not to be made merely a difference of opinion. Uniting or separating the physical from the spiritual is not merely a philosophical issue, nor a matter of only interpersonal differences of opinion.

A. The Kellogg crisis of the late 1890s and early 1900s may have ended up as a power struggle but it rested on issues far deeper than personal opinion. It centered on the future direction of Adventist thought and practice.

B. At the turn of the century the denomination was struggling with the growing strength of the "right arm." The health-message proponents and its growing political (denominational) power seemed to be directing the worldwide program of the church. Complicating the confrontation were the aberrant theological views of Dr. Kellogg. At stake was not only the clarity of Adventist theology but also the direction of denominational finances.

C. Underlying the power struggle was the conviction of the medical leadership, with considerable evidence, that the ministerial leadership accepted only a part of the health message. Some denominational leaders actually resented Kellogg's enthusiastic endorsement of Mrs. White's larger view of healthful living—especially in her condemnation of flesh foods. Kellogg found it difficult to accept criticism of his book, *The Living Temple,* from meat-eating denominational leaders.

D. From Kellogg's point of view, Ellen White's support of the denomination's "spiritual" leadership in 1901 (in the reorganization that would also limit the health arm) and in her "attack" on *The Living Temple* meant that she had been misled and strongly influenced by his enemies. The subsequent rupture between the health emphasis and the ministerial-theological leadership has separated many through the years and unnecessarily complicated the unified voice of the Seventh-day Adventist Church.

E. The administrative "surgery" in the 1900s that reduced the "right arm" to its proper relationship to the body only deepened the wound. But divorcing the spiritual from the physical created an even more serious illness. Reducing the "right arm's" political power to its proper relationship to denominational organization obscured and crippled the deeper issues of how physical habits directly affect mental and spiritual health.

F. It can be strongly argued that the "right arm" of the gospel of health has been living in virtual isolation from the spiritual body—a sign that the spiritual body has misunderstood its own gospel. For some strange reason, for the most part,

neither spiritual leaders nor health leaders saw that physical habits should not be separated from spiritual growth if the integrity of the Adventist message was to be maintained. Ellen White called this separation between gospel ministers and medical missionary workers "the worst evil" that could be placed on the Adventist Church.

G. This rupture is not a mere theoretical disagreement. Not including the principles of the health message within the fullness of the "everlasting gospel" directly affects the preparation of the church to fulfill its gospel commission. Further, it hinders growth in grace.

H. This divorce between what God Himself had joined together has limited the potential of the Adventist witness and blunted the full impact of the "everlasting gospel."

1. Denominational health-care institutions may not fully sense their original purpose of (a) instructing the world in the application of "natural remedies" to prevent as well as cure disease and (b) to make their institutions an unequivocal witness to the fullness of the "everlasting gospel."

2. At the same time, some spiritual leaders have either discredited or ignored the health principles that Dr. Kellogg and Ellen White strongly endorsed. Trying to promote the distinctive message of Revelation 14 with the right arm paralyzed is virtually self-defeating.

VI. Both medical and ministerial leadership have often forgotten that one of the principles of the Great Controversy Theme is that men and women are responsible, not <u>un</u>responsible, and that God will not work "miracles" that would bypass obedience to known duty.

A. When both health leaders and spiritual leaders encourage "healing" methods that bypass human responsibility for choices, the principles of life are violated. For example, when the sick are encouraged to receive health care without adherence to the natural laws that caused the sickness, the gospel is not understood. Or, when the sinner is encouraged to believe that God forgives when commitment to known duty is consciously ignored, clearly the gospel is misrepresented.

B. Ellen White boldly encouraged church members who sense *"the dead level into which they have fallen"* to reconnect the health message to the theological message: *"Send into the churches workers who will set the principles of health reform in their connection with the third angel's message before every family and individual. Encourage all to take a part in work for their fellow men, and see if the breath of life will not quickly return to these churches."*

VII. Part of the distinctiveness of our health message is the emphasis on a profound linkage of the Minister and the Physician

A. The Great Controversy Theme seeks "restoration" as the goal of salvation. Whatever subject Ellen White focuses on, this goal integrates all of its aspects. Thus the Great Controversy Theme informs the basis and purpose of health reform. It naturally follows, then, that the physician and the minister are to "work in tandem. Like harnessed horses, they . . . [are] to pull the Adventist carriage at the same speed."

B. In the developing years of Adventist health work, Ellen White riveted her contemporaries on the importance of joining health reform with the completion of the gospel commission. For her, the gospel evangelist/minister and the gospel healer were to work together with mutual aims and joint evangelistic efforts.

C. Dr. John Harvey Kellogg was one of the few leaders who took Mrs. White's counsel on health seriously. Few gospel ministers saw the same connection between the health message and spiritual development. And her support of Dr. Kellogg was never in doubt, until—until Dr. Kellogg's fertile mind began to misunderstand the purpose of his own health message.

D. In 1896 he was instrumental in changing the name of his health network from the Seventh-day Adventist Medical Missionary and Benevolent Association to the International Medical Missionary and Benevolent Association. Two years later he explained that this organization was developed "to carry forward medical and philanthropic work independent of any sectarian or denominational control, in home and foreign lands." In 1898 he declared at a convention of the association that the delegates gathered "'here as Christians, and not as Seventh-day Adventists.'"

E. Ellen White had been exceedingly patient with Dr. Kellogg, whom she and her husband had personally sponsored in getting his medical degree. She knew well the resentment and unpleasantries that some of the ministers had directed at him. And she knew also his untactful sharpness. But when he openly defied the denomination, which through the years had supplied the money for the development of his famous Battle Creek Sanitarium, she felt compelled to speak openly: "It has been stated that the Battle Creek Sanitarium is not denominational. But if ever an institution was established to be denominational in every sense of the word, this sanitarium was."

F. Dr. Kellogg was permitting health reform to eclipse theological principles. The situation came to a head, symbolized by the "iceberg" analogy.

1. Though Ellen White groaned under the pending rupture between the ministers and the physicians, she was deeply sympathetic for her friend, Dr. Kellogg. In 1904 she wrote of her frustration and

her empathy for him. But in that same letter she also wrote: *"My brethren, the Lord calls for unity, for oneness. We are to be one in the faith. I want to tell you that when the gospel ministers and the medical missionary workers are not united, there is placed on our churches the worst evil that can be placed there. . . . It is time that we stood upon a united platform. But we cannot unite with Dr. Kellogg until he stands where he can be a safe leader of the flock of God."*

VIII. The challenge ever since 1904 has been to address "the worst evil" that could rest on the Seventh-day Adventist Church**.** If the challenge is to be met, all of us, ministers and physicians especially, must 1) restudy the counsel of Ellen White regarding the purpose of church health-care institutions, 2) rethink the purpose of the "everlasting gospel" that must be proclaimed credibly before Jesus returns, and 3) make a new commitment to advanced principles set forth by Ellen White.

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