

ROY SCHAEFER TAPE

"Recollections of History of Health RLDS, Outreach Int'l.,
Per Roy Schaefer

SIDE ONE OF TAPE

Introduction:

This is to give some overview of the development process of what emerged as Outreach International. It will hopefully be helpful to give a selective summary of earlier restoration insights.

From its conception in 1830, this movement has dealt in a number of ways " with the affirmation of ones discipleship centering in a relationship with Christ, and living out of that relationship in the community (often referred to as the cause of Zion). Early references in the Doctrine and Covenants refer to stewardship as including all of life. D. & C. Sect. 85: (1832) is a dynamic insight into the affirmation that "the light of Christ is in all things that the spirit and the body is the soul of man" Section 86 (1832) referred to as the "word of wisdom" was way ahead of its time in identifying diet, food and liquid as vital to discipleship.

The last thirty years has brought significant scientific data, especially as it relates to the use of tobacco, alcohol, nutrition and exercise.

Then on May 4th, 1833, section 90 was added, with a central focus and understanding in verses 5 and 6, "....the elements are eternal ... or the tabernacle ... the glory of God is intelligence ... light and truth ... "

Later in April on April 18th of 1906, direction was shared to the establishment "... of a sanitarium, a place of refuge and help for the sick and afflicted be established in the church, at Independence, Missouri..." It goes on to give instruction that those of Luff (I believe then a member of Council of the twelve) be medical director and physician to the church. Later the section includes the phrasing "...establishment of a sanitarium and home for children ..."

(I strongly suggest this be checked with Joe Lammers, the last R.L.D.S. hospital executive director and that a section should be added as to the development of the Independence Sanitarium and Hospital and the more recent adjustment into its becoming the Independence Regional Health Center, as sold to Columbia, Inc., and the Graceland Division of Nursing Bldg. (1997) . This also should include the tie-in with the Truman Neurological Center and the present program of expansion that the hospital is planning for in the present and future) -- another consultant for the early history of this would be F. Hansen and Maurice L. Draper. Another reference is from the Saint's Herald issue of October 1980.

In his book "The Life and Ministry of Jesus" by F. Henry Edwards, revised edition 1982, (originally in a quarterly form in 1928,) then as a book in 1940; an early revision was made -- Herald Publishing House. Brother Edwards suggested that the ministry of Jesus can be understood as the integration of three aspects of ministry; preaching, teaching and healing. He goes on to indicate that the record of the New Testament related the these three dimensions of the ministry of Christ put a higher volume of scripture in the area of healing. (I don't know why, but I think it would be interesting to consider why?)

The church has a sacramental/ordinance since it's early foundation that is most often referred to as "laying on of hands" or "administration of the sick." Increased scientific documentation includes the value of this done appropriately and some have even developed a "ministry of touch" (this whole area I would suggest needs much more review and inclusion in our endeavors in the church and in outreach)

Then in 1958, a World Conference Resolution 1015 was passed and later in 1960 World Conference Resolution 1017 was passed by the highest legislative body of the church indicating the establishment of a church physician role who also would be a chair-person for the general church medical counsel and be a physician of the Independence Sanitarium Hospital. Later on April 13th, 1972, World Conference Resolution 1109 was adopted which established a Health Ministries Commission to be under the direction of a commissioner who reports to the First Presidency. I was privileged to be that person, then as an appointee. Dr. Otto Elser was later the 2nd commissioner.

The commission began to build on the earlier foundation of the world church physician and the later established a world church medical counsel followed by developing a medical, dental, nurses and chiropractic advisory councils to the health ministries commissioner.

Then on April 23rd, 1978, World Conference Resolution 1174 established a Health Ministries Day and the resolves indicate the reasons for that resolution. This continued until April 15, 1988, when World Conference Resolution 1203 discontinued this function and assigned some of the various purposes for the fund to related health associations to continue as they had funding and interest.

A very important development throughout some of this time and earlier was the emergence of church-related professional associations (especially note Saints Herald, April 1955, was the first establishment of a R.L.D.S. Teachers Association.) This developed out of the ministry of the college people (I strongly suggest contact be made with Carl Mesle and/or Aleta Rankle Page for further details). A professional association conference was held in August 1960 (Saints Herald 6/60 and 7/60) in Fort Collins, Colorado, sponsored by seven church related Professional associations: Teachers, Lawyers, Engineers and Architects, Medical Doctors and Dentists, social workers, Nurses and Home Economists. Later other church related associations developed including agriculture, horticulturalist and culturalists, communication, chiropractic, etc. Later 25 at the high point.

I would further suggest to the Outreach staff that other details related to ZRI (Zionics Relations Institute) also be given a brief inclusion in the history of the development of what has interfaced with the aspect of blending religion, selected professional skills and community participation.

I now want to give a brief review of the history of the development of the world church sponsored health teams. NOTE "I strongly encourage the O. I. staff to contact Howard F. Sheehy, Jr. to get an accurate review of his early initiative and significant part in this development.

When Howard F. Sheehy, jr. was the member of the Council of Twelve assigned to the area including the Republic of Haiti, Puerto Rico, etc., he invited Dr. Donald Potts and later Dr. Roy Schaefer (members of the RLDS Medical-Dental Association) to visit a new church mission area - Republic of Haiti. Out of this visit an approach was approved by the RLDS Medical, Dental and Nurses Associations to send a exploratory first health team (called Research and Mission) February 20th of March 2nd, 1970 (see Saint's Herald, Feb. 1970.) This was made up of ten persons including Drs. Potts and Schaefer as co-coordinators and was followed by a second health team April. This was to be followed by further health teams in April and July of 1970, the latter was changed to August. The purpose, which is critical to understand, was to explore means by which the church could share in an extended scope of ministry through components of health and education with what was already transpiring as more traditional church and education. Since educational schools were already established in a number of the Haiti RLDS churches. These endeavors were supported by the world church, initially several professional associations, medical-dental, nurses, nutritionists, water system specialists and teachers. In 1970 an additional team (4th) went to Haiti in December. In

the following years teams primarily health and educationally related continued in Republic of Haiti, Honduras, South Korea, Norway, Nigeria, and among native American Indians. Over the next several years over 100 volunteer teams, primarily supported by their own incomes (although there were contributions shared from interested church members and others, church units and field budgets.) Nevertheless it is estimated that with the support of pharmaceutical agencies, and other resources shared by a whole host of professional and non-professional groups and people the April 1974 Saints - Herald indicated that the value of this could reasonably be identified as over two million dollars. Please note this is from 1970 to 1974.

A World Church Application Committee was established (see Saints Herald, 1971.) This was to help review requests for participation in the health teams.

In the process of these health and education related ministries a world church film "A Smile or a Tear", (the narrative for the movie is in French by then Apostle Tyree, and the Creole by Dr. Potts, and the English by Elroy Hanton) based on the Republic of Haiti was developed by the then Division of Program Services and the Director Reed Holmes and his fine staff. This film, of which I have a copy, is an unusually excellent resource of our attempt to identify means of sharing a form of gospel that is more inclusive than our past history of primarily focusing on church: worship, education and financing; thus including these other vocational skills and in providing encouragement and support for local people of the culture, to gain skills in ways that we would not have normally been possible. It was especially meaningful to see how very small financed church entities were supporting the rapidly expanding church in Haiti. This includes the 5 days a week of schools at primarily the elementary level and an increasing number of nutrition centers as well as hosting the health teams as they came into the areas where the churches were being established.

The whole development and incorporation of mother care nutrition centers and educational components is a phenomenal story in the history of the restoration movement during this period.

Also the development of the church in Honduras begun by a very committed church physician Dr. John Blumenshein and his family is another valuable component to all of this history. Dr. Blumenshein & I would suggest you contact Naomi Russell or Jim Christenson, the former having written a book about this history, or Mrs. Blumenshein (lives in this area.)

Also during this time another contribution in Haiti, was the development of a tuberculosis brochure under the facilitation of Mrs. Jean Brookens, an educated nutritionist. This took place in 1972, and the brochures were sent by the appropriate health officials of Haiti and then throughout the entire country. It was also incorporated into the Bureau of Nutrition service, a subdivision of the Department of Health of Haiti as a part of their program and education. Along with this there were other opportunities which opened doors for Haitian church young people to get training as dental assistants, one was approved for acceptance in the Haitian medical school and a number of our women became Mother Care Center nutrition supervisors or assistants on a volunteer basis in the program of nutrition for mothers and children. The Home Economists from the R.L.D.S. Home Economist Association was a valuable contributor to this as well as other church related units and supporting persons interested in these types of programs. AK-1000 was the basic rice/bean/corn locally available food for these programs.

Also fluoride programs were begun in a number of the churches and schools and this was a beginning to reduce the amount of dental decay in an area of where we had the opportunity to share.

The capital city Port Au-Prince had a (fine) dental assistants school. We had a number of church members accepted and graduated. I was the speaker at one year's graduation. Pedodontic Foundation and its Director became fine colleagues.

It needs to be understood clearly that the health teams never were created to resolve the unusual-health-challenges of a culture such as Haiti of any other. They were created primarily to be learning vehicles by which persons of our faith and others who joined would have the opportunity to share their skills and to help teach others an expression of the gospel that was more comprehensive than previously shared. It was also the intent of the teams to develop friendships and be extensions of interchange between cultural as brothers and sisters in Christ.

There also were village surveys made in many of the communities as a basic part of which programs and involvement of local people would be helpful to their own community challenges. Included later were valuable contributions by Jack Maybee in developing water systems in selected villages using local ' labor for more disease free water supplies, since that clearly was one of the primary centers for the high percentage of the diseases of these persons and their purity.

I also would strongly recommend that the Outreach staff review the book by Maurice L. Draper (Isles and Continents) of which I have included just a few selected pages. It is the only resource I know that identifies that which transpired in the world church during the period of history that he covered for his Doctor's Thesis which I believe were the years 1958 to 1978. In it are included some of the valuable contributions of this development that we have been narrating.

Also I have personally done a review of the development of the world church from its inception in 1830 when among our major focus and challenges was to try to respond to the call of the Matthew 28, "go you into all the world." From 1830 to 1844 we had official church entities in five nations, none from 1844 to 1860, from 1860 to 1900 we added seven, and from 1900 to 1960 we added only two, and then from 1960 to 1996 we added twenty-six. This clearly indicates the unusual opportunity the church has had in its more recent history to be about one of the major reasons for the church's existence. It has been a challenging and learning period of time. My projections in a communication to the First Presidency a year or so ago suggest that by statistical determination it is reasonably clear that the membership base of the RLDS church will shift shortly after the turn of the century. At the present time the United States retains the largest membership base with Canada second. But within five years I believe it will shift to U.S. first, Haiti second, Africa third, and Canada fourth. In 1993 it did just that (enclose 1 page chart.) I believe further this suggests that we as a church body and as related associations consider and help facilitate with the "full voice" of these cultures the future of the churches vision, goals and objectives. Said another way, the gifts of which there are many in each culture but these predominately in the area of finances remain U.S., Canada and perhaps one or two other cultures. We need now to openly, graciously and joyously receive the gifts of the church brothers and sisters of these other cultures.

I also believe the people of all church units and related associations such as Outreach International and Restoration Trails Foundation need to look prayerfully and challengingly to listen to our best perception of God's movement in the world and respond faithfully and intentionally. It is of some interest to me and I believe to others to note that of the last twenty-six new cultural openings of our faith only one and possibly two were actually planned beforehand at headquarters. The rest all developed through a whole host of variety of entry points. This history would be an extremely valuable one to the church and to all its members and associations.

When the World Conference approved the establishment of Health Ministries Commission, April 13, 1972, the First Presidency recommended that Dr. Roy H.

Schaefer, assistant to the Council of Twelve, be given that role on January 1, 1974. Then in World Conference Resolution 1119 (April 1, 1974) the conference approved the recommendation of the First Presidency that the Commission of Health Ministries serve as the member of the Independence Sanitarium and Hospital corporate body. The World Church Health Ministries Commission, excellent secretary assistance, 4 part-time volunteer interns; now Dr. Ruth Higdon, Dr. Greg Seal and 2 not so able. I also had a fine employee associate--Jim Mutter, (son-in-law of M. Draper.)

References in the Saints Herald, Oct. '74 and Nov. '74 are a good resource for the emergence of the world church ad hoc medical council, dental council, nurses and chiropractic councils.

Following the appointment of Roy Schaefer in 1968, his first assignment was to be an assistant to the Council of Twelve. During that first assignment with the approval of his supervisor, President of the Council of Twelve, Clifford A. Cole, in 1972 he accepted the opportunity to receive a full public health fellowship to Johns Hopkins University School of Hygiene and Public Health and received a Master of Public Health, specializing in international health planning in 1978. His Master's Thesis was centered on the RLDS church establishing a Health Ministries Commission headed by a commissioner. NOTE: my memory suggests then Apostle Paul Booth had already done some fine work in this area and I would encourage your staff to call him about the specifics of this as it could be added here a line could be adjusted appropriately.

In addition to the beginning incorporation of other dimensions of human life such as health, agriculture, education, environment, etc. these were integrated with the services of the worship, church school classes, and other dimensions of the life of the church.

There was formed in Sept. 1977 a committee out of the Commission of Health Ministries which began to work towards exploring the dimension of "wholeness" as referred to in several scriptural references including section 156. Two workshops were held in the Kansas City area; "Exploration and Wholeness I," Sept. 10 to 11, 1977 with over 475 participants. This was followed by "Exploration and Wholeness II," Sept. 9 to 10, 1978 and these were facilitated by Dr. Roy Schaefer and later Dr. Parris Watts who replaced Brother Schaefer as Commissioner of Health. NOTE: again I would encourage the Outreach staff if they have not already done so to contact Dr. Parris Watts, who is on the faculty of University of S. Illinois, and a High Priest in the church. Also Dr. Otto Elser, who followed him and is a High Priest at the Stone Church to add their review of the Commission of Health Ministries in their role as commissioners. Saints Herald reference Oct. '83, is a helpful reference here.

Countries where we had health teams also include Africa and other cultures including Mexico and other African countries with a reference to contact David and Carolyn Brock, Esme Smith, and her dynamic work in So. Korea along with Larry and Dorcas Wilkinson, Phil and Darlene Caswell and also Sue Seldon an Australian nurse who was our first nurse assigned to a rural area of Nigeria which is a phenomenal undertaking and who gave tremendous service. 2 nurses to Norway; many to La Buena Fe, Honduras, and Dr. Cho Han Gok, So. Korea. Reference; Herald articles.

SIDE TWO OF TAPE:

The history information of what led to the establishment of the Missions Health Foundation, Inc. can better be expressed through the efforts facilitated by Charles Neff and the other two incorporators, Herald Cackler and Dr. Dallis Fouts. My understanding was that it was incorporated in Feb. 17, 1972 as Missions Health Foundation (no incorporation -- not for profit corporation in the state of Missouri). The first board was made up of these three members with the primary focus on S. Korea. These members were to be a member of the Presiding Bishopric, a member of the Council of Twelve

and the Chairmen of the Medical Council. It was to "...sponsor a medical and health mission to Korea and other countries ... in harmony with the teachings and the procedures of said RLDS, in order to carry out and fulfill their purpose....education, civic, cultural, social welfare and disease and other programs...." A board of 15 members was established within three years and copies of the Articles of Incorporation were extremely helpful (I have copies).

Some resources I uncovered indicate that it really was initially established in March 19, 1969, and received non-for-profit recognition from the State of Missouri on Nov. 4th, 1970. [note -- list the objectives which I have in one of the exhibits which I will attach at this point.] The slogan was "Your Donated Wealth Brings Needy People Health." The Saints Herald in Feb. 1972 indicated that the agency received the U.S. Department of State advisory council for voluntary foreign aid recognition. Then on Nov. 18th, 1974, the Saints Herald indicates there was a Missions Health Foundation formed in Canada "...to assist in the health needs in Canada and elsewhere..." I was privileged to serve on the first board of directors of that incorporated body. Later renamed Canadian Saints Outreach.

In the Missions Health Foundation, Inc. brochure which you will find attached you will note that the objectives include work is done with indigenous people to encourage ... emphasis is on health care and preventive health services...helps to establish...health centers until such time as the people themselves can take over...prevention and alleviation of suffering are seen as services to the whole person..." While the initial focus was in South Korea with the development of the Magok Christian clinic (I again strongly urge the O.I. staff to contact Esme Smith and review the phenomenal commitment of a lady who left her own culture and moved to S. Korea, learned the language, moved to the village, lived by herself without a clinic until the Magok Christian Clinic was built and served faithfully for a number of years followed then by Larry and Dorcas Wilkinson. My understanding is that Esme is an ordained minister in Australia. Ken Robinson could probably be helpful.

I believe I'm correct to say that G. Stewart Wight was the first Executive Director of M.H.F., I became the second Executive Director. It was an unusually fine learning experience for the board, myself and the church.

Sometime during the later part of 1970 I asked the presidents of the boards of Missions Health Foundation Inc., Outreach International Inc. and La Buena Fe Foundations to meet, and discuss ways to cooperate and if appropriate, incorporate three into one. The representative from La Buena Fe decided early not to continue. Missions Health Foundation and Outreach International spasmodically pursued this through 1989 and then on Sept. 9th, 1990 an official combination and merger of the two into Outreach Inc. was consummated.

Also a valuable component of this history was the Joint Council action through the 1974 World Conference Resolution 1121. Also the World Conference Resolution 1128 on April 6, 1974, which established a missionary development section of the world church budget. The first amount in 1977 was for \$368,000 and used in seventy projects in nine regions in addition to a number of areas of United States and Canada.

One of the earliest proposals for funding support from this fund was the development of Dedcolam in 1975 to 1980, copies of which I have in my files. Some summary components of this proposal initially in 1975 were that it was to be in one of the districts of the south area of the Republic of Haiti called the Jacmel sanitary district. We identified three specific areas within that district. All of this was done after very careful village surveys and input from the people from this area. The program of ministry was to be for three years and to include these major categories under each of which were several important subdivisions: health, nutrition, family planning, and agriculture, education, environmental health, community development, personnel,

facilities, and social economic, (in other words ten major integrated components.) It was to be coordinated by an on-sight native Haitian director selected with certain identified qualifications. The role of the Missions Health Foundation and the church were to be supportive to the local indigenous process. The evaluation plan was to be part of the project and was to include a representative of AID in Haiti or Washington D.C. The term Devco stands for L' Association, Pour le Development Des Collectivites. This was to be a section of Missions Health Foundation inc., U.S.A. in Haiti. The whole focus was to be a rural health comprehensive community development program. The initial 3 year request, including in-kind contributions total \$785,000. The in-kind contributions, which is appendix R, in the proposal, is \$217,000. This was later updated in August 1980 and a major part of this was facilitated through then Apostle Russell F. Ralston (I would strongly encourage O.I. staff to contact Russ for his input) and also Jack Maybee who helped us identify the critical component of water as a key area of need in cultures such as Haiti. Contacting them would also be very very valuable on Haiti.

It is of some note and interest to me that no world church appointee has ever lived in Haiti, only one in Africa, none in India, for any period of time as they do in U.S. Canada and other cultures. Yet it has become a very valuable component of the emerging world church through our intentionally using and developing local leadership. The one exception of their handling most everything is in finances, why? It is also of note that all of this program development related to DEVCO in DEVCO-land included the contribution of the national ministers and local churches, Haitian government officials and the community leaders and people of the communities where the program was to be facilitated. Another major component was Mr. McGurk and the warehouse in Port-of-Prince that we used for years to store our supplies and vaccines, etc. Also a Graceland College Nursing faculty member spent time as a nurse at a T. B. hospital in Port-of-Prince. An exceptionally important component of all this was our close relationship with Dr. Wm. Fougere, then head of the Dept. of Nutrition, who helped us incorporate the Mother Care Nutrition Centers. This was a growing internationally acclaimed approach to that aspect of need in cultures such as Haiti. Please understand that data clearly indicated then, and I'm thinking it would still be true that the Republic of Haiti was the lowest social-economic country in the western hemisphere and the first negro republic that became independent in the western hemisphere.

Another valuable component -- you'll see in one of the exhibits enclosed was what I learned in my Master of Public Health training at Johns Hopkins University through a Christian chairman of the Dept. of International Health, came from Dr. Carl Taylor, whose father and brother, the latter a physician, served as Christian ministers in their own denomination in India. In a lecture under Dr. Carl Taylor he used the term comprehensive community development, and when he did I began to see in a different way what I had never understood as our focus on the cause of Zion. This led me to explore that concept and through association of a fine church appointee, then Michigan Regional Administrator and Michigan Regional President, Leonard Young. We developed the article in the Saints Herald of July 1988 called Comprehensive Community Development. My present joy is to have time now to become active in a variety of community, county and state wide agencies who also, in my understanding, share opportunities to express this principle in an integrated way is services are shared among people. I would further suggest that we need to reexamine the approach we take in developing congregations in the desperately needed understanding that any time we choose to form a congregation, they are a part of the larger community. They are not in isolation, they are not just doing something for themselves; but they immediately impact the larger community of which they are a part.

The emergence of Outreach International Inc. is primarily the genius of Charles Neff (I called Bro. Neff and he told me that Outreach International Inc. began in 1975, primarily because it wanted to be more comprehensive than the primary focus of health

of missions health and that it became Outreach International in 1979) . My understanding from him is that he gave a narrative on tape to you about that and also the change to Outreach Inc. from Outreach -International. [also contact Dr. Bill Higdon the third incorporator of O. I.

Included in this should obviously be the emergence of Canadian Saints Outreach and its new name World Accord. Also what was initially to be an extension in Australia but which I am told never really has emerged.

I would also suggest to your staff, you find staff to research a component of what is emerging in the last several years is the whole phenomena of Camp Quality and other specialty ministries of Camp Quality initiated in Australia through Sister Vera Entwistle.

Also the specialty camps and services that many jurisdictions in many parts of the church share as part of our joy in expressing a gospel of the Lord Jesus. While commissioner I developed a campground health standards (Guidelines).

Dr. Higdon and I also have a very unusual story of developing a comprehensive Health Center program for all of IRAN.

I would like now to share 4 or 5 principles which I hope will be helpful to this diary. I want to end this narrative in the hopes again that it will be helpful to the outreach staff and the outreach board and perhaps to others in their journey at this point in the history of our faith.

1. One of my personal deep desires is that the world church leadership take time to review the adjustments and priorities which led to the changing of a focus on that which had began to emerge in the Commission of Health Ministries. Also through the professional associations and more particularly through the foundations of Missions Health and Outreach and the incorporation of them as a part of the missional thrust of church without undue concern for "managing or running them." Said another way, I lean strongly towards "risking" and having faith in the ability of the gifts of the increased number of people in many parts of the emerging world church.

I would also include in this a deep desire that the Outreach staff, Outreach board and the church carefully and prayerfully review the excellent recent resource of Herald House "Asante Africa" authored by Carolyn Brock. It is an exceptionally fine resource sharing from personal experience incites into the kind of gospel that can meaningfully be facilitated in our day and in the future without unduly invading the cultures in which the gospel emerges.

2. A personal regret is that in my leaving world church appointment because of health and retirement; while moving my books and supplies, I discarded all the daily records of every health team and of every travel experience I made in over twenty five nations. I still have some of the tape recordings of music of many of these cultures which I would be happy to share as a resource with you or any other group.

3. I would again reemphasize what I've briefly touched on in the diary and that is that many persons shared in what has emerged and taken place over the years and among them (but certainly not limited to these alone) would be C. D. Neff, Esme Smith, Sue Seldon, Howard Sheehy, Jr., Bill Higdon, Russell F. Ralston, Larry and Dorcas Wilkinson, Phil, and Darlene Caswell, Jack Maybee, Parris Watts, Jean Brookens, Otto Elser, David and Carolyn Brock, all the health team members and world church related professional associations and the boards of the Missions Health and Outreach, Jack and Sheri Kirtpatrick, Ken Chung-Ming, the Graceland school of Nursing and student nurses, the unusual support of the church in a whole variety of ways. But most of all I would like to acknowledge personally that for me the central key facilitating factor was

our learning to sense the unusual expression of the loving caring spirit of the living God IN THE PEOPLE.

4. An important reminder and principle for all of us is that our understanding of "the gospel" is primarily facilitated through an unusual array of disciples (primarily volunteers) who have a sense of calling, depth of devotion, motivation, skill, commitment and their own unique culture.

In "Life's Reflections" - a book of Roy Schaefer writings, Nov. 19th, 1990, indicates my attempt to inadequately but sincerely share four principles of the gospel in our day. It also is a response to my asking quite a number of class groups, seminar groups, discussion groups, and workshops what those who attended those particular groups felt were any positive contributions the RLDS church made over the last 20 or 30 years. My somewhat surprising result (not scientifically obviously) was almost no response and when I did get a response it had to do with a few referring to the emerging temple complex. This motivated me to say, well, since you're asking them how would you respond? This is a very meager attempt to do that in a way that I hope will be of some value and benefit and something I can build on and some others can build on today and in the future.

I'd also like to include a little amplification on the notion of the reason for our individual lives, and the reason for the church as I see it today. It's always difficult to capture with the limitations of language and what words communicate what one feels and understands. For me the gospel or good news of the Christian faith has two totally integrated components.

1. Personal relationship with Jesus who within a multiplicity of characteristics best identified in (I) servant and friend. He said, "I call you my friends." He affirmed that we are all little children, "unless you become as a little child."

2. One of the primarily callings of our faith movement in my opinion is that of our calling in community. A variety of interpretations and approaches have been made on the notion of Zion but for me the cause of Zion can begin to be understood in the context of comprehensive community development.

That means for me at this point in my journey that corporately the church primarily in congregation is called joyously and intentionally to be a part of the larger community in which it exists. It also includes the understanding that the gospel of our friend Jesus includes all of human experience. That for me means it includes all aspects of the community including educational, health, economic, social, political, governmental, etc. Our sacred privilege is to be, if we will choose by our agency to do so, willing to share in the development of the community as best seen in our best understanding of the life of Jesus. It also means for me that we can best facilitate that my net-working with other agencies, social groups, civic organizations, other religions, faith groups, and with the positive aspects of political components of the community and the way the community is governed. This has led me to affirm that I find great joy in striving to be a gap filler rather than a part of a church religious body who wants to believe that they are primary and responsible for all aspects rather than a part of that which is already at work in the community in which it exists.

It further means that my privilege and joy is to understand that Jesus is already at work (sharing ministry) in a whole variety of ways in the communities of which we are a part and my challenge is to look first for Jesus in all persons rather than taking the position or view that I selfishly and self-centeredly take Jesus to someone or some group.

It also affirms that I will first look for the presence in Jesus in each person I meet in whatever area or circumstance. This will dramatically shift my view of that person and myself and offer potentially the most positive building of a relationship. This

means that I try to discipline myself not to look at whether I am male or female, of one ethnic group or another, of one economic or social group level or of one height or weight, or a particular vocation or education level or of one age or another. Rather it means that I chose enthusiastically to relate my life, as a gift of God already presented by his spirit with another person or persons whose lives also already also have the ministry of God's presence.

I would also suggest that is the important contribution of International Institute of Rural Reconstruction--Philippine, IIRR. They value keeping of local ownership and leadership, listening more than telling, etc., as critically and vitally important to local ownership.

There also should be included, the history of the Dr. Carrol Behrhorst clinic in Chimaltenango, Guatamala, which I visited. Particularly since my understanding is that O.I. has now become the facilitator there following his death. The new book "Second Opinion" has some articles about him and his work and also a book about him is a tremendously valuable resource. Of unusual importance, I believe is his approach of setting in the center of the community several months, listening and sharing with the people rather than doing [what] he intended to do; build a health center or hospital. Also another critical component is the shift in his own thinking and teaching following his retirement at University of Tulane, school of medicine on the seven components of development and how health or medicine became 7th rather than 1st. I would strongly urge us to include that in any material development.

We should also include the development of the Cycle Wholeness by Roy Schaefer and later by Parris Watts & the outstanding paper President Wallace B. Smith gave at the 1st Wholeness I workshop.

[Per Roy Schaefer, 9/97]

NOTE: Please include all D. and C. references and World Conference Resolutions and copies of other papers referred--Saints Herald, etc.

Also it would be of tremendous value to contact the persons noted for their important insights.