HEALTH MINISTRIES IN THE RLDS CHURCH

A Brief History
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On the wall of the corridor near the doctors' lounge of the Independence Regional Health Center are pictures of the members of the medical staff who have deceased since the hospital was incorporated on October 2, 1909. Among the earliest pictures is that of Dr. Joseph Luff, a missionary and apostle in the church in the late 1800s, who, late in life undertook the study of medicine. [His biography is in Volumes 4 and 6 of the Church History.] At the time, the understanding of many in the church was that those with sufficient faith should get all the help needed for their physical afflictions through administration, and that seeking medical care was a sign of lack of faith. Luffs decision to study medicine, however, was supported by President Joseph Smith III, who also gave instruction to the church that "It is the will of the Lord that a sanitarium, a place of refuge and help for the sick and afflicted, be established by the church..." and also that Dr. Luff was to "be associated with this sanitarium as a medical director and physician to the church..." [History of the Church, Vol. VI, pp. 205-222]

Prior to its opening, the plan was for the "San" to be restricted to treating the members of the church in "an atmosphere conducive to faith in God and in the healing ministries of the church," though patients were free to choose the services of any physician in the community. However, the first recorded patient [who required an emergency leg amputation after an injury] was not a church member, and of the 102 admissions during the first year, only 57 were connected with the reorganization, 16 had no denominational preference, and 29 belonged to other denominations. The "San" was the only hospital in the Independence community and ever since its opening has responded (generally ungrudgingly) to the needs of the entire community, regardless of religious affiliation.

Dr. Luff was the personal physician of President Smith and also the advisor to the church administration on health matters. He resigned as church physician in 1915 and was succeeded in turn by Dr. G. Leonard Harrington and Dr. Ambrose W. Teel. Dr. Charles F. Grabske, Sr., became assistant Church Physician in 1930, and was Church Physician after Dr. Teel's resignation in 1946. For several years, Dr. Teel had written a regular "Health Column" in the Saints Herald, and periodic columns were continued by Dr. Grabske. Dr. Grabske also often organized open classes for the members on health matters in association with general conferences of the 1940s and 50s.

In 1960, going beyond the concept of a single church physician, a "Medical Council" was established, for the purpose of "advising the First Presidency in matters of health and health-related subjects," and also arranging for and reviewing the physical examination reports of candidates for church appointment, corresponding with church members, arranging for physical examinations for certain church youth groups, and maintaining up-to-date health records for the appointee staff.

In conjunction with planning for the Medical Council and with other professional associations, the RLDS Medical-Dental Association was established in the late 1950s. [1968 Conference Bulletin, p. 115f] In the early years, the MDA was primarily a social organization simply to maintain contact wi^h the church's physicians and dentists and especially with students, interns and residents, for whom a loan fund was maintained. A report to the 1966 Conference also indicated, "Extensive research has been done concerning medical missions to the South Pacific area and Africa," with an intent to assist "in establishing a foreign medical mission when conditions permit the General Church to proceed in this direction." [1966 Conference Bulletin, p. 109]

One physician in particular had not waited for the church to move in the direction of establishing medical missions. In 1957, Dr. John Blumenschein and his wife, Marian, moved with their children to Honduras to minister to the health and spiritual needs of people in that developing nation. Most here know much of the story of their establishment of the La Buena Fe clinic, John's continuing to see patients even as he was dying of cancer, and telling Marian to keep the clinic open after his death in 1959, because, "Others will come." La Buena Fe operated without official church support for several years, but with many individuals devoting weeks, months, and even years of their lives continuing the work that John and Marian started. It doesn't detract from the vision and accomplishment of Dr. Blumenschein to note that the principal reason La Buena Fe survived after his death was the continuing devotion of Marian Blumenschein—and also the work of the president of the La Buena Fe Foundation, Attorney Jim Christenson. La Buena Fe began receiving the active support of the MDA and the church in the 1970s, and liberal financial support from World Accord, an RLDS-related outreach organization in Canada, support which has continued to this day. [The clinic is only one part of La Buena Fe's program, which is also devoted to education and a demonstration of agricultural techniques.]

In 1967, active planning began within the church for a medical mission in Korea. This was "the first venture of the World Church into a church-sponsored medical mission program." Dr. Dallas Fouts, the chair of the Medical Council, journeyed to Korea in August, 1967, to conduct a survey concerning the opportunities for an effective medical mission. [1968 Conference Bulletin, p. 118] A not-for-profit corporation, Missions Health Foundation, was established in 1968 "to sponsor a Medical and Health Mission to Korea and other countries and to sponsor and establish medical and health clinics for the dispensing of medical hygiene and health aid to indigent persons as part of the teaching preaching ministry" of the church. [Articles of Incorporation of MHF, June 1968]

In its report to the 1968 World Conference, [p. 118] the Medical Council noted that "The expansion of the church program into medical areas, never before undertaken by the World Church, will of necessity require greater efforts, planning, and organization to supply the needs of this program. All members of the council believe that, in order for the church to adequately fulfill its obligations in these areas, the church should consider the advisability of establishing a full-time church medical department." [Ibid] The reports to the next few World Conferences included the same recommendation, but with the phrase that the establishment of a full-time church medical department was "strongly" recommended. [1970 Conference Reports, p. 77, 1972, p. 71]

On January 1, 1974, the First Presidency established a Health Ministries Commission and appointed Roy H. Schaefer, DDS, MPH, as Commissioner. The members of the Medical Council became the members of the Commission, along with help from several volunteers, student interns, and a secretarial staff. [1976 Bulletin, p. 69]

The early 1970s were the most active in terms of health missions related to the church. From 1970 to 1975, "thirty-eight volunteer health teams.. .traveled to the Republic of Haiti, Honduras, and Macy, Nebraska.. .Physicians, dentists, nurses, and auxiliary workers numbering more than 350.. .contributed services..." during that time period. By 1980, there had been 63 volunteer health teams involving 700 persons. (31 missions to Haiti, 19 to Honduras, and 13 dental teams to several native American tribes) Two disaster-relief teams also worked in Guatemala after a major earthquake in 1975. Dr. Schaefer estimated the value of supplies donated for use on these 65 missions to about $2 to 2 l/2 million.

In addition to sponsoring and organizing missions, the commission was providing "advisory services in several areas, including the Maigok Christian Clinic in

Korea, the La Buena Fe Clinic in Honduras, the Antarba Health Center in East India, and the Edem Aya Community Health Center in South Eastern Nigeria." Major health care proposals were developed for "the Philippines, Iran, Haiti, and Honduras, with others pending." The church was doing big things in the health field and dreaming for even bigger things to come, 9dreams that have been in many ways unrealized.)

Though many persons contributed mightily to the missions that have been described, as is usually the case, the missions' success depended largely upon the enthusiastic devotion—even passion—and organizational skills of a few individuals. A few "movers and shakers" can share their passion with others in a truly infectious way. In Honduras it was, of course, John and Marian Blumenschein, and also Jim Christenson; in Korea, Larry and Dorcas Wilkinson; in India, Imogini Digal, a nurse who worked for many months without pay to keep the services available. Two "movers and shakers'" names in particular come to mind with regard to missions in Haiti—Apostle Russell Ralston and Dr. Roy Schaefer. Until his call as an Apostle in 1978, Dr. Schaefer was involved in coordinating over 25 missions to Haiti, and Apostle Ralston did yeoman work with all of them.

Missions continued throughout the last half of the 1970s, but with somewhat lessened frequency. In the 1980s, short-term missions were almost completely phased out. There were probably several reasons, including financial limitations, but a major reason also was a change in philosophy from the earliest missions to the later ones. The earliest missions included attempts to give acute medical care to hundreds of patients. The later missions gave greater emphasis to immunizations and education.

The first mission I went on to Haiti consisted of 35 people, with supplies hauled to various locations— both in towns and on the top of mountains. We physicians saw hundreds of clamoring patients with no better history than "head pain," "back pain," "stomach pain," or "bone pains," no laboratory or X-ray availability, and (worst of all) no understanding on our part of the types of illnesses prevalent in Haiti, and no follow-up. Dentists' work was of more benefit, cleaning a mouth out of carious and infected teeth contributing more to a person's health than the few pills we physicians would give—pills that would never be taken correctly. Probably the greatest benefit was provided by the maternal education centers that were established, with leadership by instructors of the Graceland College School of Nursing. Mothers would be brought in for a week of basic education in nutrition, hygiene and other elements in raising a healthy child.

The second team I went with to Haiti consisted of only 5 people, and was devoted to giving immunizations to about 8,000 people—for Diphtheria-Pertussis-Tetanus, Typhoid-Paratyphoid, Polio, and Tuberculosis. In the city of Jacmel, after it was ravaged by a hurricane, the town's physician, Dr. Goose, reported that he had only two cases of typhoid, whereas before our immunizations he would usually expect about 50 cases after a hurricane.

The philosophical change I mentioned was the understanding that we were not equipped to do effective acute care in Haiti, and that our periodic health teams were best suited to doing series of f immunizations, primarily for children, with the records being kept at their schools. An even more basic understanding was that the primary focus needed to be on long-term development rather than short-term relief. Dr. Schaefer stated the need "to recognize the importance of local concepts of health and local health care systems," and "that direct action is best implemented by local intermediary groups..[supporting] the 'multiplier effect' as being the method of operation, as well as to recognize that what people need are not projects but process. This process will usually be better 'bubbling up' than 'trickling down.'" [Roy Schaefer, address at MDA dinner meeting, April 1, 1978, p. 21] Rather than sponsoring short-term teams doing "Band-Aid" type of acute care, the role of the church and the MDA was felt to be more appropriately educational and supportive of indigenous programs of self-

help. The problem for the MDA was that it didn't know how to do this very effectively, and throughout the 1980s the organized health ministries of the MDA almost completely ceased rather than adapting to new realities.

The report of the Health Ministries Commission to the 1986 World Conference [Bulletin, p. 67] stated that in the 1984-86 conference interval., A. "...over fifty church women from congregations throughout Haiti were trained as community health workers by Health Ministries staff members and volunteers during four separate trips to Haiti. These nonprofessional health workers are continuing to hold clinics in their respective villages and teach nutrition, oral rehydration therapy, growth monitoring of infants and children, personal hygiene and sanitation, and the importance of immunizations. B. The church-sponsored clinic in Nigeria received government approval and 'a week of intensive health-worker training was carried out...;" The clinic operations were supervised by a Nigerian nurse, with management responsibilities in the hands of a Village Health Committee. C. ".. .a community-based health care program was initiated in the capital city of El Salvador." Plans were also under development for health care programs in Peru, Brazil, and Argentina—(plans that, as far as I can determine, never came to fruition, except for the fitting of some eyeglasses).

Let's turn our attention back to the health ministries of the 1970s:

Before the Health Ministries Commission was established, the first 3 health teams to Haiti were coordinated by the MDA. Subsequent missions to Haiti, though, were sponsored and coordinated by the Health Ministries Commission and Missions Health Foundation, with MDA and PNA (Professional Nurses Association) members taking part in large numbers. The MDA and PNA, volunteer organizations, were the key participants in the missions, but the "leg work" and organizational abilities of the Health Ministries Commission and Missions Health Foundation were the key to the success of the church's health missions in Haiti. Many people benefited from the key leadership of the Health Ministries Commission by Dr. Roy Schaefer, and after he entered the Quorum of 12 Apostles in 1978, that of Dr. Otto Elser and of Paris Watts.

As previously mentioned, Missions Health Foundation was established in 1968, with the stated purpose of supporting the church's mission in Korea. Support was given to the clinic in Korea, but MHF's greatest activity became the church's health ministries in Haiti. A "Rural Health and Comprehensive Community Development Program, "DEVCO," was established, with the stated purpose "to enrich the services shared with the people of Haiti in rural development, addressing food production (agriculture), nutrition, public health, and education." [p. 1 of the DEVCO proposal] The church committed $199,450 to the project over 5 years, the MDA $50,000, the Professional Nurses Association $10,000, the Professional Teachers Association $12,500, the Agriculture Association $10,000, and MHF itself $15,000. [Ibid]

As also mentioned earlier, the value of the supplies in the 63 missions through 1975, now including the expenditures and value of the service of the volunteers who paid their own way to go on these missions, was over $2 million. By the 1980s, the total monetary value of the health missions of the church must have added up to over $4 or 5 million. (The actual value can only be estimated, and the history of those missions is difficult to gather—but it deserves to be written.) The ministries given, while beneficial to the people in ways that are not easily measurable), and offered to all persons without regard to church membership, had a great deal to do with the success of the church's efforts to become established in Haiti and Korea. The church's planting in Honduras was due first to the efforts of the Blumenscheins, but its growth was certainly enhanced by the continued health ministries in that country.

With headquarters reorganization between 1986 and 1988, the Health Ministries Commission ceased to exist, and as far as I can tell, the church's organized involvement in health ministries of the type we have been reviewing virtually ceased.

Missions Health Foundation became a completely inactive corporation, though its registration has been continued by the church's attorneys. A number of individuals continued to work periodically at the La Buena Fe clinic, and Sharon Kirkpatrick, director of the Graceland College School of Nursing, has worked with the indigenous clinics in Africa, India, and in other places. (She probably understands better than anyone else I know how to enable people in developing nations to improve their level of health.)

MDA-sponsored missions began again in Honduras with the promise of 5 teams to La Buena Fe from 1994 through 1998. These 5 teams consisted of 20 to 25 people each, and generally followed the same pattern. A team would arrive in San Pedro Sula on a weekend, traveling to La Buena Fe on Sunday. The team would essentially take over the La Buena Fe clinic, the physicians seeing hundreds of patients, fortunately with translation services much better than with the first missions to Haiti. While most of a team was working in the clinic, a few members would go out to neighboring villages in the mountains and also see hundreds of patients [I saw 134 one day]. However, 1. Without diagnostic capabilities of lab and X-ray in either the villages or in the clinic, 2. With limited understanding by physicians of the illnesses common to the area, and 3. With limited follow-up, those hundreds of patient encounters were of doubtful real benefit to most of the patients seen. The dentists who pulled rotten teeth probably did more good for their patients [Dr. Mike Hawkins pulled 99 teeth in one day], but the pool of carious and infected teeth was endless. Of greater lasting benefit, due to their preventative nature, have undoubtedly been the Fluoride Program and Dental Sealant Program administered in a dozen or so villages around the La Buena Fe area by Dr. David Mehlisch on behalf of the MDA. Some educational programs have been carried out with the MDA's missions, including classes for government-sponsored village health care workers and the permanent La Buena Fe personnel, but these have been a quite limited adjunct to the other activities that have been described.

The MDA completed its promised 5 annual missions in 1998, but wanted to maintain its presence in Honduras. Therefore, smaller health teams have been continued, usually of 5 to 10 persons, led alternately by Dr. Robert Pasehall and Dr. Ron Edwards, at intervals of about every 3 months. Though teams have been smaller the last two years, the basic nature of the MDA-sponsored teams has remained essentially unchanged over the last 7 years. The partial exception to this observation was the team that went to Honduras in response to Hurricane Mitch in December, 1998, and some MDA members' participation with the team organized by Jim Christenson immediately after the hurricane.

The RLDS MDA has accomplished a great deal in Honduras with the leadership of volunteers. The
teams have been led by a number of devoted individuals, such as Drs. Howard Braby, Mike Hawkins, Jon Bird, Robert Pasehall, Ron Edwards, Dan Waite, and others. Teams have been assisted immensely by such church personnel as Darrell Mink, Terry Shelton, David Brock, Javier Bardales and the other national ministers in Honduras, PRR director Enrique Castillo, and Mr. George Robb. But the organization and sponsorship of these missions has been the RLDS MDA, and the resources and energies of this volunteer organization has been stretched almost to their limit. Missions continue at this point entirely due to the devotion (actually passion) of Drs. Paschall and Edwards.

Members of the MDA have recently been engaging in introspection about the nature and effectiveness of their missions of the past seven years. Several observations have been made, including:

1. Much has been accomplished by this volunteer organization in spite of having only 15 to 20 continually active members throughout this time period. There are several hundred physicians and dentists who are members and friends of the church,

representing a huge, largely untapped resource for more effective health ministries in the future. The active volunteers, however, have neither the time nor the organizational abilities to reach and to stimulate all of its potential members to participate.

2. Recent missions to Honduras have been characterized more by short-term attempts at giving acute care rather than emphasizing education and enabling of indigenous self care, which are almost universally regarded as more effective in the long run. The MDA wishes to change the nature of its ministries to better reflect its stated philosophies.

3. The MDA has been only one organization among many organizations and individuals that have been participating in health ministries in Honduras. These have included World Accord, the La Buena Fe Foundation, the Honduras Medical Outreach Foundation, and other medical teams that have worked at La Buena Fe. These organizations, and many individuals, have often worked in the same areas without the kind of overall coordination that could make the efforts of all of them more effective.

4. In recent years, the MDA has become closely identified with missions only to Honduras, and specifically to the clinic at La Buena Fe. The MDA hopes to participate in health ministries in more places in cooperation with church, where the MDA's resources of professional expertise and devotion can be matched to human needs.

MDA representatives have been having discussions with some of the church leadership about coming into a closer relationship again with church administration, taking steps together to increase participation by more of its health care professionals, and to bring greater financial and administrative stability for its ministries. We are optimistic about the future we can build together.

M. Richard Troeh, M.D. January, 2000