

A HISTORICAL SURVEY OF EDUCATION, HEALTH AND MEDICAL MISSION OF SEVENTH-DAY ADVENTIST CHURCH IN AFRICA

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Abstract

The Seventh - day Adventist education to be relevant to the youth of the church and others in the larger society, Adventist educators, pastors, administrators and members must make connecting with and making evangelization of this current generation a top priority. SDA hermeneutical approach to the scriptures is associated with Kostenberger's salvation-historical tools. This approach is based on a literal interpretation of all Bible passages except where its literary construction suggest that figurative language is used, such a view maintains that though, the content of the Bible is profound, it came from God who is a perfect communicator. The moral fall in the book of Genesis is taken literally as opposed to the text-critical method espoused by other Bible scholars. SDA members evolved their approach to holistic education from the premise of the fall and the need to restore man in the image of His maker. SDA education straddles the theological, ontological and pedagogical approaches to learning. They involve the cognitive, affective and psychomotor domains. Each domain contains multiple levels of learning from more basic to more complex, deeper level learning.

Keywords: Seventh-Day Adventist Church, Education, Evangelism, Health, Society, Youth Africa

Introduction

Adesegun (2023) opined that one cannot but agree with Jeffery who support the work of Dawson that the millennial, post-modern generation of the 21st century are likely to be less committed Christians (if they were born and bred in church) than their predecessors. He concluded that the older they get, the less they would be inclined to attend church. Today the presence of the church in Africa should be an important aspect of any discussion of Christian mission to or from the continent. Given the abundant literature documenting the presence of Christian in Africa, its growth and its impact, it would seem

unnecessary to call attention, once again, to the fact that Christianity is alive and well in Africa and bears an African imprint. There are, however, reasons for a reminder that, in Africa, the church is indeed African and has been so for a long time. According to Andrew F. Walls, "Christianity is indigenous to Africa, land] it antedates the oldest African Islam... (Modern African Christianity is not only the result of movements among Africans, but has been principally sustained by Africans, and is to a surprising extent the result of African initiatives" (Walls 1989:4, 5).

In spite of the above, some people either express skepticism about African Christianity or seem surprised to learn that the "continent (is now) a major base of the Christian faith" (Bediako 1995:252). One even finds statements that give the impression that the Christian presence in Africa is a paradox. So, for example, a 1996 publication on mission introduces its survey of Africa with these words: "In Africa, optimists quickly become realists. Realists become pessimists. And pessimists become cynics... An abysmal education system, along with many other sad measures of economic and social illness, yet Christians live there; they are sharing Africa's pain and pointing her to a future beyond the worst hurts this world can offer" (Mission Today 1996:69).

Spiritual Education

Adesegun (2003) further argued that the SDA education is based on the Bible, the word of God. It is a distinctive and unique approach to reality, truth and value. Much of SDA educational thought is derived from Ellen G. White. She was born near Gorham, Maine, USA on November 26, 1827 to Robert and Eunice Harmon with a twin sister, Elizabeth. An accident at age of nine put a hold to her normal education while she was still in elementary school. She was part of the Millerite movement, a group that was expecting a second coming of Christ in 1844 in North America. After the Great Disappointment, she and a few others began in depth Bible studies. She received her first vision at age 17 and there-after became a leader and spiritual advisor to the SDA church. Ellen White was one of the co-founders of the SDA church in Battle Creek, Michigan, USA in 1860. As an author, she wrote 25 million words out of which 100 books have been published. She is recorded as the most translated woman in history and most translated American writer of either sex. With regards to true education, she has this to say: It is therefore not surprising that the SDA emphasizes the teaching of the bible and the inculcation of spiritual and ethical values in all of her educational institutions. At Babcock University, there is compulsory residence hall and Chapel that everyone worships in irrespective of religious affiliation. In addition to this, students of other denominations or religious persuasions are still allowed at fixed times (like Sunday) to go and worship in their own peculiar manner. All students irrespective of discipline are required to register for and take the course, life

and teaching of Christ. This is to enable them get acquainted with the teachings and person of Christ.

1863 and Onwards

It was in the year 1863 that God revealed to the Adventists the importance of health through a vision that Ellen White received in June. Ellen White wrote:

I saw that now we should take special care of the health God has given us, for our work was not yet done. . . . The work God requires of us will not shut us away from caring for our health. The more perfect our health, the more perfect will be our labor. . . . I saw that it was a sacred duty to attend to our health, and arouse others to their duty. . . . We have a duty to speak, to come out against intemperance of every kind—intemperance in working, in eating, in drinking, and in drugging—and then to point them to God’s great medicine, pure, soft water—for diseases, for health, for cleanliness, and for a luxury.

The message from God was simple: health is important and Seventh-day Adventists must begin to pay attention to it. This simple idea would turn Adventism around and transform the movement in gradually becoming a leading promoter of health and healthful living. As a result, Seventh-day Adventists would build their first medical institution—the Western Health Reform Institute—in 1866. Later, it became the renowned Battle Creek Sanitarium. The same year, they also began their first health periodical—the *Health Reformer*. Young Adventists, including John H. Kellogg, were also encouraged to get medical education. Later, in 1905, through the visionary leadership of Ellen White and the help of John A. Burden, Adventists bought the property for what would become Loma Linda Sanitarium in Loma Linda, California.¹¹ In 1906; they also started the Loma Linda College of Medical Evangelists (Loma Linda University). Today, Seventh-day Adventists have the largest Protestant health system in the world, with more than 500 institutions in 65 countries. Notably, their holistic approach to health has made Adventist contributions to health science and health education unique in the twenty-first century. But everything started with the simple message from God 150 years ago: health is important. Today, Adventism continues to proclaim the same simple message, helping people live better and healthier lives around the world.

Seventh-Day Adventists and Health

The year 2013 marks 150 years since the beginning of the Seventh-day Adventist health message. On June 6, 1863, in Otsego, Michigan, God revealed through Ellen G. White that Adventists should begin to pay attention to their health and lifestyle. This first major

vision on health transformed the Seventh-day Adventist Church to become a leading entity in health and health science around the world.

Health in Nineteenth-Century America

Health practices at the beginning of the nineteenth century in America were deplorable and far from what we consider normal today. Rennie Schoepflin notes, “In the early nineteenth century, American patients and physicians shared a common understanding of health and sickness that contrasts sharply with that of most Americans today.”¹ Doctors and nurses had little or no education. Tobacco and other deadly drugs were used for medicine, and patients were bled to death. One in six infants died before reaching their first birthday. The average life expectancy was about midthirties. Little or nothing was known about nutrition as “fruits and vegetables were largely avoided.” Much was also to be desired about hygiene. Some reports claim that the average American at that time seldom or never took a bath during their entire lifetime. In this context, health reformers began to appear and appeal for new ways of healthful living. Sylvester Graham, for example, came up with his new Graham diet, teaching people new eating habits. Dr. James C. Jackson established a water-cure institution near Dansville, New York, to heal patients through water and other natural methods.

Initial Sabbatarian Attitudes toward Health in the 1850s

The majority of Sabbatarian Adventists and their leaders in the 1850s, however, were not interested in health since they were busy preaching the “present truth.” By 1851, the Sabbatarians gave priority to certain theological doctrines that defined who they were, and they were excited to share their faith with others.⁴ When some believers, for instance, began to ask if eating pork was not healthy, James White replied that dealing with such health issues “will only distract the flock of God, and lead the minds of the brethren from the importance of the present work of God among the remnant.”⁵ Ellen White supported her husband. She wrote in 1858, nearly five years before she received the health vision of 1863:

I saw that your views concerning swine’s flesh would prove no injury if you have them to yourselves; but in your judgment and opinion you have made this question a test, and your actions have plainly shown your faith in this matter. If God requires His people to abstain from swine’s flesh, He will convict them on the matter. . . . If it is the duty of the church to abstain from swine’s flesh, God will discover it to more than two or three. He will teach His church their duty.

But Adventists were forced into the health discussion because of practical concerns. While they were preaching the present truth, they were suffering and dying from unhealthy lifestyle habits. In fact, Adventism faced the threat of possible collapse because its spiritual leaders did not pay attention to their health. By the 1860s, for example, James White's health was failing as he was suffering physically, mentally, and emotionally. Ellen White noted how he dwelt upon "unpleasant memories" from the past that caused him deep emotional distress. He was also upset with those working for him, was easily angered, and had an unforgiving spirit. A lot of her 1863 vision on health, therefore, was directed toward James White and his lifestyle.² By 1865, he suffered his first paralytic stroke because of overwork and exhaustion.

J. N. Andrews, who became the first official missionary of the Seventh-day Adventist Church, also reflected on his health habits at that time:

I was kept from the use of tobacco, and from even tasting strong drink; but I learned almost nothing of the evils of unwholesome food. . . . I supposed old cheese was good to aid digestion! Do not smile at my folly; unless my memory is at fault, I had learned this out of 'standard medical works.' As to mince-pie and sausage, I had no thought that these were unwholesome, unless too highly seasoned, or, as it was termed, 'made too rich.' Hot biscuit and butter, doughnuts, pork in every form, pickles, preserves, tea, coffee, etc., were all in common use. Of ventilation I understood almost nothing. . . . "When I entered the Christian ministry, at the age of twenty-one, I did not enjoy firm health. . . . Had I understood the laws of life in the right use of food, and in the principles of hygiene generally,

I could have gone longer than I did in the exhausting labor which I attempted to sustain. But, in short, my story is this: In less than five years I was utterly prostrated. My voice was destroyed, I supposed permanently; my eyesight was considerably injured; I could not rest by day, and I could not sleep well at night." J. N. Loughborough, the first historian of the movement, also described part of his diet. "I was a great lover of animal flesh as food," he wrote. "I wanted fat pork fried for breakfast, boiled meat for dinner, cold slices of ham or beef for supper. One of my sweetest morsels was bread well soaked in pork gravy."⁹ Obviously, Seventh-day Adventism and its leaders needed a turning point. At Adventist Health Glendale (AHGL), our mission is "To share God's love with our community by promoting healing and wellness for the whole person." While this is especially important here in our Glendale community, we also believe that we are called to carry this mission to our friends and neighbors around the world.

Seventh - day Adventist Contributions to East Africa, 1903-1983

Summary: The Seventh-day Adventist Church initiated its mission activities in East Africa in 1903. Sending missionaries mainly from Germany, England, and Scandinavia, European Adventists began a long and rich mission tradition in the region. Not only in religion but also in the fields of education, health, literacy, medicine, and social affairs important contributions have been made. The subject presented gives some interesting insights into modern missiology. - Contents: The coming of the mission to East Africa - Contributions to Tanzania, Kenya, and Ethiopia - Medical contributions to East Africa - Henri Monnier, missionary to Rwanda - The mission and the future of East Africa.

The Changing Landscape of Mission Medicine and Hospitals in Sub-Saharan Africa

Missions have played numerous developmental roles towards the achievement of economic and social advancement including the provision of healthcare. From their entry into Africa, they have employed numerous methods in order to introduce their Christian faith. The construction of schools and hospitals, engagement in public health campaigns, provision of relevant services for the poor, and spearheading the provision of formal education, among others, have been the most effective mechanisms. The activities of missionaries have taken different dimensions as their scope continues to change over time. Nevertheless, existing literature shows little data on the changing landscape of mission medicine and hospitals in Africa. Using a systematic literature review approach, the current study discusses the changing landscape of mission medicine and hospitals in Sub-Saharan Africa. This contribution dwells partly on the missionary theory of medical practice to define most of the services of these faith-based organizations (FBOs) in Africa.

Services Provided by Mission Hospitals in Africa

Since time immemorial, Africans refer to certain diseases such as leprosy, convulsion, and epilepsy among others as unclean. Historically, people afflicted with such ailments were mostly marginalized within societies. Mission medicine responded to the needs of these neglected patients—a role similar to that of Jesus'. In consonance with disease as misery, missionaries helped to relieve lepers, the blind, and the handicapped of their maladies. As Jesus' healing paid attention to the lame, blind, lepers, the speechless, and the disabled, among others, missionaries resorted to the provision of hospitality care for these people to reflect Jesus' example which became the fulcrum around which soul-winning revolved.

The Changing Landscape of Mission Hospitals

The history of medicine in Africa has acknowledged the contribution of the activities of medical missions prior to and during the colonial era. "Christian religion and care of the sick have traveled a long way together in the course of history; as a result, they are now inseparable." Specifically, scholars argue that missionary medicine in Africa began around the 1850s. Since their inception, medical missions have been influential in the establishment of hospitals and the spread of Western medicine. Starting always with minimal beds and equipment, mission hospitals have, over the years, acquired central stage in healthcare services across Africa. Historically, early Christian missionaries created Western medical centers in many African and Asian countries. Over the years, mission hospitals and hospitals in general have witnessed changes in their modus operandi in the field of medicine. The following sections discuss the various transitions through which mission hospitals have gone. They include transitions in financing, staffing, shift from emphasis, extension of services, changes in ownership, and the relationship between states and mission hospitals.

Sources of Income for Mission Hospitals

Missionaries have had varied sources of income. Around the 1990s, mission hospitals were reported to use resources, especially financial resources, more rationally than any other institution. These resources have assisted their social and medical interventions to complement the state's healthcare resources.

Healthy and Medical Mission in Africa by Seventh Day Adventist

The Church as African: Implications for Mission

Today the presence of the church in Africa should be an important aspect of any discussion of Christian mission to or from the continent. Given the abundant literature documenting the presence of Christian in Africa, its growth and its impact, it would seem unnecessary to call attention, once again, to the fact that Christianity is alive and well in Africa and bears an African imprint. There are, however, reasons for a reminder that, in Africa, the church is indeed African and has been so for a long time. According to Andrew F. Walls, "Christianity is indigenous to Africa, land] it antedates the oldest African Islam... (Modern African Christianity is not only the result of movements among Africans, but has been principally sustained by Africans, and is to a surprising extent the result of African initiatives" (Walls 1989:4, 5).

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From Medical Missions to Church Health Services

There is still another side of the medical missionary's task, which we are thinking about in such a way these days that it almost represents a new conception of his task. That is the fact that his work may well be regarded as a laboratory for the scientific knowledge about the world. The diseases which are incurable today may be curable tomorrow because of the researches of some lonely missionary doctor in the heart of the forest there on the Equator.

Religion in Global Health and Development:

They define 'international health' as referring to the control of epidemics through public health policy that extended across national boundaries, such as in the International Sanitary Conferences between 1841 and 1938. By contrast, in their definition, 'global health' is different in approach and scale. Global health 'in general implies the consideration of the health needs of the people of the whole planet as an agenda above the concerns of particular nations'. This definition accommodates the growing significance of non-state actors, though they note that there were times when 'global health' visions existed in who and US policy well before the proliferation of NGOs in the 1990s. While their understanding of this distinction is nuanced, their frequent focus on the who and its archives restricts the possible periodisations of global health; Theodore M. Brown, Marcos Cueto, and Elizabeth Fee, 'The World Health Organization and the Transition from 'International' to 'Global' Health', in *Medicine at the Border: Disease, Globalization and Security, 1850 to the Present*, ed. Alison Bashford (Basingstoke: Palgrave Macmillan, 2006), 76–7; Theodore M. Brown, Marcos Cueto, and Elizabeth Fee, 'The World Health Organization and the Transition from "International Health" to "Global" Public Health'.

Adventist Health and Adra Partner to Send Medical Supplies to Africa During Third Wave of Covid-19

Six shipping containers filled with medical supplies from Adventist Health are on their way to Africa to assist with COVID-19 emergency responses in Ghana, Malawi, Namibia, Uganda, Zambia and the Democratic Republic of the Congo. This \$3 million project is the result of a partnership between California-based Adventist Health and the Adventist Development and Relief Agency (ADRA), the international humanitarian branch of the Seventh-day Adventist Church. Each shipping container is filled with general medical supplies, personal protective equipment, medication, operating room supplies and mobile medical testing equipment for COVID-19 and other diseases. Pallets of medical supplies from Adventist Health arrive for assessments by ADRA before being shipped to Ghana. Both large and small health facilities in various regions of Africa have been overwhelmed with demand for healthcare due to COVID-19 infections. Scarcity of vaccines in Africa and challenges to treatment are undermining effective response to the third wave of the pandemic. Since the COVID-19 pandemic occurred around the globe, ADRA has partnered with local authorities and agencies to ramp up emergency responses to serve nearly 20 million people in 96 countries impacted by the coronavirus.

In Africa alone, where reportedly more than 5.7 million cases of the virus are impacting several nations, ADRA aims to minimize the threat of COVID-19 by providing prevention training, engaging with the community and supplying healthcare workers with PPE, hygiene kits and more. “ADRA has been responding to disasters for nearly 60 years and continues empowering and serving people facing global crises through the support of partners, such as Adventist Health. Thanks to their generous contribution, frontline workers in Africa will get the necessary equipment to protect themselves as they work to combat the COVID-19 pandemic and serve many lives,” said Alex Balint, ADRA’s director of corporate and social partnerships.

ADRA will assist Adventist Health with distribution of its medical supplies as they arrive at their destinations. This global health initiative is part of the Adventist Health commitment to engage in meaningful expressions of God’s love in communities in need of health, wholeness and hope,” said John Schroer, Global Missions system lead for Adventist Health, which serves more than 80 communities on the West Coast and Hawaii as well as others throughout the United States through its Blue Zones company. This shipment is just one of several projects that Adventist Health and ADRA are partnering on around the world and is the second round of supplies sent to Africa as a result of the partnership. A third shipment is scheduled for February 2022.

Mission Trip to Nigeria Supports Adventist Hospital, Community

Loma Linda University Health President Richard Hart took a turn treating some unusual patients on a recent medical mission trip to Northern Nigeria while students from four Seventh-day Adventist universities and local medical volunteers treated more than 10,000 people, Hart took time out from the clinic to give antibiotic injections to 60 cows belonging to local Fulani people east of Jos, a city of nearly 1 million people in Plateau State. Cattle form the backbone of the culture and economy of this nomadic people found throughout Northwest Africa. "Keeping them healthy is extremely important to the Fulani and a great way to help this largely Muslim minority," Hart said after assisting Sarah Lowry, a volunteer veterinarian who treated more than 2,000 cattle and goats. The June 12 to 29 trip advances Loma Linda University Health's continuing commitment to supporting health outreach in the region and other parts of the world. Last month's trip is one of approximately ten such mission trips each year that are coordinated by the university's Students for International Mission Service (SIMS). Many of the trips support rural Seventh-day Adventist medical centers and clinics affiliated with Adventist Health International, which is based in Loma Linda. The Nigeria trip supported Jengre Adventist Hospital and established the Eto Baba and Buken clinics in Jos.

Thirty Loma Linda students, six students from Middle East University in Lebanon, one student from Montemorelos University in Mexico, and a number from Babcock University in Nigeria, joined with some 200 local Adventist medical volunteers in the region. Danjuma Daniel, the trip's coordinator, says an influx of local volunteer cooks, drivers, and church members pushed the total volunteer count to more than 400. It becomes permanent at this junction to conclude that Seventh Day Adventist has improved the standard of living of the people not only its members but to the whole world in general.

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