CHAPTER 16

The Adventist Tradition

RONALD L. NUMBERS
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Most Adventists trace their religious ancestry back to the Millerite movement of the early 1840s, when William Miller (1782–1849), a Baptist farmer–preacher from upstate New York, aroused the nation with his prediction that Christ would return to Earth in 1843 or 1844. Following the "great disappointment" of October 22, 1844, the date on which many Millerites had pinned their hopes, the movement splintered into several factions, the largest of which became the Evangelical Adventist and Advent Christian churches. Although these two bodies attracted the majority of prominent Millerites, they did not prosper for long. The former had disappeared entirely by the early twentieth century, and the membership of the latter has remained at about thirty thousand for decades.

A third Millerite faction, initially very small, evolved into the Seventh-day Adventist church. These Millerites were distinguished by their belief that Christ had entered the Most Holy compartment of the heavenly sanctuary on October 22, 1844, by their observance of Saturday as Sabbath, and by their possession of the "spirit of prophecy" in the person of Ellen G. White (1827–1915), who as a seventeen-year-old semi-invalid reported having visions during which she received divine instruction. In 1846 she married James White (1821–1881), an erstwhile

schoolteacher and Millerite preacher, whose organizational and promotional skills led, in 1863, to the formation of a General Conference of Seventh-day Adventists, with headquarters in Battle Creek, Michigan. At the time of its incorporation, the infant church supported twenty-two ordained ministers and comprised about 3,500 members, concentrated in the region east of the Missouri River and north of the Confederacy.

Although Ellen White viewed her "testimonies" as a "lesser light" designed to lead people to the "greater light" of the Bible, she at times equated her inspiration with that of the biblical prophets. And although she never assumed formal leadership of the church, she wielded enormous influence in matters of both doctrine and policy—especially after the death of her husband in 1881. By the time of her own death in 1915, many Adventists regarded her writings as authoritative for all areas of thought and action.

In 1874, Seventh-day Adventists dispatched their first foreign missionary, to Switzerland. Other appointments followed in quick succession, first to the largely white, Christian populations of Europe, Australasia, and South Africa, later to the nonwhite peoples of Africa, Asia, and Latin America. By 1900 the church was sponsoring nearly five hundred foreign missionaries, and over fifteen percent of the more than 75,000 Seventh-day Adventists were living outside North America. During the next eighty-five years, membership swelled to over four million, roughly eighty-five percent of whom resided outside of the United States. In order to provide for the growing needs of its missions, as well as to shield its youth from worldly influences, the church developed one of the most extensive systems of denominational education in the world. In 1901 the General Conference headquarters were moved from Battle Creek to the outskirts of Washington, DC, where they remain today.

Over the years the Seventh-day Adventist church gave birth to numerous schismatic movements, most of which repudiated Mrs. White's authority. The most successful of these offshoots was the Church of God (Adventist), which grew out of a controversy in the 1860s. It merged in 1949 with a group of former dissidents from its own ranks, took the name Church of God (Seventh Day), and established a General Conference in Denver, Colorado. By the early 1980s its membership stood at about forty thousand. More prosperous—and less directly related to the Seventh-day Adventists—was the Worldwide Church of God (formerly Radio Church of God), created by Herbert W. Armstrong, an ambitious Church of God (Adventist) minister, who in the 1930s launched an independent ministry that grew into one of the largest Saturday-keeping Christian bodies in the world. Of all the Adventist bodies, however, only the Seventh-day Adventists developed a distinctive philosophy of health.

The Millerites, a heterogeneous group unified by little more than their

belief in the imminent return of Christ, collectively espoused no distinctive health principles or practices. Their magazines occasionally reported "cases of bodily cure by the power of faith," but they rarely condemned medicine generally. Millerites aimed their most pointed criticisms of the medical profession at physicians who cared for the insane and who gave credence to the popular notion that the Second Advent message was driving people mad. In fact, during the middle years of the century American asylums admitted scores of patients suffering from symptoms purportedly caused by the Millerite excitement. The great majority of this number were marginally functional persons drawn to the fringes of the movement. Only a handful were Millerites who became mentally ill because of the intense emotional experience or the constant noise, loss of sleep, and abstinence from food sometimes associated with protracted Millerite meetings. Although Millerites vehemently denied that their teachings caused insanity, they did not dispute a connection between religious belief and mental health. The sermons of their opponents, they charged, had driven many a person insane, while the "blessed hope" of Christ's soon return had been known to cure the mentally disturbed.[1]

A number of Millerites embraced the popular temperance and health-reform movements of the day. William Miller himself, who discerned the hand of God in agitation to curtail the consumption of alcohol, warned his followers that those who imbibed would be "wholly unprepared" for the Second Coming of Christ. Other Millerites joined the crusading Sylvester Graham (of cracker fame) in adopting a vegetarian diet and an abstemious lifestyle. Four years after the great disappointment, Larkin B. Coles, a Boston physician and preacher who had worked closely with Miller, published the most comprehensive statement on health to come from the Millerite community: *Philosophy of Health: Natural Principles of Health and Cure* (1848), which followed Graham in promoting the benefits of fresh air and exercise, a meat-free diet, sexual purity, drugless medicine, abstention from stimulants, and sensible dress. Coles taught that it was "as truly a sin against Heaven, to violate a law of life, as to break one of the ten commandments." Unlike postmillennial health reformers, who looked forward to the virtual eradication of disease in a millennium of perfect well-being, Coles viewed obedience to the laws of health primarily as a requirement for entry into heaven and secondarily as a means of living a more enjoyable life on earth. By the time of his death in 1856, 44,000 copies of his book had passed into circulation.[2]

In the years following the disappointment of 1844, a number of former Millerites, like many other Americans, grew increasingly suspicious of orthodox medicine and enamored of so-called natural methods of healing, especially hydropathy or the "water cure." In the early

1860s, Dr. James Caleb Jackson's water-cure establishment in Dansville, New York, became a favorite retreat for ailing Sunday-keeping and Saturday-keeping Adventists, including the prominent editor and evangelist Joshua V. Himes, who occasionally invited Jackson to contribute to the "Health Department" of his magazine *Voice of the Prophets.* James and Ellen White joined the ranks of water-cure enthusiasts early in 1863, after successfully employing hydropathic remedies to treat their sons during a diphtheria epidemic.[3]

Although the majority of ex-Millerites accepted the traditional Christian view of the immortality of the soul, those who coalesced into the Advent Christian and Seventh-day Adventist churches rejected the notions that consciousness continues after death and that the wicked burn forever, believing instead that immortality is conditional upon acceptance of Christ and that the dead are unconscious during the time between death and resurrection. The most influential statement of this belief in conditional immortality appeared in a pamphlet entitled *An Enquiry: Are the Souls of the Wicked Immortal?* (1842), written by the Methodist-turned-Millerite preacher George Storrs. According to Storrs, "Men are really dying, according to the strict and literal meaning of the term, soul as well as body, or the whole man." This rejection of a dichotomy between body and soul eventually became the theological foundation of the Seventh-day Adventist concern for "the whole person." It also served as a dike against spiritualism and eternal torment, views abhorrent to Ellen White, who as a child had suffered extreme mental anguish over the prospect of perpetual punishment and who as an adult feared being identified as a spiritualist.[4]

Ellen White's own history also played a crucial role in the development of Seventh-day Adventist attitudes toward sickness and health. A childhood accident, at about age nine, left her a semi-invalid for years, and throughout her early adult life she suffered from chronic lung, heart, and stomach ailments, frequent "fainting fits," paralytic attacks, and breathing difficulties.[5] Finding that physicians could do little to help her but that prayer sometimes brought relief, in 1849 she instructed her little band of disciples to have nothing to do with physicians: "If any among us are sick, let us not dishonor God by applying to earthly physicians, but apply to the God of Israel. If we follow his directions (*Jas.* 5:14, 15) the sick will be healed. God's promise cannot fail. Have faith in God, and trust wholly in him." During the 1850s, in the wake of criticism following the death of an Adventist sister who had refused medical assistance, White softened her stand against physicians. And in 1860 she condemned as "fanaticism" the notion that it was wrong to seek medical advice, writing that "in some cases the counsel of an earthly physician is very necessary." Never-

theless, for years Adventists continued to avoid the medical profession, especially physicians who prescribed harsh drugs.[6]

Health reform remained a peripheral issue among the sabbatarian Adventists before the 1860s. However, as early as the 1840s White began speaking out against tobacco, tea, and coffee, condemning them not so much because of their injurious effects, but because the money spent on such items was needed by "the cause." (Alcohol was apparently so obviously evil, or so little abused by Adventists, she did not mention it at this time.) In 1854 she criticized the consumption of "rich food" for the same reasons. There seems to have been little practical response to these early admonitions before 1855, when sabbatarian leaders launched a decade-long campaign against tobacco. By the late 1850s, most Saturday-keeping Adventist ministers had forsaken tobacco, and it had become impossible for users to obtain a "card of recommendation" licensing them to preach. Among the laity, however, the habit did not die out until the 1860s.[7] Thus despite the fact that many former Millerites and converts to Adventism had embraced particular aspects of health reform by the early 1860s, it had not yet become a central concern of any of the Adventist sects. And although many Adventists resorted to prayer and avoided regular physicians in times of illness, therapeutic choice remained a private decision.

Visions of Health: 1863–1915

No event in Adventist medical history assumes greater importance than Ellen White's vision on June 5, 1863, which gave the divine seal of approval to health reform and hydropathy and set the medical agenda for her fledgling church. Above all, the 1863 vision elevated healthful living into a moral obligation for Seventh-day Adventists. In language virtually identical to that used earlier by Coles, she declared "It is as truly a sin to violate the laws of our being as it is to break the ten commandments." Henceforth, health reform was to be as "closely connected with the third angel's message [i.e., Adventism] as the hand is with the body." It was not, however, to become "the message," nor even the leading theme of the message.[8]

White's gospel of health, first sketched in a thirty-two–page essay published in 1864 and elaborated over the years, initially stressed the evils of drugs as then used and the benefits of water and other natural remedies. "I was shown," she wrote, "that more deaths have been caused by drug-taking than from all other causes combined. If there was in the land one physician in the place of thousands, a vast amount of premature mortality would be prevented." Instead of dosing themselves with harmful medications, Adventists were to rely on "God's

great medicine, water, pure soft water," as well as fresh air, sunshine, simple food, exercise, and cheerful faith.[9]

In the fall of 1864, James and Ellen White spent three weeks observing activities at Dr. Jackson's establishment in upstate New York, and the next year they returned for three months to seek a cure for James, who had suffered a stroke. When her husband failed to improve, and when she discovered that Jackson's theology did not conform to what she had "received from higher and unerring authority," Mrs. White grew disillusioned with the situation at Dansville. Finally, in frustration she removed James from the premises. Shortly thereafter, she learned in a vision that Adventists should open their own water cure so that they would not have to patronize "popular water-cure institutions . . . where there is not sympathy for our faith."[10]

In 1866, in response to this instruction, the Seventh-day Adventists opened the Western Health Reform Institute in Battle Creek, Michigan, the first link in what would become a worldwide chain of Adventist medical institutions. The mission of the new institute, as defined by Ellen White, was "to relieve the afflicted, to disseminate light, to awaken the spirit of inquiry, and to advance reform." To further these goals, Horatio S. Lay, chief physician at the institute and one of the few Adventists with medical experience (though not an M.D.), began publishing a popular magazine, *The Health Reformer*.[11]

After a rocky first decade, the institute began to prosper under the direction of John Harvey Kellogg (1852–1943), a protégé of the Whites who became superintendent in 1876 at age twenty-four. During his sixty-seven–year tenure as head of the renamed Battle Creek Sanitarium, he turned the poorly equipped water cure into a world-famous medical institution. Over the years the talented and ambitious doctor gradually eclipsed the prophetess as Adventism's most visible authority on health. By 1886 he could accurately describe himself in a letter to Mrs. White as "a sort of umpire as to what was true or correct and what was error in matters relating to hygienic reform, a responsibility which has often made me tremble, and which I have felt very keenly." Largely through Kellogg's efforts, the church developed an extensive system of sanitariums, treatment rooms, and vegetarian restaurants. To staff these institutions, he opened a school of hygiene in 1878, a school of nursing in 1883, and a medical school, the American Medical Missionary College, in 1895. By the turn of the century, the Kellogg-controlled International Medical Missionary and Benevolent Association, the medical arm of the church, employed more workers than the General Conference, and physicians enjoyed more power and prestige than their ministerial colleagues, a source of increasing tension. Ellen White believed that the Adventist physician occupied "a position even more responsible than that of the minister of the gospel," but she warned that the "right

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arm" of the church—that is, the medical work—was not "to become the whole body."[12]

Part of the tension between the medical and ministerial branches of the church resulted from the conflicting motives that prompted the Adventists' medical activities. Initially, the sanitarium in Battle Creek had been established to provide care for ailing Adventists in an atmosphere compatible with their distinctive therapeutic and theological beliefs. Mrs. White, who had long resented having "worldlings sneeringly [assert] that those who believe present truth are weak-minded, deficient in education, without position or influence," had also supported Kellogg's enterprises as a means of improving the church's image. Above all, she had come to see medical institutions as a vehicle for breaking down theological prejudice and paving the way for evangelism. Nothing, she observed in 1899, converted "the people like the medical missionary work." The following year she published a volume of testimonies urging that the health work be used as "an entering wedge, making a way for other truths to reach the heart."[13]

Kellogg, who disliked sectarian labels of any kind, appealed to the healing ministry of Christ in advocating that the medical work be oriented primarily toward relieving suffering rather than winning converts. As early as 1893 he spoke out against the feeling in some Adventist quarters "that work for the needy and suffering unless done with a direct proselytizing motive was of no account and that it was not in the interests of the cause." White, on the contrary, found it difficult to support medical projects unrelated to evangelization. "Our sanitariums," she stressed over and over again, "are to be established for one object,—the advancement of present truth."[14]

On November 10, 1907, Kellogg was disfellowshipped from the Seventh-day Adventist church for being antagonistic "to the gifts now manifest in the church" (that is, White's prophetic gift). The doctor had, in fact, accused some of Mrs. White's associates of manipulating her testimonies and had suggested that the prophetess herself sometimes borrowed from other writers more freely than she acknowledged. However, the excommunication of the czar of the Adventist medical work probably owed less to such indiscretions (or to his alleged pantheistic beliefs) than to his arrogant attempts to control the church, which aroused the ire of such influential ministers as A.G. Daniells, president of the General Conference, and Willie White, Ellen's son. The consequences of this episode for Adventist medical history were immense. The church lost Kellogg and several other prominent physicians as well as the Battle Creek Sanitarium and the American Medical Missionary College. Deprived of the medical school, White and her supporters immediately sought to establish an orthodox educational center in southern California, at Loma Linda, where they had recently purchased

a sanitarium. In 1909 they obtained a charter for the College of Medical Evangelists, the forerunner of the present-day Loma Linda University School of Medicine. The Kellogg affair also consolidated White's authority and aggravated the tensions between Adventist physicians and ministers.[15]

In the years immediately following her omnibus 1863 vision on health reform, Ellen White focused considerable attention on sexual issues, particularly masturbation. Her very first book on health, *An Appeal to Mothers* (1864), identified this "solitary vice" as "the great cause of the physical, mental, and moral ruin of many of the children of our time." It also described in graphic detail what she had seen in vision about the dire consequences of self-abuse: "Everywhere I looked I saw imbecility, dwarfed forms, crippled limbs, misshapen heads, and deformity of every description."[16]

A second vision on sex, in 1868, prompted her to begin speaking out on abuses of the marriage relation, particularly the "excessive" sex demanded by some husbands seeking to "gratify the animal propensities." Although she never defined exactly what she meant by "excessive," some Adventists have surmised that she frowned on having intercourse more often than once a month, because such advice, from another author, appeared in an expanded version of *An Appeal to Mothers*. But the vagueness of her advice left Adventists with no fixed rules limiting the frequency of sexual intercourse. Similarly, her silence regarding contraception and abortion meant that these matters, too, were left to individual discretion. After the 1860s, White tended to leave these sensitive subjects to Dr. Kellogg, whose *Plain Facts about Sexual Life* (1877) became a late-century best-seller.[17]

Most Victorian Seventh-day Adventists associated Mrs. White's health message not so much with sexual purity as with dietary reform: a twice-a-day regimen of fruits, grains, nuts, and vegetables. On the basis of her 1863 vision, White had originally proscribed the use of eggs, butter, and meat (as well as alcohol, tobacco, tea, coffee, cheese, spices, and rich foods). She later distinguished between meat, on the one hand, and butter and eggs, on the other, allowing that the latter might help to prevent malnutrition. This distinction encouraged many Adventists to adopt a meatless diet that included eggs and dairy products, the so-called lacto-ovo vegetarian diet. Her advice on meat-eating also underwent substantial revision, particularly with respect to the distinction found in the Levitical law between "clean" and "unclean" flesh. (Clean animals had cloven hooves and chewed their cuds; clean fish had fins and scales.) Before her 1863 vision, White not only ate pork and other unclean meat, but censured those Adventists who attempted to ban the consumption of swine's flesh. After her vision she condemned the eating of all meat, especially pork, but said little until late in the century

about the clean–unclean dichotomy. By 1890, however, she was arguing that the Old Testament distinction between "articles of food as clean and unclean" was not "a merely ceremonial and arbitrary regulation, but was based upon sanitary principles." Nevertheless, except for pork, she did not proscribe any particular meats on this basis.[18]

The dietary practices of Seventh-day Adventists seem to have fluctuated greatly during the nineteenth century. In 1870, James White boasted that Adventists "with hardly an exception" had discarded flesh-meats and suppers, but only five years later his wife complained that "our people are constantly retrograding upon health reform." Late in the century Kellogg estimated that all but "two or three" Adventist ministers ate meat, and in 1890 Ellen White herself admitted to straying occasionally from a vegetarian diet. In 1894, however, she vowed to abstain completely from flesh of all kinds and thereafter joined forces with Kellogg in calling for a "revival in health reform." Although she resisted efforts to make the consumption of meat a test of fellowship, by the twentieth century it was clear that the church would not tolerate the eating of unclean foods.[19]

The emphasis of her rationale for abstaining from meat varied considerably over time. During the early years of her health crusade, Ellen White stressed that meat-eating caused disease and stirred up the "animal passions," but in 1905, when she published *The Ministry of Healing,* her last and most mature treatise on health, she dropped sexual arousal from her list of "reasons for discarding flesh foods." She now argued that meat transmits cancer, tuberculosis, and "other fatal diseases" to humans and that meat-eating is cruel to animals.[20] Her comment that "Among those who are waiting for the coming of the Lord, meat eating will eventually be done away" led some of her followers to conclude that only persons who abstained from all meat would be "translated" to heaven without dying.[21]

No aspect of her health-reform campaign proved more frustrating to Ellen White than her attempt to change the style of dress worn by Adventist women. Since her youth, she had associated plain dress with spiritual health, and after 1863 she joined other reformers in calling attention to the anatomical and physiological problems created by fashionable dresses, especially hoop skirts. For over a decade after her vision, she crusaded to put her Adventist sisters into a costume consisting of a "short" skirt over pantaloons (similar to the so-called Bloomer dress), a design she reported having seen in her vision. Her efforts, like those of the women's rights reformers, encountered stiff resistance, and in 1875 she received divine permission to abandon the reform. Henceforth she insisted only that Adventists dress plainly, modestly, and healthfully.[22]

As their medical work expanded under the guidance of White and the administration of Kellogg, Seventh-day Adventists came to rely less on the healing power of prayer and more on the skill of physicians. Adventist ministers continued to anoint and pray for the seriously ill, but they came to have mixed feelings about miraculous healings, which they increasingly regarded, along with other forms of religious enthusiasm, as possible satanic delusions. After the opening of the Western Health Reform Institute, Ellen White advised Adventists not to entertain "the idea that the Institute is the place for them to come to be raised up by the prayer of faith. That is the place to find relief from disease by treatment, and right habits of living." During the last years of her life, she dropped her earlier practice of calling in the church elders to pray for her own recovery, fearing that failure to effect an immediate cure would lead to skepticism and disappointment. And because so many persons she had healed turned out to be unworthy, she expressed reluctance to pray for the healing of others.[23]

In *The Ministry of Healing,* White developed the view that God heals "through the agencies of nature" while Christian physicians "assist nature's work of healing."[24] This approach differed from the exclusive reliance on "faith healing" that characterized the thinking of some of the early Adventists and that later became popular among some conservative Protestants. White's emphasis on cooperating with the laws of nature also distinguished her approach from such "mind-healing" movements as Christian Science. In the tradition of Storrs, who had rejected the dichotomy between the immortal soul and the mortal body, and Coles, who had advocated physiological reform, White stressed the religious and moral importance of the human body in her philosophy of health and healing.

Throughout her ministry, Ellen White condemned all forms of "mind cure," especially hypnotism, and she described "the sciences of phrenology, psychology, and mesmerism" as channels through which Satan could exert his influence. To combat mental illness, she recommended strengthening the willpower and exercising the physical body, the efficacy of which she had learned firsthand while treating her husband during his illness in the mid-1860s. Prayer, she thought, should supplement—not supplant—these natural therapies.[25]

Like many nineteenth-century writers on psychiatry, Ellen White tended to view mental illness as a somatic condition resulting from a diseased brain. She never doubted that demonic possession could also cause insanity—and had done so in biblical times—but in discussing mental illness in her own day, she almost always pointed to natural causes: genetic, chemical, physiological, or psychological. She identified the "main cause" of insanity as intemperate behavior—"improper diet, irregular meals, a lack of physical exercise, and careless inattention in

other respects to the laws of health"—either on the part of the sufferers themselves or their ancestors. Writing shortly after her 1863 vision, she traced much of the world's "deformity, disease, and imbecility . . . directly back to the drug-poisons, administered by the hand of a doctor." At various other times she attributed mental illness to masturbation, religious excitement, frustrated ambition, excessive grief, guilt, gossip, novel-reading, and even the wearing of wigs.[26]

White's extensive writings on sin, sickness, and death include a variety of explanations of human suffering and why God allows it. Her dominant theme, especially after 1863, was that disease and suffering result from violations of divinely ordained physiological laws and are not the consequence of direct interventions from God. However, she frequently interpreted her family's mental and physical ailments as afflictions from Satan and his evil angels, who had made her and her husband "the special objects" of their attention. In her best-known statement on the origin of evil, in *The Great Controversy between Christ and Satan* (1888), she wrote that "Nothing is more plainly taught in Scripture than that God was in nowise responsible for the entrance of sin" and its woeful consequences. Nevertheless, she occasionally implied that God allowed—and sometimes even sent—suffering as a blessing in disguise: to perfect character or, by laying some persons prematurely in their graves, to guarantee salvation.[27] Differing opinions about the nature and meaning of suffering have persisted among Adventists down to the present.

Growth and Adjustment Since 1915

Ellen White's death in 1915 left Seventh-day Adventists with the task of finding continuing sources of energy and unity and of discovering ways of adapting their Victorian legacy to the rapidly changing circumstances of the twentieth century. In principle at least, White's testimonies remained authoritative for Adventists around the world. And her guidance continued to flow from the presses as the White Estate, custodians of her literary heritage, drew upon her articles, letters, and other manuscripts to compile new books: *Counsels on Health* (1923), *Medical Ministry* (1932), *Counsels on Diet and Foods* (1938), *Temperance* (1949), and *Mind, Character, and Personality* (1977). Church leaders attached special importance to her ideas that seemed to correspond with modern medical science, arguing that such congruences provided "cogent evidence that compels acceptance by the mind, of the inspiration of the agent of the Spirit of Prophecy, Ellen G. White." When her counsel conflicted with current scientific knowledge, they

usually expressed confidence that further research would confirm what she had written.[28]

Although the officers of the White Estate made no attempt to suppress Ellen White's writings on sex (and in fact incorporated some of her early statements in the new books they prepared), they let her first works on the subject go out of print. For decades, Adventists who attempted to fill the need for sexual guidance adopted the content and tone, though not the graphic language, of Mrs. White's works. Not until the appearance in 1974 of Charles Wittschiebe's *God Invented Sex,* an Adventist best-seller that cheerfully encouraged sexual spontaneity and inventiveness within marriage, did an Adventist writer substantially depart from the church's Victorian view of sexual activity.[29]

Because White's authority was at stake, masturbation remained a particularly difficult issue for Adventist authors—even for those who believed that her views on this subject lacked scientific support.[30] Homosexuality, a topic ignored by White, received little attention in Adventist circles before the gay liberation movement of the 1970s brought the issue to the fore.[31] In response to growing concern within the church, the leadership sponsored the Quest Learning Center in Pennsylvania, where, it was hoped, gay Adventists would learn to curtail their sexual activity if not transform their desires. About the same time, an articulate group of lay Adventist homosexuals formed Kinship, International, which sought, without denominational approval, to provide support for gay Adventists and to persuade others that not all homosexual relationships are morally reprehensible.

Lack of evidence makes it impossible to say how closely twentieth-century Seventh-day Adventists have followed the church's teachings on healthful living. Because abstinence from alcohol and tobacco has long been a condition of continuing membership, it seems probable that most Adventists have neither drunk nor smoked. It is also likely that virtually all of them have refrained from eating "unclean" meats and that the majority have avoided caffeinated beverages. A continuing study of Adventist behavior, begun in California in the 1970s, has revealed that about half of those surveyed adhered to a lacto-ovo vegetarian diet, which included the consumption of eggs and dairy products, while a fifth of them ate meat (presumably clean) at least four times a week. Outside of California, and especially beyond the borders of the United States and Australia, vegetarians no doubt constitute a much smaller percentage of Adventists, perhaps no more than ten percent in some places. Not only have Mrs. White's health writings been unavailable in some countries, but standards of living and food supplies have virtually ruled out a meatless diet. Despite the growing popularity of vegetarianism among non-Adventists in recent years, its

appeal may be waning among Adventists, whose purchases of church-manufactured meat substitutes declined in the early 1980s.[32]

Undoubtedly because of their healthful life-style, thirty-five-year-old Adventist males living in California enjoy a six-year advantage in life expectancy, and Adventist women of the same age stand to gain four years. Epidemiological studies, also from California, show that Adventists are much less likely than the general population to die from cirrhosis of the liver and cancer of the mouth, esophagus, and lung—diseases associated with drinking and smoking. They are also less likely to die from nontraffic accidents, diabetes, coronary disease, and cancers of the large bowel, breast, and prostate. Adventist men, but not women, are less prone to suicide. However, with the exception of diseases attributed to the use of alcohol and tobacco, "Adventists die of the same causes that everyone else dies from. They simply die later." Whether they acquire fatal diseases at a more advanced age than most Americans or simply succumb to them later remains to be seen.[33]

Since the days of White and Kellogg, Seventh-day Adventists have eagerly promoted their philosophy of health among those of other faiths. In 1885 they began publishing *Life and Health* (now *Vibrant Life*), a magazine that featured articles on prevention, and in 1948 they launched *Listen,* a hard-hitting, colorfully packaged monthly magazine aimed at combatting alcohol, tobacco, and drug abuse. In a short time it became the most widely circulated temperance journal in the world. In 1960, two Adventists collaborated in developing a "Five-Day Plan" to stop smoking, a group-therapy program that subsequently enrolled millions. Adventists have also sponsored stress-management seminars, vegetarian restaurants and cooking schools, weight-reduction clinics, community surveys of public-health needs, screening programs, marathon runs, and an extensive welfare organization, the Adventist Development and Relief Agency.[34]

During the twentieth century, Seventh-day Adventists continued to expand their worldwide network of health-related facilities, which by the mid-1980s employed approximately one-third of the church's 93,000 workers. The roster of such institutions included 167 hospitals and sanitariums; 246 clinics, dispensaries, and medical boats (which began plying the Amazon River in the 1930s); 47 schools of nursing; 26 health-food companies; and the schools of medicine, dentistry, public health, and allied health professions at Loma Linda University.[35] Adventists entered the health-food business in 1877, when John Harvey Kellogg set up a company in Battle Creek to manufacture the whole-grain crackers and cereals he had developed. (At one point Kellogg offered to give the church the rights to his flaked cereal, but, on Mrs. White's advice, the leaders declined his gift—thus opening the door for the doctor's brother W.K. Kellogg to become the cereal king of America.)

Among the most successful church-owned companies in the twentieth century were Loma Linda Foods in the United States, manufacturers of meat substitutes, cereals, gravies, and a profitable soy milk developed by the medical missionary and Adventist folk hero Harry Miller to combat malnutrition in the Orient; and the Sanitarium Health Food Company in Australia and New Zealand, makers of Weet-Bix, a popular breakfast food.[36]

In North America the development of Seventh-day Adventist hospitals occurred along two distinct lines. The increasingly businesslike church-owned hospitals followed the national trend toward consolidation by merging in the early 1980s into the Adventist Health System/United States, which retained the advertising agency Doyle Dane Bernbach to promote Adventist health care. Its seventy-one hospitals and various other enterprises earned the newly formed entity "the distinction of being the country's largest Protestant, nonprofit, nationally integrated health care delivery system."[37] However, the very size of the system—and the fact that it employed several disaffected Adventist ministers at substantially increased salaries—led some concerned church members to fear that the denomination might be drifting toward another "Battle Creek" showdown between the church's healers and its ministerial leadership. Besides, some of the system's facilities employed so few Seventh-day Adventists they appeared to be Adventist in name only. Despite the denomination's long-standing opposition to church–state entanglements, institutions within the Adventist Health System readily accepted government funds for capital (though not for operating) expenses.

Self-supporting Adventist hospitals have generally been run by members intent on following Mrs. White's "blue print" for such institutions, especially with regard to lifestyle and therapy. Many of these hospitals, especially in the rural Southeast, trace their origin back to the Madison Sanitarium, founded in 1907 on a site near Nashville, Tennessee, selected by Mrs. White herself. Others, in recent years, have derived their inspiration from the Weimar Institute, a medical–educational complex begun in northern California in the 1970s that self-consciously adopted a back-to-White philosophy. Occasionally these self-supporting institutions were affiliated with urban clinics or vegetarian restaurants; more frequently they were located in secluded, rural settings, where patients could learn to live in harmony with nature's laws. A prominent exception to this pattern was the Harding Hospital, a self-supporting psychiatric institution near Columbus, Ohio, founded in 1916. Until the 1960s, when the denominational medical school at Loma Linda first offered a residency in psychiatry, the Harding Hospital almost single-handedly supplied the church with psychiatrists.[38]

As the number of medicinal drugs of proven value increased in the twentieth century, Adventist hospitals and physicians tended to set aside Ellen White's ban on drugs and her advocacy of water and to practice a brand of medicine therapeutically indistinguishable from that of non-Adventists. The White Estate abetted this transition by warning in 1962 that Mrs. White's strictures against nineteenth-century drugs should not be construed to apply to "tested remedial agencies made through scientific research." Twenty years later, church officials formally endorsed all "accepted and scientifically proven methods." By this time few Adventist physicians remembered Mrs. White's admonition that they were not to "follow the world's methods of medical practice, exacting large fees that worldly physicians demand for their services," or her insistence that they follow "the Lord's plan" of treating only those of the same sex. Most of them had also lost sight of their sectarian roots in nineteenth-century hydropathy and had come to view medical sectarianism in its twentieth-century forms (chiropractic and naturopathy, for example) with disdain.[39]

By mid-century, and probably earlier, the distinctiveness of Adventist medicine lay less in its therapies than in its customs, motives, and philosophical justifications. Adventist medical institutions may have abandoned the water cure, but they visibly retained their religious and health-reforming heritage. They all discouraged drinking, smoking, and meat-eating. Though they remained open around the clock, they tried not to schedule elective surgery and other optional treatments during the Sabbath hours, from sundown Friday to sundown Saturday. In addition to the normal chaplaincy services, they offered doctrinal instruction and free Adventist literature. Although they frowned on charismatic faith healing, they gladly permitted ministers to pray for the sick and to anoint them with oil, a ritual devoid of magical expectations. And if patients allowed it, many Adventist doctors and nurses prayed with them at bedtime or before surgery. Such customs cultivated what Ellen White called "a sense of the presence of God."[40]

Various—and often mixed—motivations impelled Seventh-day Adventists toward careers in the healing professions. There was always the desire to alleviate human suffering (historically advocated by Kellogg) or the opportunity to win converts to Adventism (White's emphasis). However, as the century matured, other motives increasingly surfaced. At the individual level, the medical professions offered Adventist youth a chance to pursue careers that not only provided comfortable livings, purposive work, and social standing, but, because the church allowed medical personnel to render essential services on the Sabbath, created little conflict between occupational and religious loyalties. At the denominational level, profits made from clinics and hospitals overseas were used to subsidize evangelistic activities. Thus, to

insure the greatest return on their investment, Adventist institutions in Third World countries sometimes catered to persons in the middle and upper classes, as well as to foreign visitors and American expatriates.

The theological justifications for Seventh-day Adventist involvement in medicine can be seen in the work of Jack Provonsha, a physician on the faculty of Loma Linda University and the denomination's first trained ethicist. In his efforts to provide an Adventist theology of healing, he has emphasized that the purpose of Christian medicine is "to make the *whole* man whole," a concept rooted in Seventh-day Adventism's long-standing refusal to separate body from soul. In Provonsha's opinion, the Adventist adherence to conditional immortality has fostered a uniquely positive view of the physical aspects of life and has thus encouraged both clinical medicine and basic research.[41]

Provonsha, the most influential bioethicist in Adventist circles, rose to prominence in the late 1950s partly because of his answers to questions regarding the dangers of hypnosis and other forms of mind control, which Ellen White had denounced as satanic and which the General Conference banned in Seventh-day Adventist institutions. From the Wesleyan strain in Adventism, inherited through White and others, Provonsha seized upon the idea of human freedom as a criterion by which to determine degrees of value and to judge right from wrong. If to be truly human was to be "endowed with a power akin to that of the Creator—individuality, power to think and to do," as White had said, it followed that the primary moral obligation was to act in ways that increase the human capacity for self-determination. Thus, Provonsha reasoned, "whatever enhances the image of God (Freedom, Self-determination) in man is right. Whatever diminishes that image is wrong." Because hypnosis—along with alcohol, mood-altering drugs, intensely emotional sermons, and charismatic "excess"—increases a person's suggestibility and thereby lessens the capacity for self-determination, it is, concluded Provonsha, morally suspect.[42]

The manner in which Provonsha analyzed the morality of hypnosis and other forms of mind control provides a key to understanding the distinctive direction of recent moral thinking within Adventism. His focus on freedom as partial but genuine self-determination, derived from grappling with the problem of hypnosis, clearly influenced his positions on abortion and euthanasia, developed in the 1960s and 1970s. Although all living creatures are intrinsically valuable, some, according to Provonsha, are more valuable than others because of their greater participation in true freedom. A human embryo, because it possesses the potential for self-determination, has more worth than a tumor, but less value than a freely acting adult. Thus, "whenever the developing embryo or fetus places in jeopardy the mother's physical, mental, or emotional health, and that jeopardy is judged to be of sufficiently

serious nature, the potential human symbol, the embryo or fetus, may be sacrificed." Using similar logic, he argued that the capacity for self-determination should help to "determine the amount of effort and expense to be put into maintaining [the] survival" of terminally ill patients. In the 1970s and 1980s, Provonsha turned his attention to the area of human reproduction, warning that such procedures as artificial insemination, in vitro fertilization, and embryo transplantation may lessen the capacity for true self-determination by weakening the family unit in which a child's freedom is nurtured—a view greeted with some skepticism at his own university, where medical students were routinely invited to contribute semen to sperm banks.[43]

Except with regard to practices such as hypnotism that Ellen White condemned, the General Conference generally left difficult ethical decisions to individuals and institutions. In 1982 the General Conference recommended that

> Each [medical] institution should develop policies consistent with high moral and ethical standards which recognize the value of human life. Such policies should deal with abortions, death and dying, and related issues. No worker should be asked to violate his/her conscience.

But even on these questions church leaders sometimes offered specific advice. In the early 1970s, for example, they circulated a set of "suggested guidelines" that approved of abortion under the following conditions: when a pregnancy threatens a mother's life, when it is likely to eventuate in a severely deformed or retarded child, when conception is the result of rape or incest, when the mother is unwed and below the age of fifteen, and "when for some reason the requirements of functional human life demand the sacrifice of the lesser potential human value." These views, though perhaps more liberal than those of the average member, reflected the Seventh-day Adventist belief that a new person comes into existence gradually as the fetus develops and not instantly at some precise moment, whether at conception, implantation, quickening, viability, or birth.[44]

The Seventh-day Adventist church rarely addressed bioethical issues before the 1960s, when Provonsha began to prompt discussions at the medical school in Loma Linda, and Roy Branson, a Harvard-educated ethicist now associated with the Kennedy Institute at Georgetown University, began offering training in ethics at the Seventh-day Adventist Theological Seminary in Michigan. Branson not only encouraged several young Adventist ministers to become ethicists (one of whom, Gerald Winslow, subsequently wrote a widely acclaimed book on allocating scarce medical resources[45]), but, as editor of *Spectrum,* the quarterly journal of the Association of Adventist Forums, provided a vehicle for

exploring a variety of ethical issues facing the church and society without pretending to speak for the denomination as a whole.

In the early 1980s church officials permitted Loma Linda University's Division of Religion to establish a Center for Christian Bioethics, with Provonsha as its first director and two of Branson's former students on its staff.[46] By this time Adventists, long on the social periphery, were growing accustomed to basking in the positive publicity that their lifestyle and health-care system had generated. But nothing could have prepared them for the attention they received from all parts of the world in 1984 when a Loma Linda surgical team, headed by Dr. Leonard Bailey, transplanted a baboon's heart into a premature infant known simply as Baby Fae—the first time since 1844, noted Branson, "that an Adventist event in America has also been a national event." The baby died after making medical history, but the controversy regarding the procedure continued long after the event. Some observers applauded it as an appropriate therapeutic advance, with Provonsha defending it as the best available therapy for infants born with fatal defects like Baby Fae's. Others criticized the venture in terms of animal rights, better therapeutic possibilities, fairer allocations of medical dollars, more detailed consent procedures, or religious scruples. Although leaders of the denomination maintained a measured and cautious public profile, they remained quietly supportive. Whether or not Adventist medicine, hitherto respected primarily for its clinical excellence, will increasingly play a prominent role in medical research remains to be seen. But there can be no doubt about the great distance Seventh-day Adventists have traversed between Mrs. White's water-cure establishment in Battle Creek, Michigan, and Dr. Bailey's surgical laboratory in Loma Linda, California.[47]

Notes

1. Francis D. Nichol, *The Midnight Cry: A Defense of William Miller and the Millerites* (Washington, 1944), p. 320; Ronald L. Numbers and Janet S. Numbers, "Millerism and Madness: A Study of 'Religious Insanity' in Nineteenth-Century America," *Bulletin of the Menninger Clinic* 49 (1985):289–320.
2. William Miller, *Evidence from Scripture and History of the Second Coming of Christ, about the Year 1843* (Boston, 1842), pp. 146–148; L.B. Coles, *Philosophy of Health: Natural Principles of Health and Cure,* rev. ed. (Boston, 1853), p. 216; Ronald L. Numbers, *Prophetess of Health: A Study of Ellen G. White* (New York, 1976), pp. 38, 59–61, 77–79; Nichol, *Midnight Cry,* pp. 199–203. On the postmillennial health reformers, see James C. Whorton, *Crusaders for Fitness: The History of American Health Reformers* (Princeton, NJ, 1982).
3. Numbers, *Prophetess of Health,* pp. 47, 72–79.