

NEWSTART: A PASTORAL PERSPECTIVE

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Observation, experience, and the testimony of many pastors have led me to have some concerns that I will address in this paper. These concerns relate to the effectiveness of health evangelism. It is my assumption that the reader clearly distinguishes between “medical services” and “medical missionary work.” It is evident that Ellen White, who had a formative influence on the Seventh-day Adventist (SDA) health work, expected more than just “medical services” from SDA health institutions. She always speaks of “medical missionary work.” For the purposes of this paper, “medical missionary work” and “health evangelism” will be considered as interchangeable expressions.

This paper aims to address two basic aspects related to NEWSTART¹ from the perspective of an evangelist. One is a set of underlying theological issues. The other is concerned with strategical approaches.

Church programs will unavoidably reflect a set of assumptions, beliefs, and attitudes which are known as a “philosophy of mission.” It is essential to develop an Adventist philosophy of mission based on biblical principles in the light of the inspired counsels of Ellen White. The policies, structures, and strategies of mission are related to at least three theological issues.

The Health Message and the Theology of Mission

A major issue is the theology of mission. There are several understandings about the responsibility of the church in the world. Theologians have discussed different goals for the church. Some of these goals emphasize a horizontal relationship among humans; this is the option stressed by the Social Gospel, the ecumenical movement, and by many other sincere Christians who understand that their mission is to express God’s love to people. In some cases you may hear them

¹NEWSTART is a program featuring health emphasis by using the eight natural remedies against disease advocated by Ellen G. White in *The Ministry of Healing* (Washington, DC: Review & Herald, 1905), 127. The acronym comes from the eight remedies: nutrition, exercise, water, sunshine, temperance, air, rest, and trust in divine power.

speaking of “a just society” and “social reforms.” They emphasize more “presence evangelism” than “persuasive evangelism.” Seventh-day Adventists who subscribe to this mission tend to limit their “evangelistic” activities to “medical work,” “educational activities,” or “community services.” Some Adventists “ridicule the concept that the purpose of our health ministry is evangelistic. They suggest that we should do health education without putting any ‘hooks’ in it.”¹

Other Christians consider that the ultimate goal of the church is to participate with God in saving sinners, thus emphasizing a vertical understanding of salvation. They may speak of “accepting Jesus as Savior,” “planting new congregations,” and “finishing the work.” Ellen White says that “the church is God’s appointed agency for the salvation of men. It was organized for service, and its mission is to carry the gospel to the world.”² Since “the church of Christ on earth was organized for missionary purposes,”³ SDAs established educational and health institutions as helpers in carrying out their great commission. A healthy Adventist theology of mission should lead pastors and administrators, colleges and hospitals, to develop programs and strategies which will lead the church in accomplishing God’s mission of saving sinners. Furthermore, this theology will guide the church so that everything it does will focus on the purpose of saving sinners and finishing the work.

Ellen White repeatedly insisted in the importance of integrating health evangelism in the pastoral ministry as well as not separating health ministry from gospel ministry. In no uncertain terms she spells out God’s purpose for health ministry:

Those who disparage the ministry and try to conduct the medical missionary work independently are trying to separate the arm from the body. What would be the result should they succeed? We should see hands and arms flying about, dispensing means without the direction of the head. The work would become disproportionate and unbalanced. That which God designed should be the hand and arm would take the place of the whole body, and the ministry would be belittled or altogether ignored. This would unsettle minds and bring in confusion, and many portions of the Lord’s vineyard would be left unworked.⁴

If health evangelism falls short of leading those who come to our programs to a knowledge of the “plan of salvation,” we are only producing healthy sinners. It can be said that when we do not find a connection between the “health message”

¹DeWitt S. Williams, Kay Kuzma, and Leo R. Van Dolson, *Ministries of Health and Healing* (Lincoln, NE: Advent Source, 1997), 60.

²Ellen G. White, *The Acts of the Apostles in the Proclamation of the Gospel of Jesus Christ* (Mountain View, CA: Pacific Press, 1911), 9.

³Ellen G. White, *Testimonies for the Church* (Mountain View, CA: Pacific Press, 1948), 6:29.

⁴White, *Testimonies*, 6:288-89.

and the “plan of salvation” expressed in the form of explicit biblical teachings, we are just ensuring that people will go to perdition as healthy sinners.

Soul winning is the first and supreme mission of the church. We organize new churches, erect church buildings, and operate colleges, publishing houses, and sanitariums; we create and foster various departments, committees, and boards as helpers in carrying out the Great Commission. All of these are a true success only as they actually help win souls to Jesus Christ. Ellen White seemed to struggle to find superlatives to describe the importance of soul-saving activities: “The greatest work, the noblest work, in which men can engage, is to point sinners to the Lamb of God.”¹ “The highest of all sciences is the science of soul-saving. The greatest work to which human beings can aspire is the work of winning men from sin to holiness.”²

The Health Message and the Priorities of Mission

Another theological issue which is unavoidably reflected in policies, structures, and strategies is the priorities of mission. There are two mandates upon which Christians have built missionary strategies. There is a tension between a vertical and a horizontal approach to missions, between the evangelical and cultural mandates.

Some consider the evangelical mandate as their priority and make Matt 28:19-20 the underlying principle of their strategies. They describe themselves as “Great Commission Christians.” They understand that the evangelical mandate requires that missionaries teach other men to observe all things that Christ commanded His disciples. They believe that the primary function of the church is to save sinners. They would agree with the following statement of Ellen White: “The church of Christ on earth was organized for missionary purposes, and the Lord desires to see the entire church devising ways and means whereby high and low, rich and poor, may hear the message of truth.”³

Others stress the importance of the cultural mandate: “You shall love your neighbor as yourself” (Matt 22:37-39). They understand that this mandate demands attention to material, social, and physical needs. They, too, would agree with Ellen White:

In sympathy and compassion we are to minister to those in need of help, seeking with unselfish earnestness to lighten the woe of suffering humanity. . . . The practical carrying out of the Saviour’s commission demonstrates the power of the gospel.⁴

¹Ellen G. White, *Gospel Workers: Instruction for the Minister and the Missionary* (Battle Creek, MI: Review & Herald, 1892), 18.

²White, *Ministry of Healing*, 398.

³White, *Testimonies*, 6:29.

⁴Ellen G. White, *Welfare Ministry: Instruction in Christian Neighborhood Service* (Washington, DC: Review & Herald, 1952), 117.

It is not always easy to maintain a proper balance between these two mandates. An Adventist theology of mission will give priority to the evangelical mandate; however, we must not forget the cultural mandate. "There is nothing quite so crippling to both evangelism and social action as to confuse them in definition or to separate them in practice."¹ In describing the interaction between "gospel work" and "medical missionary work," Ellen White states, "The medical missionary work is part of the great whole, as the arm is part of the body. . . . The body is not to become the arm."² In other words, the cultural mandate is subordinated to the evangelical mandate. Ministries created under the cultural mandate serve as tools to fulfill the Great Commission.

Ellen White counsels, "First meet the temporal necessities of the needy and relieve their physical wants and sufferings, and you will then find an open avenue to the heart, where you may plant the good seed of virtue and religion."³ Seventh-day Adventists should remember that all ministries which are focused on services, such as Community Services, language schools, and health evangelism, are not ends in themselves but means to accomplish a higher goal. Samuel Moffett asserts,

In the Christian mission our vertical relationship to God comes first. Our horizontal relationship to our neighbor is "like unto it," and is just as indispensable, but it is still second. The leading partner is evangelism.⁴

Seventh-day Adventists must learn to keep a proper balance. We should continually evaluate our own ministries, programs, and goals. We can explore different forms of ministry while keeping the Great Commission in focus. We will maintain the balance if we launch NEWSTART events in our churches with the specific goal of using the interests and sympathies generated by this program for soul winning activities.

Jesus' pattern of service exemplified this balance. In Matt 4:23 and 9:35 Jesus is described as participating in teaching, preaching, and healing. Following His example, the modern church aims to offer an integrated ministry by offering services oriented to take care of the needs of the mind, body, and spirit. Through an educational system, health ministries, and evangelistic activities the church attempts to reflect Jesus' pattern of service. A word of caution may be necessary at this point: health evangelism and pastoral evangelism must be integrated, not

¹Samuel Moffett, "Evangelism: The Leading Partner," in *Perspectives on the World Christian Movement: A Reader*, ed. Ralph D. Winter and Steven C. Hawthorne (Pasadena, CA: William Carey Library, 1981), 730.

²White, *Welfare Ministry*, 123.

³White, *Testimonies*, 4:226.

⁴Moffett, 730.

working as independent entities; in Ellen White's words, they "are never to be divorced."¹

The Health Message and Evangelism

Before proceeding to a definition of what Adventist evangelism is, it may be good to clarify what it is not. Evangelism is not limited to preaching Jesus as Savior; this may be close to a definition of a revival meeting. Evangelism is not something that takes place in one day, because evangelization is more of a process than an event. The following is a working definition of Adventist evangelism: "Evangelism is the presentation of biblical doctrines in the power of the Holy Spirit in such a way that people will be persuaded to accept Jesus as Savior and serve Him in the fellowship of the church."²

When the health message is taught to nonbelievers, we have health education. When the health message is used for winning souls, we have health evangelism. The following is a good explanation of what health evangelism is:

When a minister gives our message, our fundamental doctrines, and these are understood and accepted by an individual, a change begins to be noted in the individual's life. This change we call conversion. Similarly, when our health principles or physical laws are given, are understood and accepted, a change takes place. This change is health reform. The use of spiritual doctrines to win souls is termed evangelism. So too, the use of the health principles to win souls is called health evangelism.³

The health message provides the principles upon which the methods of health evangelism are based. The health message provides ways to break down prejudices and gain sympathies among nonbelievers. The health message is the door to the heart, but the other doctrines are equally important to lead a person to the full knowledge of the way to salvation.

According to the SDA *Church Manual*, "evangelism is the primary work of the church."⁴ Speaking of pastors, Ellen White said, "To win souls to the kingdom of God must be their first consideration."⁵ All activities of the church should aim to save those who are outside the church as well as to maintain those who are already inside. The work of God on this earth will never be finished by pastors

¹Ellen G. White, *Counsels on Health and Instruction to Medical Missionary Workers* (Mountain View, CA: Pacific Press, 1951), 528.

²Carlos Martin, *Syllabus for MSSN 500 Introduction to Missiology*, Adventist International Institute of Advanced Studies, Silang, Cavite, Philippines, 1998, 251.

³Ministerial Association, *General Conference of Seventh-day Adventists, Aflame for God* (Washington, DC: Review & Herald, 1951), 348.

⁴General Conference of Seventh-day Adventists, *Seventh-day Adventist Church Manual* (Silver Spring, MD: General Conference of Seventh-day Adventists, 1995), 80.

⁵White, *Gospel Workers*, 31.

exclusively doing “maintenance work” or by exclusively offering lifestyle seminars. The work of God will be finished by pastors and other church members persuasively proclaiming the eternal gospel, of which health is only a part.

According to the definition of Adventist evangelism quoted above, friendship evangelism, the work of language schools, health evangelism, and many other forms of ministry do not by themselves fully qualify as “evangelism.” They are useful entering paths to the heart, but they are not designed as strategies to present the whole truth and to persuade people to join the Church. If an “evangelistic effort” using NEWSTART ends without a connection with a doctrinal series, it does not qualify as such. This leads to the concluding concern of this presentation: how to connect the message presented in health evangelism with the other Adventist doctrines.

The Health Message and Other Doctrines

The role of the health message in evangelism is to open doors.¹ Ellen White explains,

Much of the prejudice that prevents the truth of the third angel’s message from reaching the hearts of the people might be removed if more attention were given to health reform. When people become interested in this subject the way is prepared for the entrance of other truths.²

Elsewhere she adds that the work of health evangelism “will break down prejudice as nothing else can.”³

Just as public evangelism needs the presentation of the health message, the health message of NEWSTART needs the other doctrines to be really meaningful:

The gospel ministry is needed to give permanence and stability to the medical missionary work; and the ministry needs the medical missionary work to demonstrate the practical working of the gospel. Neither part of the work is complete without the other.⁴

Seventh-day Adventist pastors using approaches such as NEWSTART must secure a proper connection with the other “twenty-seven fundamental beliefs.” This is not optional. We are instructed to “combine medical missionary work with

¹Ellen G. White, *Medical Ministry: A Treatise on Medical Missionary Work in the Gospel* (Mountain View, CA: Pacific Press, 1963), 238.

²Ellen G. White, *Counsels on Diet and Foods* (Washington, DC: Review & Herald, 1976), 76.

³White, *Testimonies*, 9:211.

⁴White, *Counsels on Health*, 514.

the proclamation of the third angel's message."¹ The ultimate role of the subject of health in evangelism is to integrate it with the religious and doctrinal.

Although the work of health evangelism opens doors, experience has taught that when pastors using NEWSTART do not secure an immediate continuity with the other Adventist doctrines, much of the gains of the effort dissipates in a few days. The door is opened for a few days, when hundreds attend NEWSTART sessions, but too often the people are left in darkness with respect to the most important truths for this time. Just as "the great object of receiving unbelievers" into the Health Institute was, for Ellen White, "to lead them to embrace the truth,"² the great object of NEWSTART should be no less.

Jesus mastered the art of combining health evangelism with the proclamation of additional doctrines. After He fed the multitudes with bread (John 6:1-15), He announced, "I am the bread of life" (v. 35). Furthermore, He told the multitudes of the need of accepting His sacrifice (vv. 53-58). Despite that, many "went back, and walked no more with him" (v. 66), while those who had accepted His "words of eternal life" (vv. 68-69) decided to follow Him.

According to Luke, Jesus commissioned the Twelve to go out and teach and preach to the people. They were sent out to cure diseases and to proclaim the gospel (9:1-2). Jesus also instructed the Seventy to do the same (10:9). "He commanded them to heal the sick, and *next* to preach that the kingdom of God had come nigh unto them. Their physical health was to be *first* cared for, in order that the way might be prepared for their minds to be reached by those truths which the apostles were to preach"³

Seventh-day Adventists are specifically instructed not to allow the "hand" to receive a greater role than the "body." We must not allow the "health arm" to become the entire message.⁴ We must not allow the means to become an end in itself. In other words, the work should not stop with the health message but should continue with the rest of the doctrines.

There are several options for the use of the health message as an "entering wedge"⁵ to the hearts of nonbelievers. Two are selected here because of their full integration with evangelism. One involves using health to emphasize and teach religion, and using religion to strengthen and support the principles of health.⁶ The other approach is to present health principles and then, after a "bridge," to offer an advanced series on spiritual matters for those who are attracted to the spiritual elements from the first series.

¹White, *Testimonies*, 6:267. "The third angel's message" is a reference to the solemn warning of impending judgment found in Rev 14:9-11.

²Ibid., 3:167.

³Ibid., 4:225; emphasis supplied.

⁴White, *Welfare Ministry*, 123.

⁵White, *Counsels on Health*, 535.

⁶See Williams, Kuzma, and Van Dolson, 59-69; and Raymond Woolsey, *Evangelism Handbook* (Washington, DC: Review & Herald, 1972), 153-55.

The NEWSTART program fits very well the second approach. In an attractive way it presents the message of holistic health to nonbelievers and naturally moves to the issue of trusting in God. This is an ideal bridge to continue with additional transitional issues such as prayer and the Bible. It is essential that the transitional series be offered with the same enthusiasm and quality as the NEWSTART segment. It is also essential that the doctrinal series follow immediately.

Of course, NEWSTART may be combined with other approaches to the presentation of the whole message. Pastors will find many opportunities to launch evangelistic events during the year 2000. I encourage those pastors with a burden for health evangelism to tie their efforts in with a doctrinal series. God will bless our efforts as we follow His instructions. I pray that our ministry will see a new start as we follow God's guidance.