

Religious Liberty, Romanian Style
Do Adventist Theologians Have a Future?
Critique of Bacchiocci on Women

SPECTRUM

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AIDS COMES TO ADVENTISM

Attorney's Brother Stricken
Physician Refuses To Treat
Intern Maintains Deathwatch
Pastor Calls For Action

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AIDS Comes to Adventism

AIDS is more than a physical condition; AIDS has become our culture's symbol of evil. Health care professionals wonder if they should treat AIDS patients as victims or sinners, if they should receive special care or be shunned. With so many members choosing to be physicians, nurses, and medical technicians, a disproportionate number of Adventists find themselves on this physical and moral frontier.

Much of this issue's special section recounts Adventists learning that a brother has AIDS, that a fellow Adventist physician will not treat a patient that *might* have AIDS, that an Adventist medical student's reluctance to treat an AIDS patient is partly revulsion towards homosexuals. Fritz Guy's theological challenge to the church is

echoed by the purpose for the General Conference Commission on AIDS, drafted by Elvin Adams of the Health and Temperance Department: "The international AIDS situation provides the church with an opportunity to demonstrate compassionate concern for humankind." To shun that opportunity—and responsibility—would far more certainly endanger Adventism than treatment of AIDS patients physically imperils Adventist health care professionals.

Several other articles describe and demonstrate the diverse directions contemporary Adventist theology is heading. Such almost imperceptible shifts can alter the church fundamentally, perhaps irreversibly.

—The Editors

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Responses

Children of a Lesser God

by Larry Phillips

It's 10:20 Friday. I'm probably 35,000 feet up and I am flying west to see Ron. For the past hour or two I've been reading the *New Yorker*. I brought it because I wanted to read good writing in the hope that I might learn how to put into words thoughts and feelings within me about my brother Ron, who is dying of AIDS.

This time I'm flying a DC-10, which is far better than the 727 I flew in the last time I went to see Ron. The movie is *Children of a Lesser God*, one of my favorites. When the flight attendant came by and asked if I would like to pay \$4 to listen to the movie, I decided not to. Not because of the cost—the law practice is doing well enough—but because I thought there would be a certain poignancy in seeing this particular movie without sound. For now, I want to enjoy silence, to be left with my thoughts, to try to have this pen capture my love and feelings for Ron.

There are so many other things I should be doing at the moment. Life has been so hectic the past six months. I don't believe I have ever worked so hard at such a sustained pitch of intensity for so long. The worst is that my children are growing up and I hardly have time to notice, although I try to make time.

Lynette is already in academy. She says she wants to be a lawyer. We're going through that phase when she is determined to be treated and trusted as an adult but my wife and I are not convinced she's got quite enough maturity. We had a real blow-out about two weeks ago. We talked (sometimes I shouted—shouldn't have)

Larry Phillips is the pseudonym of an Adventist layman active for many years in his local congregation, conference, and union.

from 10 to 12:30 one night by phone. Since then everything has been good between us. Next week I attend an awards ceremony put on by a foundation that sponsored an essay contest. Lynette is one of the three finalists. I'm so proud of her.

John is also having a great year at school. I have to give him more batting practice now that he is playing in the 13-year-old Little League where the pitching is much faster (I wonder why we don't teach our kids in our schools to play hardball. I can't remember reading anything in the little red books frowning on it.)

Last night was kind of special, although every Thursday night is special. After family worship (which we don't have often enough) we turn on the *Cosby Show*. Last night I held Dawn, my youngest, in my lap during the entire show. Right now she is so affectionate—she rested her head in the nook between my head and shoulder. We had a comforter over us. It was so cuddly, I couldn't stop kissing her head. For half an hour I reveled in being a parent. Time is going by so fast. Am I taking enough time to create memories with my family? What will my children remember about their father?

I know the love and concern a parent feels for their child. I know the love my mother has. "Your children can make you or break you," she had said, sitting by Ron's hospital bed about seven weeks ago. It was not said with bitterness or anger, but out of the pain of her great love for Ron—always her favorite. It was said spontaneously and without thought as to its effect on Ron. He had been talking about one of his friend's children and how well-behaved they were when out came her comment: "Your children can make you or break you."

The words cut deep into Ron. “Mom, I didn’t know anything about AIDS five years ago.” I thank God she restrained herself from saying something about the consequences of sin.

When it was time for Ron to take his afternoon nap, Mom and I went for a walk in the Golden Gate Bridge Park, up the street from Ron’s hospital. As Mom and I walked hand in hand, we talked about Ron. My heart wept for the tiny woman who was trying so hard to make sense of what was happening to her son who had been the subject of her daily prayers, especially since learning that he was a homosexual. The only way she could maintain some sense of order was to cling tenaciously to her religious beliefs and what those beliefs said about homosexuality. The awfulness of Ron’s sin was repulsive—offensive to the law of God, unnatural to man. Ron had chosen to live a life of sin and this was the consequence of that choice. There, in a few words, was God’s position, the church’s position, and man’s position. Simple, unambiguous, unequivocal. Cause and effect—black and white—God and Satan. Choose up this day whom you will serve—God or man (carnal man).

It’s amazing, as I watch the figures on the screen, to what lengths people go to communicate with one another. It’s fascinating to watch people who cannot hear or speak talk to each other with their hands. Children of a lesser God. Why is it so hard for us Christians to really communicate with one another?

Suppose homosexuality, I wonder, is biological—like being deaf or dumb or having sickle cell anemia. The needless, destructive hurt we inflict—how un-Christlike. Is it so unreasonable to think that just as God had to speak to the ancient Israelites within the context of their understanding of the cosmology of the universe (they believed the Earth was the center of the universe) that He might also have spoken to them in the context of the understanding of sexuality? Who was it that said God cannot change man’s perception of reality but must communicate to man within that context, however limited or mistaken it may be? Should science ever establish that homosexuality is genetic and not volitional, could the church change, or would we be locked

into our past and antiquated perceptions of reality as was the church in the days of Galilee?

But there has to be another level beyond the level of theological discourse. My brother is dying. DYING! Can’t the church understand that? One of God’s children—many of God’s children—are dying; dying a horrible, painful

I am convinced that there is no bigger test of being Christlike confronting Christianity today than how it will relate to its children who are dying of AIDS.

death made only more painful by the knowledge that the church of their childhood has rejected them—does not consider them worthy of understanding, acceptance, or ministry. If asking the church to welcome gays as part of its fellowship is asking the church to be more Christlike than it is capable of being, why can’t it at least try to love the sinner if not the sin? I am convinced that there is no bigger test of being Christlike confronting Christianity today than how it will relate to its children who are dying of AIDS.

The phone had rung around 9:30 in the evening. The man calling identified himself as Tom Harrison, a friend of my brother, Ron. He didn’t know how to break the news to me except directly. “Your brother has AIDS. He’s in the hospital and they don’t know if he’ll live.” I haven’t cried as I cried then since I was a child. Even then I didn’t cry as hard.

Tom had already called Peter, my youngest brother, in Europe. The next day Peter and I were in San Francisco at our brother’s side. In those first days we met so many of Ron’s friends. Gays, straights, black, white, men, women, rich, poor. People in the hospital said they had never seen so many visitors come to see one patient. As I learned to know Ron’s friends, I came to know my brother. I heard people speak of him as their dearest friend. Ron, they told me, had more friends around the Bay area than anyone else they knew. Friends who had worked with Ron in the California Department of Social Services 10

years ago when he left to go into business for himself. They told me my brother cared deeply about the people who were part of his case load; he refused to let shoddy work go through; he bucked the bureaucracy if it got in the way. Former tenants who had rented an apartment from Ron told me he was the best and fairest landlord they had ever had. Another told of how only a month ago Ron had stayed with a friend, day after day, until that friend finally died of AIDS. Ron loves life—he traveled widely, he learned the art of French cooking in Paris. He was generous, giving with his friends. I hate myself for not having known Ron.

His eyes were closed—sleeping, his breathing labored, aided by the oxygen being fed through his mask. By Monday, he had passed the immediate crisis. He was going to live, for the time being, and recover from the pneumocystic pneumonia that had put him in the hospital so suddenly and without warning. As I looked at him, I cried silently. I felt it was so unfair that he had to suffer in such a visible and painful way for past actions. If he had sinned, so also have I. Maybe not the

same sin, but sins nonetheless. Neither I nor anyone else has the right to sit in judgment on my brother—we all have “beams” in our eyes. Who has the right to say one sin is greater than another in the eyes of God?

As Ron slept, I closed my eyes. In my mind’s eye I saw him standing with a nondescript group of people. He didn’t have his oxygen mask on, and he looked remarkably fit. One characteristic marked his appearance and those around him—a puzzled, quizzical look on their faces. Ron was standing at the front of the group and was answering someone whose back was to me. I heard Ron saying:

“Lord, when did we see you naked and clothed you? When did we see you hungry and fed you? When did we see you in prison and visited you? When did we see you sick, and comforted you?”

And then the one, whose back was to me, said:

“Inasmuch as you have done it unto one of the least of these, my brothers, you have done it unto me. Enter thou into the joy of thy Lord.”

I saw a banner flying over Ron and his friends. It read: Children of a Greater God.

An Elusive Diagnosis

by Jeffrey Taggart, M.D.

The following experience occurred earlier this year in a Seventh-day Adventist hospital. The incident illustrates some of the ethical questions that will inevitably confront Adventist and other health-care institutions and personnel: does a doctor or nurse have a moral right to refuse to care for AIDS patients? On the other hand, does an institution, or society as a whole, have a right to force doctors, nurses, and others to put themselves at risk of contracting a fatal disease? The people and the hospital in this account remain anonymous; Jeffrey Taggart is a pseudonym, but the M.D. is real.

—The Editors.

When I met him, Aaron Fletcher could not look me, or anyone else, straight in the eye. His own eyes shone a little too brightly, and focused off somewhere behind me. He seemed unaware of the confusion that had prompted his mother to bring him, at 37, in from his apartment after visiting him there. Gary, the resident, and I, the intern, tried to interview him.

“Mr. Fletcher, do you know where you are?”

“I’m here. It’s not where I was.”

“Do you know why you’re here?”

“I have pain in my back. It’s been going on for a long time. . . a year. Well, longer, maybe. I take a lot of pills for it. . . Xanax and Talwin. . . but I don’t take very many. Sometimes I hole up in my apartment for days. I had to go home from work Monday because I was sick. I can’t remember the whole story. Don’t pay any attention to what I’m saying because I’m not making sense. I used to use some other drugs, not from prescriptions. Doctor, do you think I have AIDS?”

After almost two hours of confusing answers that were seldom the same twice, a few themes

emerged. Mr. Fletcher had used prescription drugs excessively and recreational ones, too. He was gay and one of his close friends had died from AIDS. We placed him in a private room with a “blood and body fluid precautions” sign on the door and started our workup for decreased mental status.

The next day his health insurance agent called and asked about his diagnosis. “We’re working him up for decreased mental status,” said our attending physician.

“Are you considering that disease we’re not supposed to talk about?” asked the agent.

“We’re considering it.”

“Okay, we’ll pay for at least three weeks.”

Gary and I did a physical exam—gowned, masked, and double-gloved. We followed this with a spinal tap, inserting a needle in the low back between the vertebrae to obtain a sample of the clear fluid that bathes the spinal cord and brain and might reveal signs of meningitis. “You really have a good hospital,” remarked Mr. Fletcher. “You have masks and everything.” I didn’t know what to answer him. I told myself that an AIDS patient is at risk from common germs that others might breathe and cough on him, but I knew that my gloves and mask covered my own fears.

The spinal fluid we collected turned out normal, as did the blood tests, except for one. Mr. Fletcher’s white-blood cells included a higher proportion of suppressor lymphocytes than normal, a condition that can go along with immunodeficiency. His chest X-ray was clear as a bell, and his sputum grew normal flora without unusual organisms. Mr. Fletcher’s confusion even cleared up somewhat after a couple of days. When it did he signed a consent for a human immunodeficiency virus (HIV) level, a blood test which, along

with the abnormal lymphocytes, might point toward AIDS. It was sent to a reference lab but would not be read for at least a week—if it was negative (meaning that there was no virus detected)—and up to four weeks if it was positive, because there would have to be careful retesting for confirmation.

In spite of the generally normal findings, Mr. Fletcher ran high fevers every night. The only clue we had was a spinal X-ray. One of the vertebrae looked moth-eaten and crumbly, so we asked for more specialized X-ray, a computed axial tomography (CT) scan. In this process a series of X-rays is organized by computer into a thin, detailed cross-sectional picture suitable for detecting tumors, enlarged lymph nodes, hemor-

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asked the radiologist. “Do
you realize the risk to the
personnel?”**

rhages, or other significant problems. Using the image, a radiologist can guide a needle to the abnormal area and obtain a sample of the tissue. We asked for a CT scan of the area and a biopsy of the abnormal bone.

I called to schedule the test and let the staff know about the precautions regarding Mr. Fletcher’s blood and body fluids.

“Are you sure you need this?” asked the radiologist. “Do you realize the risk to the personnel? Don’t you want an abdominal CT scan to look for nodes or masses? We could do a soft tissue biopsy more easily than a bone biopsy, and not risk everyone as much. Bone biopsies are more difficult because instruments can slip.”

“But the problem is in that bone!” I answered.

We compromised. I ordered a CT scan of the abdomen to check for a possible spread of the malignancy. The scan showed not only the crumbling vertebra but soft tissue swelling extending outward from it, starting to compress the sac around the spinal cord. The radiologist did the biopsy. Cultures of the bone fragments came back as “no growth.” Pathology found the specimen inadequate, but it took three days to be reported as

showing “reactive changes” and “can’t rule out lymphoma,” a cancer of the white blood cell system.

Since the radiologist’s CT-guided needle biopsy of the crumbling bone in Mr. Fletcher’s back had yielded a specimen too small to give a diagnosis, we considered asking the surgeons to operate and get a larger specimen. However, we figured that most surgeons wouldn’t want to touch Mr. Fletcher with a 10-foot scalpel. Radiology repeated the biopsy, but the report returned was identical to the first.

Mr. Fletcher’s fever remained. His mental status seemed all right on superficial questions, but confusion became evident if he was asked specifics about his treatment plan or history. We started our pro-surgery campaign with Mr. Fletcher.

“I just want to get well,” he said. “I’ll have the surgery if I need it.”

Dr. Johnson, the orthopedic surgeon on call that weekend, seemed less willing than the patient. “Do you realize the risk you’re asking us to take? We wear plastic face protectors, and we use double gloves, and pray that no one cuts himself. When you drill through bone the pieces can fly anywhere. It’s a risk to the whole operating room crew. This man has a fatal disease. You need a more conservative treatment. Give him a course of antibiotics and see if the fever stops.”

“But which antibiotics?” I asked. “We don’t know what we’re treating. And what about the compression of his spinal cord?”

“He’s very likely got AIDS. That destructive bone lesion is probably either a weird infection that won’t grow out in your cultures, or it really is a lymphoma.”

“Right. So we need to know what it is.”

“I’m sorry.” Dr. Johnson replied. “It’s a moral dilemma I’m still working through. If it were a different patient I’d go in and get that specimen. I’ve never had the experience of being afraid to go in on a patient before, but I can’t do that surgery for you.”

After the weekend we got in touch with another orthopedist, Dr. Douglas, who we knew had operated on two or three AIDS patients previously. He was reserved but willing. He talked

with me after he discussed the surgery with Mr. Fletcher and his mother. "The surgery is a real risk to him, too. Two of my three patients with AIDS risk factors have died of overwhelming infections not long after surgery."

The next morning I asked Mr. Fletcher how he was doing. "I feel blue, shades of blue," he answered. "Like a blue sphere. You know about spheres of blue?"

I wondered if Dr. Douglas would change his mind about the surgery. He'd scheduled it for Friday afternoon, as the last case of the day.

Wednesday night Gary was on call and by chance met Dr. Douglas in the emergency room. He and his son had both come in to be seen for a bad cough. "Since I've operated on a few AIDS patients it's a nuisance to come in with a cough," he told Gary. "Now if people see me in here coughing, they look at me as if I had pneumocystic pneumonia."

Thursday I called Dr. Douglas "We're still planning for tomorrow," he said. "So far nobody wants to assist me. Nobody wants to touch this case. Besides, I'm having to ask the operating room nurses to take risks, and I don't like to do that."

Several of us talked it over after rounds the next morning. "We could scrub in on the case and assist," Gary offered.

I nodded slowly, "With our vast knowledge of orthopedics I'm sure we'd be lots of help!"

Carlene, another intern from anesthesia, looked straight at me. "If you were a surgeon, would you operate on an AIDS patient?"

I thought for a moment. "Yes. Would you?"

"I'm not sure I'd want to. We're really asking ortho to risk a fatal illness."

I called the chief of laboratory services to ask about the HIV test results. He was getting tired of hearing from me, but everyone, especially the surgeons, wanted to know if the results were back. "It's been sent from our local reference lab to a regional reference lab. That doesn't mean its positive. It means we don't have any information yet. *We don't know.*"

We thought *we* knew. The specimen must have flunked the test run at the local reference lab before it was sent off, and the other lab in turn

would have to run a double confirmation before we'd get a report back. It would take several weeks.

After surgery, performed by Dr. Douglas and

"He can't take this waiting. He doesn't tell you doctors, but he calls me and cries. It just tears me up. Why can't you find out what's wrong? Waiting is so much harder than knowing."

two assistants who had changed their minds, Mr. Fletcher returned to our unit. With a good specimen of diseased bone being cultured and analyzed in the lab, we started antibiotics, but he continued to be feverish and confused. His blood test for hepatitis had returned positive for an active Hepatitis B infection, so now we had a documented reason for requiring "blood and body fluid precaution." No one, however, had forgotten the possibility of AIDS.

Monday, after surgery, I went to pathology for a report. They knew me well from the follow-up of the two previous biopsies. "Mr. Fletcher. Oh, you mean *Aaron*. Sorry, the bone's still being decalcified." I felt thankful that I hadn't given his family any estimates on when we'd have results. I'd made that mistake after the second biopsy, which had been delayed in processing, and I hadn't forgotten the angry, frustrated phone call I'd received from his sister. "He can't take this waiting. He doesn't tell you doctors, but he calls me and cries. It just tears me up. Why can't you find out what's wrong? Waiting is so much harder than knowing."

Three days later we knew more. The final report read "Lymphoma."

I tried to tell Mr. Fletcher first. He asked me if I knew that records need to be flat, and whether I had told the police about the men in the warehouse. His confusion had resolved for a while after the morning when he talked about blue spheres, but now it had returned. He lay in restraints because no one could convey to him the necessity of lying flat after his back surgery.

Afterward, I talked with his mother. She had brought her son to our hospital because of the care her husband had received during his struggle with kidney disease. Though he'd passed away, she felt he had received the best of care and compassion. She had some trouble believing that her son could have caught Hepatitis B, and was sure he had no risk factors for AIDS. The diagnosis of lymphoma, though threatening, at least had no social implications.

After the diagnosis, Mr. Fletcher moved to the

oncology service. He stayed confused there, too, until he was far enough post-op to safely receive a course of chemotherapy. Several days later we stopped by after rounds to talk with him, and he looked better than we'd seen him for a long time. Two weeks after the surgery, his HIV test came back positive. He was a carrier of the AIDS virus, and could have infected others. But a few days later I heard he'd been able to go home—because a courageous surgeon gave him a chance to be diagnosed and treated.

On the Deathwatch: Diary of A Physician

by Ben Kemera

The door to the room brightly displayed the words “isolation precautions,” and the flimsy bed drapes were pulled across the first bed, preventing a direct view into the room. A medical student at Loma Linda University, I was assigned to the medicine service at Riverside County Hospital. The county hospital was built in the 1950s and reflected its age with brown linoleum floors, antiquated plumbing, poor room lighting, and plaster-chipped walls. Yet the staff had always made up for the aesthetic distaste on previous occasions when I worked there. I liked “County.” But when I entered this room, I wondered whether the county hospital had finally gotten the best of me.

I threw a cover gown haphazardly over my white coat and did not bother with gloves or mask. I peered around the curtain at the bed across the room near the mud-streaked window. The view was a tantalizing one for any patient—a hamburger stand across the street. The sky was the typical yellow-brown filth of a southern California day in August. I was suddenly homesick for the Colorado Rockies. The patient moved forward, and I realized that my presence was no longer a secret.

For a split second, I captured the feel of the room and this patient. He looked terribly young to me, with locks of blond hair and blue eyes. He

appeared small and frail, but his eyes were shining and expectant. Quickly I stammered, “My name is Ben and I am the senior medical student who has been assigned to you during your hospital stay.” I said it as though I had no choice in the matter. I noticed his reading material including *TV Guide*, *Sunset*, *Vogue*, *Reader’s Digest*, *Cosmopolitan*, and *Ladies Home Journal*, among others. It was not exactly manly reading material, but then, he was not a “real man” as far as I was concerned.

“My name is James and I am happy to meet you,” he replied matter-of-factly. Should I shake his hand?—I wished I had put the gloves on. But before I could answer my question, his hand was already clasped in mine.

“So tell me, what seems to be your main problem?” I asked as I pondered what that really meant. We both thought that we knew!

“I just can’t keep food down and I’m getting so thin it’s terrible. Why, I’ve lost 20 pounds in the past three months and hardly recognize myself in the mirror.” He saw me looking at the magazines. “Oh, I only look at the food pictures and recipes in the magazines because I dream of the food I can’t keep down. So far, however, I kept down the broth I had for lunch and I’m keeping my fingers crossed. I get these dry heaves sometimes and it really, really hurts. And then, there’s always the diarrhea.”

We went through his history. James was 23 years old, but somehow he still looked like a junior high school student. His voice had a child-like quality. In a mock stereotyped gesture of the wrist drop, he reported his homosexuality. We both chuckled cautiously. The tension was eas-

Ben Kemera is a Seventh-day Adventist resident in Loma Linda University’s internal medicine residency program at Riverside General Hospital. He was a medical student at Loma Linda University Medical School, assigned to Riverside County, when he wrote this account. It first appeared in *The Stethescoop*, a medical student publication. Another version was printed in the *Chicago Tribune*.

ing, but I was uncomfortable being there and wanted to wash my hands. James had been diagnosed with AIDS about two months ago. He knew that he had something wrong with his immunity and his "T-cells." He had been doing quite a bit of reading on the subject. I soon suspected that at that moment he probably knew more about his disease process than I did. James also mentioned his Kaposi's tumors and likened them to "big purple zits on his face and body which would not go away."

He was turning into a human culture tube waiting for a bacteria, virus, or parasite to land on him. There was hemophilus and pneumocystic in his lungs, candida in his throat, giardia in his stool, and herpes everywhere else except around his Kaposi's tumors.

With mock professional bravado, I said, "Well James, it seems that you know a lot about your illness and how difficult it is to treat, but we should be able to help your nausea and diarrhea. Good to meet you and I'll see you later." Hurriedly, I exited the room and dropped the cover gown in the red plastic isolation bag and washed my hands. I wondered why I was stuck with him on my roster, but my resident had told me to "handle this messy business." I wanted a good evaluation on this medicine service. I rationalized that it would be good experience to deal with an AIDS patient. It even occurred to me that if I were to get this fatal disease, at least my student loans would be paid in full upon my death!

The days and weeks began to slip by at the county hospital. I had my share of the dehydrated nursing home patients to whom you added a little fluid, and hoped that they would respond within three days. This was because a nursing home would hold their empty bed for three days before assigning the bed to a new patient. A nursing home patient on the ward for longer than three

days often became a "P. P."—a "placement problem"—as we waited for another nursing home bed to open. And I had my share of "Tylenol—3 patients"; the patients who loved and praised you as long as they believed you would continue their supply of narcotics. There were plenty of other tragic patients as well, those with cancer, heart disease, emphysema, and strokes.

Each morning our team would make rounds on the ward, and we would stop outside of James' room. It was a rushed pause. My resident never entered the room. My attending physician was a fatherly figure always smiling and saying in a soothing professional way, "Everything will work out." Occasionally he would look around the curtain. I was not about to suggest spending any more time with James in the morning, lest my remarks be misinterpreted as enthusiasm for this homosexual patient. With James we all felt a certain sense of defeat each morning because his death seemed imminent. There was little motivation to help a patient facing an incurable disease. And now James had the potential of turning into a "P.P."

James became a fixture on my roster, and a rather complicated one at that. He was turning into a human culture tube waiting for a bacteria, virus, or parasite to land on him. There was hemophilus and pneumocystic in his lungs, candida in his throat, giardia in his stool, and herpes everywhere else except around his Kaposi's tumors. His white blood cell count dropped. The first wave of antibiotics came to flood his body. The nausea and diarrhea, never really controlled, continued. The intravenous machine and James were constant companions within the room he was never allowed to leave. James only had one visitor I ever saw, his mother. However, the phone rang occasionally with what I hoped was support and encouragement from his friends. I was afraid to ask. Unwittingly, we developed a special rapport. Many patients would give a long list of problems each day, but James was not in this group.

We finally decided on an optimal set of drugs to control the nausea and a bland meager diet with protein supplements to be all that we could offer

to control his vomiting. Vomiting less than one liter was a good day and more than three liters was a bad day. James discovered that Saltine crackers and chicken broth could stay down on occasion, so I was constantly raiding the nurses' lounge for crackers. Most of his prepared meals arrived cold on disposable styrofoam trays. Few people wanted to enter this room. Besides, gowning, gloving, and putting on a mask was a bother when there were so many other patients. I am sure James must have figured it out, but he never mentioned it. I wondered if he could hear the hushed derogatory words outside his room uttered now and then. James did befriend some of the nurses. The staff at the county hospital has always had some great human beings. Anyway, my pockets full of Saltines became a routine.

The antibiotics began taking effect, and his vomiting and diarrhea were under marginal control. James' white blood cell count steadied. One day I came to his room rather triumphantly saying, "I think you are getting better!"

James cocked his head back and said, "You really don't get better with what I have."

I searched for words. "Well, you are starting to have a string of good days and you may be able to be discharged soon," I said. "Besides, there is all sort of research going on into this disease experimenting with new drugs." I did try to sound hopeful.

James perked up saying, "I might really be able to get out of here, really? I hate hospitals. I feel better already!"

We did search for those centers with experimental drug protocols for AIDS treatments. We tried to be optimistic. However, it was to be James' fate that though evaluated by these centers, all concurred that he was too weak to handle the chemotherapy. He was disappointed. It finally dawned on me that James was "really sick." We both knew there was now no turning back.

One day in frustration, I said, "I'm sorry we know so little about this problem, and we can't really help you."

"I may know more about AIDS than you do, and I don't have any answers either," he said with

a smile. A large purple blotch was developing on the tip of his nose, another Kaposi's tumor. "But you know, you have been more helpful than most because you are willing to spend time explaining what you do know to me."

"Few of my patients know enough about their disease to ask me pertinent questions concerning details like you do," I countered. "I am glad I have helped you even if I feel inadequate."

"That's OK. Don't get down on yourself. Besides, I have the disease and it is terribly late for regrets," James said with a curious smile. I wondered if he felt alone and rejected, but even the professional shield of my white coat could not provide me the strength to ask these questions out loud. The last thing I wanted was to be drawn into his personal life.

"What would I do if you weren't around to supply me crackers?" James said chuckling. "Every one here has been so nice, but I have to tell you that lately, the Saltines are starting to get stale and I'm sure I can heat broth at home. I can't wait to go home!"

James was gay and something about that still prejudiced me, but he was sharp, had wit and opti-

James was gay and something about that still prejudiced me, but he was sharp, had wit and optimism, and I admired that. Then I caught myself wondering how I could be capable of admiring someone who was a homosexual.

mism, and I admired that. Then I caught myself wondering how I could be capable of admiring someone who was a homosexual. It was maddening to ponder.

Finally, the day arrived. James was going to be discharged. I was pleased. I knew that he really wanted to leave, and it meant one less patient on my roster. Besides, I was growing weary of being heckled and cajoled by my classmates and resi-

dents as the unfortunate medical student who “got stuck with an AIDS patient.”

Getting James out of the hospital was quite an affair. He was a virtual mummy as, wrapped in sheets and mask in a wheelchair, he was quickly ushered out of the hospital. Our goodbye was short. “Goodby and good luck,” and “hope we never see each other in a hospital again!” we said good-naturedly as we waved to each other. I never questioned his living arrangements on discharge. I worried about him, but found it much easier not to inquire. James left near the end of August. My month at the county hospital was also nearly over. My next couple of months were spent on different clinical rotation, but with all the publicity concerning AIDS, I would often think of James.

On the first of November, I returned to the county hospital, happy to be back, this time on the surgery service. Surgery service at the county hospital is notoriously busy. In addition to the routine stuff, there are car accidents, gunshot wounds, stab wounds, and a little booze or street drugs thrown in for good measure. And now, since the November air was beginning to chill by southern California standards, we would have plenty of cold exposure patients. November first was also a quarter change, meaning that on all of the wards there would be new residents, interns, and medical students.

My new team began rounds on the first morning of that rotation as I grimly surveyed the service census. The residents presented patients; treatment plans and assignments to students were made. I had the feeling I was in for a long month, but then, I hated these orientation days. I was in an impatient mood and wanted this morning behind me.

Besides, I was looking forward to leaving for a medical convention a little later in the day. I needed a break, as I had only had one day out of the hospital the previous month.

By sheer luck, my resident was called to examine a patient on the medicine service ward upstairs and asked me to accompany him on his exam. I knew the staff floor well having worked there the previous August. Rounds were nearly over and we left our team to see a patient with “abdominal

discomfort.” I had just met my surgery resident and I was nervous. I wanted to make a good first impression. As we made our way down the hall inspecting the name tags at each room, we came past an isolation room and at the door, I caught the name. It was James. He was a patient on the medicine service again. We passed by his room quickly as we searched for our consult case.

After seeing our patient, I passed the nurses’ station. I grabbed James’ chart and surveyed it all of 30 seconds. I saw the letters “DNR” across the front of the chart,—“do not resuscitate” as per patient request. I also caught words like “end-

What I saw has been the subject of nightmares, and has changed my life. James could not have weighed much more than 60 pounds and was now too weak to move his arms or legs. His skin had a jaundiced yellow tinge.

stage” written on the chart. James was sick again and had decided that he did not want machines to keep him alive. Interesting. I would have to make a point to come by and see him sometime this month! I was too busy now.

It was Friday and we had no scheduled surgery cases for my team. I ran to my locker and changed into my street clothes as I anticipated getting out of town for the weekend. But for some reason I still do not understand, the words “end-stage” and the letters “DNR” tugged at my conscience. Maybe James was “really sick” and I should stop to say “Hello.”

However, I was behind schedule and getting later all the time. I would make just a short visit, I rationalized. I went back to the medical ward and spoke with James’ nurse. She said bluntly, “He is alert, although I just gave him another dose of morphine a few minutes ago. We do not expect him to survive the weekend.” I was shocked in disbelief. “Yes, if you want to see him, you should see him right now,” the nurse stated. Hurriedly, like old times, I threw on the isolation precaution-

cover gown. Funny, I had never messed around with the gloves and mask. I peered around the flimsy bed drapes that always seemed to be closed in his room.

What I saw has been the subject of nightmares, and has changed my life. Fortunately, the scene still defies the most gruesome of descriptions. A Clinitron floatation bed gurgled at a low hum and a vaporizer bottle for oxygen bubbled. The intravenous bottles were hung and a nasogastric suction tube pulled liquid out of his stomach. A catheter was in place within his bladder. In this coil of tubes and chorus of noises lay a little emaciated figure. James could not have weighed much more than 60 pounds and was now too weak to move his arms or legs. His skin had a jaundiced yellow tinge. His face was now covered and deformed by the Kaposi's skin lesions and his hair was sparse and matted. His open mouth gasped for breath and he coughed pitifully weak coughs. He was dying.

In the bed near the door, which was wrapped around the bed drape, lay another person who startled me at first. I was not only caught up in what I was seeing, but I did not expect James to have a roommate. The person was James' mother, true and loyal to her precious only son. I marveled at the commitment, dedication, and resilience of this mother's love. I never saw or met James' father. His mother stirred as I entered the room. I was not sure she remembered me. I whispered, "Hi. I am the medical student who saw your son in August. I just found he was back in the hospital and I wanted to see him."

"Go ahead, talk to him," she replied.

"James," I whispered and repeated again a little louder. His eyes slowly opened and our eyes met. My expression was read in an instant. "Do you remember me? Do you remember me?" I asked, not expecting much of an answer.

"Seems like I've had a lot of doctors lately, but I remember you. Hi, Ben," James said weakly with a raspy voice. My jaw dropped lower. He was alert and knew me. He coughed and tried to catch his breath again.

"Hi, do you remember me?" I asked. It was a stupid question as he already said that he did. He

nodded his head. Watching the effort it took for him to open his eyes made me feel tired. "Well, sometimes the morphine makes people sleepy, and I wasn't sure you were awake or would know me." He nodded his head again.

I reached and touched his arm and he looked at my hand. I did not know why. "I know I must look horrible since you last saw me in the summer,"

I felt tears forming and wiped my eyes quickly. I looked at him again. No human deserved this and yet, something about his life-style seemed to make him an unwitting accomplice. I was confused.

James mumbled quickly in a short gasp. I could not disagree. "But don't worry, the morphine is working and I feel a lot better than when I came in last night." He was still searching for the positives in his life. "The pain has been awful and someone said that my intestines got blocked."

I felt tears forming and wiped my eyes quickly. I had never cried in front of a patient, and I did not want to start then. I had so many mixed emotions suddenly surfacing. I looked at him again. No human deserved this and yet, something about his life-style seemed to make him an unwitting accomplice. I was confused. I cared about James, and right then I may have felt a love for him. Then I hated myself for hating him and for loving him. Was there something wrong with me or some hidden Freudian sexual deviation about me that allowed me to care for this gay patient with AIDS? Any feeling I had for James seemed wrong. Was being homosexual another bad habit like smoking cigarettes, drinking too much alcohol, or being addicted to narcotics? Was this really a moral issue or only a tragedy? Fault and morality were irrelevant now. James was going to die at age 23, and it was like other parts of life—incredibly unfair.

"So James, where have you been the past few months?" I asked.

"Hospice," he whispered.

“Oh,” my voice trailed off. “Well, I don’t want to keep you too long tiring you out with questions. You must get your rest,” I said as my professional facade returned. The truth was that I did not have the stomach for any more questions.

“I’m so glad you came by to see me. I know you’re busy. I really appreciate you stopping by.” James’ speech was pressured between gasps. I wiped my eyes again. I wondered who was the “real man” now.

Turning around, James’ mother now spoke saying,

“He’s a pretty neat person, my son, isn’t he?”

I nodded my agreement. “James is an amazing person. He never complains and was one of my most enjoyable patients when I was here in August.” James’ mother looked so tired and her eyes were moist. Gathering myself, I said goodbye to James and quickly explained to his mother that I would be gone to a convention over the weekend, but that I would be back the first chance I could get.

James looked up and I saw his neck muscles tighten, but he could not lift his head. He said, “goodby.”

I threw the cover gown in the isolation cart and fairly flew down the hall. I could not get away from there fast enough, and I did not want to talk to anyone for a while. James looked horrible, the kind of image that makes for a good horror flick.

However, there was a beauty from within him.

I spent the weekend at the convention and had nightmares of James each night. The following Monday morning, before my service rounds, I went to James’ room. He was gone. The room was still being disinfected. James had died a couple of hours after I had seen him. I walked down the hall and off the unit to look out a window. It was a beautiful clear chamber-of-commerce November day in southern California. I felt sorrow and loss. I also felt anger toward myself at all the opportunities I had had to help James but chose not to help. I could not cry right then. However, later in the day I had soup for lunch with Saltine crackers. The crackers reminded me of James. I left my tray on the table.

I have struggled to understand my feelings and the events that occurred. I am too much of a scientist for my own good, searching for answers that are beyond my ability to understand—or anyone else’s for that matter. I do not understand why there is so much human suffering and injustice, nor why it is so indiscriminate. I do know that I miss James. I am beginning to appreciate the privilege I had in getting acquainted with him. In all of my confused emotions, I am learning to temper my prejudice. Every person is special. And in that regard, I have learned that people are not necessarily on this Earth to be understood; people are here to be cared for and loved.

AIDS—A Call for the Wisdom of Solomon, the Grace of Christ

By Douglas R. Hegstad

“And behold, a leper came to him and knelt before him saying, ‘Lord, if you will, you can make me clean.’ And he stretched out his hand and touched him, saying, ‘I will; be clean.’ . . . This was to fulfill what was spoken by the prophet Isaiah, ‘He took our infirmities and bore our diseases.’ . . . ‘Take heart, my son; your sins are forgiven’” (Matthew 8:2, 3, 17; 9:2, RSV).

“And behold, a married bisexual man came coughing, ‘Doctor, might I have AIDS?’ And he masked and gloved him and sent him to the laboratory saying, ‘You may; tell your wife and have no more sex.’ . . . This was to fulfill what was spoken by the Centers for Disease Control and to protect his family. . . And upon finding protozoa in the sputum, the doctor said, ‘Watch out, young man; there is no hope for you; your sins have caught up with you’” (Matthew 8:2, 3, 17; 9:2). (Corrupted)

Trends in the AIDS epidemic, with projections of more than 250,000 cases nationwide by 1991, suggest that all Americans, but particularly health workers, will increasingly face issues related to this epidemic. The deep-rooted emphasis of the Seventh-day Adventist church on health, placing disproportionate numbers of Adventists in health-care professions, assures that its members too are confronting this disease. The initial reaction has been fear of

acquiring the disease through patient contact. Increasing experience, however, may redirect this fear to complex social, ethical, and legal issues.

Adventists who find homosexuality and intravenous drug abuse morally anathema will confront additional challenges in caring for the 90 percent of victims whose disease was acquired through one of these two means. Like the priest on the road to Jericho, they may wish to avoid difficult issues by walking on the far side of the road. It is likely, however, that Adventist health workers will soon find their injured neighbor in a narrow hallway. They will have to face him and the issues he represents head on. And they may wonder how Christ might have acted.

I am a clinical teacher of internal medicine and a full-time staff physician at Riverside General Hospital, a 350-bed facility serving Riverside County and its underserved and underinsured populations. I am also a Seventh-day Adventist and a faculty member of the Loma Linda University School of Medicine. Riverside County extends westward from the California-Arizona border on the Colorado River, from which it takes its name. The county's experience with the AIDS epidemic lagged two to three years behind its westward neighbor. Los Angeles County reported its first cases of AIDS in 1981. In 1983 Riverside County saw four cases; in 1984, there were 19; and in 1985, 42.

That I would need to learn about this condition and its ramifications became clear early one morning in October 1985. As I walked into the hospital lobby, the operator instructed me to go straight to the intensive-care satellite to see Linda. A vivacious Adventist nurse, Linda, newly gradu-

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ated from Loma Linda University, was working the night shift and caring for Jim, a young man dying with *pneumocystis carinii pneumonia*, the opportunistic disease that most commonly heralds the presence of AIDS. Her usual energy appeared lost in a face white with worry. "I stuck myself with a dirty needle," she blurted out. Many questions ensued: "Will I become infected? Should I postpone my wedding? How long until I know?"

At that time, the retrovirus now known as Human Immunodeficiency Virus (HIV), had already been identified as the infectious agent causing this illness. A reasonably priced and sensitive test for infection was already at anonymous testing centers throughout California. Three patients with *pneumocystis carinii pneumonia* were in our

hospital. They were young. Our staff, ranging from laundry and housekeeping workers to bedside nurses and staff physicians, was worried. Linda's plight evoked serious questions.

Certainly, I had to consider the risks to health-care workers. Information since that time suggests the chance of a needle stick from an infected person leading to infection is less than 1 percent, but may be as high as 3 percent.¹ Ten persons caring for patients with AIDS-related illnesses have become infected, presumably from their skin touching blood, body secretions, or excretions.² As of May 1987 in the two years since Linda stuck herself, these modes of infection, however, are extremely rare. Risk to health professionals comes less from those with a full-blown, obvious AIDS disease, than from people

Dentists in New York, Chicago Refuse to Treat AIDS Patients

The Chicago Dental Society is considering setting up a clinic for AIDS patients because so many dentists refuse to treat them, society officials have said.

The society will survey members who accept referrals from the group in hopes of finding dentists who will treat AIDS patients, the officials said.

The society knows of just three dentists in the area, all at one clinic, who are willing to accept new AIDS referrals, said Del Stauffer, executive director for the 4,200-member group.

The three were found after an informal search earlier this year that was conducted after the society received requests for such information from people who were unable to find dental care, said the society's president, Bernard Grothaus.

"We started calling various clinics, dental schools and hospitals and found three who said they were able to take on new AIDS patients," Mr. Stauffer said. He added that a society committee had begun to investigate the possibility of setting up a special clinic in which volunteer dentists would treat patients with AIDS.

Many Referrals From Others

Marc Prill, one of the three dentists listed by the society, said he has received many referrals from other dentists in the two months the group has been giving out his name.

"This is going to be a problem down the line," Mr. Prill said. "If everybody would take care of their own patients, it wouldn't be a problem."

Mr. Grothaus said that dentists might feel unable to provide a sterile office environment for AIDS patients.

Last month, researchers reported that a New York City dentist had contracted the virus, apparently from a patient,

in the first known case of such transmission.

Robert S. Klein, of the Montefiore Medical Center in New York who directed a survey of 1,231 dentists and hygienists from areas with relatively high AIDS incidence, said this was the only case found. Mr. Klein said that the dentist in question rarely wore gloves, stuck himself with dental instruments about 10 times a year and worked with cuts on his hands.

Guidelines from the Federal Centers for Disease Control in Atlanta call for dental workers to wear gloves, surgical masks, protective eyewear, and laboratory coats or uniforms when they run the risk of exposure to the patient's blood or saliva.

Ethics of Dropping a Patient

Mr. Stauffer says dentists can ethically drop patients if they give them 30 days' notice and try to help them find new dentists.

But the American Civil Liberties Union and state officials say dentists can lose their licenses or face discrimination lawsuits for "abandoning" patients who admit testing positive for exposure to the virus.

An A.C.L.U. lawyer, Benjamin Wolf, said his agency was representing a patient who was suing a dentist for violating Illinois law prohibiting discrimination against the handicapped.

In New York City, the Human Rights Commission has reported many complaints from AIDS patients who say they were rejected for dental treatment.

who are not sick from the virus but are AIDS carriers. The ratio of healthy persons infected by the AIDS virus (who are therefore potentially capable of transmitting infection) to those with obvious AIDS may be as high as 100 to 1. Caring for persons suffering the severest and most pathetic form of AIDS is no riskier than taking care of housewives admitted for appendectomies who may have acquired the AIDS virus from their husbands. In one recent study at a Baltimore hospital, six of 37—or 16 percent of trauma victims between the ages of 25 and 34—who otherwise appeared normal, were found to have laboratory evidence of carrying the AIDS virus.³ Some population groups in certain areas have been identified as having a 50 percent prevalence of AIDS virus infection. The point of these statistics is that the pool of AIDS carriers with no obvious symptoms presents greater risks to health providers (though still low) than do patients suffering from the ravages of AIDS.

I also had to consider whether I should recommend that Riverside General protect its health-care workers by requiring testing of all patients admitted to the hospital. I learned that although in certain settings testing may be of value, imperfections in the test and confidentiality issues have limited the potential benefit of this approach. Certainly, risks to health-care providers are low, low enough to be negligible when compared to the risks of driving to work through traffic, of smoking, or of drowning at the beach. I read the report of the University of California task force on AIDS, which concluded that there is no ethical, legal, or medical basis for refusal to care for patients with AIDS.⁴

I turned from the physical risks to health-care providers to other causes of their fears. In examining my own reticence to care for AIDS patients I came to realize that my fears related to the difficult situations in which I found myself. Caring for a person with a noncurable, progressively debilitating disease leading to death is always difficult. When that person is also young, often in his early or mid-twenties, the problem becomes worse.

With many patients acquiring infections through a homosexual life-style or intravenous

drug use, the discovery of this disease often adds a social stigma. The disease may flag a homosexual life-style or intravenous drug use that parents or wives had not suspected. Friends may reasonably fear acquiring infection and direct their intimacies elsewhere, further isolating the patient. Mental confusion due to the severity of illness, and sometimes directly related to infection of the central nervous system, often makes it difficult for patients to direct their own care.

A homosexual partner, frequently sharing responsibilities and emotions equal to those of a spouse, often lacks legal authority to speak for the patient. The partner is not the “next-of-kin.” When a parent and the homosexual partner have conflicting guidance for the doctor on major issues, such as whether to offer intensive supports or burial plans, physicians may find themselves

If a person acquires disease through homosexual relations or blood-contaminated needles, does that patient have a lower spiritual value than someone with appendicitis?

mediating between strangers who are racked by guilt and anger, and have sharply conflicting values. Another difficulty for us as health-care professionals is whether we should get involved with support groups. Should we become part of a *gay* support group?

Also, how should the doctor respond to the man who confides his bisexual lifestyle? Should the wife be told? Should the man be tested for infection? If he is infected, must the doctor tell the wife? Or what of the pregnant mother who, though healthy, discovers she is infected with the AIDS virus? Should the Christian doctor counsel abortion, knowing the high probability that the disease will be transmitted to the fetus?

Health-care providers who, like me, are Adventist Christians have further moral and religious questions. What about the intravenous drug abuser who is not yet infected and will not or cannot stop using drugs? Should the doctor supply that person with clean needles? Would this be

abandoning the person to his sins? If yes, should overweight patients and smokers also be abandoned to the consequences of their sins? If a person acquires disease through homosexual relations or blood-contaminated needles, does that patient have a lower spiritual value than someone with appendicitis?

What then did I recommend at Riverside General? We instituted some common-sense physical precautions. We decided against mandatory testing of patients before admitting them to the hospital. Most importantly, we reaffirmed that the

first and minimum requirement is to continue to provide excellent medical care both to patients who suffer from AIDS and those many more who are carriers.

My colleagues and I at Riverside General, many of whom are Adventists, have come to realize what I hope all Adventist health workers and administrators are discovering: the gravest threat of this epidemic does not come from needle sticks like Linda's; AIDS' greatest danger rises from its threat to our Christian commitment to serve the neediest of "these my brethren."

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Appendix A

Lessons From a Previous Epidemic—Syphilis

Parallels are instructive between the response of community leaders and health providers to AIDS and their response to a previous epidemic 400 years ago.

In the late 15th century a new disease swept across Europe and for about 60 years was extraordinarily malignant in its acute phase, frequently leading to death.¹ First recognized among mercenaries of Charles VIII who had captured Naples in February of 1495, the disease later known as syphilis quickly spread among his troops.² By late spring, the occupation was in disarray, as ill soldiers returned to their homes across Europe. The disease struck France, Germany, and Switzerland in 1495; Holland and Greece in 1496; England and Scotland in 1497; Hungary and Russia in 1499.³ The age of discovery led to the efficient dissemination of the epidemic throughout the world in less than 100 years.

Though it would be 400 years before the etiologic agent was discovered, the mode of transmission was quickly identified. Within months laws were passed⁴ that if universally heeded might have eliminated the disease within a few generations. On April 21, 1497, the town council of Aber-

deen, Scotland, ordered that "for protection from the disease which had come out of France and strange parts, all light women desist for the vice and sin of venery and work for their support, on pain, else, of being branded with a hot iron on their cheek and banished from the town." In October of 1497 the Scottish privy council passed an edict ordering all inhabitants of Edinburgh afflicted with syphilis into banishment to the Island of Inchkeith near Leith.

In 1918, 13 years after the discovery of the spirochete by Schaudinn and Hoffmann and the discovery of arsenicals as treatment for the disease, John Stokes observed, "Think of syphilis as the wages of sin, as well-earned disgrace, as filth, as the badge of immorality, as a necessary defense against the loathesomeness of promiscuity, and our advantage [in fighting the disease] slips from us. The disease continues to spread wholesale disaster and degeneration while we wrangle over issues that were old when history began, and are progressing with desperate slowness to a solution probably many centuries distant." He continued, "History affords little support to the lingering belief that if syphilis is done away with, licentiousness will overrun the world." On the

other hand, "In the five centuries in which it has had free play over the civilized world, the most optimistic cannot maintain that it has materially bettered conditions or acted as a check on loose morals, though its relationship to sexual intercourse has been known."⁵

Writing in 1937, just prior to the penicillin era, William Baker addressed "The ten million in this country who have the disease" and "the other 115 million or more who at some time or other may be exposed."⁶ With Chain and Florey's purification of penicillin in 1939, 12 years after Fleming's discovery, the era of syphilis as an indolent killer capable of destroying the nervous system, eroding the aorta, and passing from mother to child came to an end.

Appendix B

A Layman's Glossary to AIDS Terms

AIDS—Acquired Immunodeficiency Syndrome. The Centers for Disease Control definition must satisfy the following criteria:

1. The presence of an opportunistic infection or malignancy.
2. Absence of known causes of immunodeficiency, such as immunosuppressive therapy.

AIDS, the worst or ultimate consequence of infection by HIV, has now been reported in more than 30,000 Americans. In certain communities it is the leading cause of death among young men. Based on a U.S. HIV-infected population estimated at one to two million, the Public Health Service projects another 250,000 or more cases will be reported by 1991. The percentage of HIV-infected individuals eventually progressing to AIDS is unknown but may be in the range of 20-30 percent.

ARC—AIDS-related complex. A clinical syndrome generally recognized in risk groups characterized by chronic fatigue, weight loss, febrile episodes, lymphadenopathy, oral thrush (a common fungal infection), often diarrhea. Considered a less severe or earlier form of HIV disease than AIDS.

AZT—Azidothymidine. The only Food and Drug Administration (FDA) approved drug that enhances an HIV-damaged immune system. In one recently published study*, patients with AIDS confirmed by recent *pneumocystis carinii pneumonia* infection were randomly assigned to receive either AZT or a placebo. At 24 weeks, survival in the AZT-treated group was 98 percent; in the placebo-treated group, 78 percent. Problems: it does not cure AIDS. It has significant toxicity. It must be taken every four hours 24 hours a day. It costs about \$1,000 per month.

HIV—Human Immunodeficiency Virus. Formerly known as human T-cell lymphotropic virus Type III (HTLV-III) or lymphadenopathy-associated virus (LAV).

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The virus probably originated in central Africa sometime in the past few decades, entering the United States in the mid-1970s. Spread via sexual intercourse and blood-to-blood contamination, it now most frequently occurs during the sharing of needles by users of illicit drugs. Other modes of transmission are rare (breast milk to child, for example). Not spread by casual contact.

Discovered in 1983, the genetic information of this virus is carried in RNA. Upon entering specific cells, reverse transcriptase, a special enzyme, mediates the production of a DNA complement to the viral RNA strand. At cell division, this DNA is integrated into host DNA. Subsequent "stimulation" of the cell leads to transcription of viral genetic material to RNA and subsequent protein synthesis. Ultimately, viral RNA and proteins are assembled at the cell surface and new virions are produced.

Opportunistic Infection—Any of a plethora of microorganisms not usually capable of producing significant disease that may produce overwhelming or life-threatening illness in the presence of weakened function of the immune system.

Risk Groups—Homosexual men, intravenous drug users, hemophiliacs, and recipients of blood transfusion. Ninety percent of persons having AIDS have been homosexual men, intravenous drug users, or both. Hemophiliacs and recipients of blood account for most remaining cases. Nearly 50 percent of randomly tested homosexual males in San Francisco show serologic (antibodies) evidence of infection, as do nearly 60 percent of New York intravenous drug users.

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For Adventists— An Imperative to Do *Something*

by Fritz Guy

In the foothills of the Allegheny Mountains in southern Pennsylvania there is a small town named Lilly, the home of about 2000 people. At the center of town there are four churches and a general store, and there are some old frame houses with American flags waving from their porches.

In December 1985 there was a funeral in Lilly for a little boy named Dwight Burk. He was just 20 months old. He had been born prematurely, with respiratory problems and an enlarged liver. His tiny body was riddled with fever, and he was kept alive in an oxygen tent. Eventually he went home from the hospital, not to get well but to die. There were just too many things wrong, and he didn't make it.

Dwight's family on his mother's side had lived in Lilly for four generations, and everybody knew about the little boy who was so sick. But when he died, not one resident of the town came to his funeral. The reason the people stayed away was that Dwight's illness was Acquired Immunodeficiency Syndrome—AIDS—and the folks in Lilly were afraid of a family with AIDS.

Dwight got AIDS just by being born—or, more precisely, just by being conceived. He was infected *in utero* by his mother, Laurie Burk, who now has the condition known as AIDS-related complex—ARC—but who didn't know she was infected when she became pregnant. Laurie had been infected by her husband of two years, Patrick Burk, who had hemophilia, and had been treated

since 1975 with a medication known as Factor VIII, a distillation of the clotting agent in blood made from blood plasma. Patrick was infected by Factor VIII and now has a full-blown case of AIDS.

Pat and Laurie Burk had no idea they were infected with the AIDS virus until Dwight's illness was diagnosed when he was two months old. Now they are both too sick to retain employment. Patrick will die of AIDS, and Laurie may too—if her ARC condition develops into AIDS.

The healthy person in the family is Dwight's older sister Nicole, Laurie's daughter from an earlier marriage. Nicole is blonde, blue-eyed, and six years old; like many other children she lives in a world of grandparents, school, and ballet lessons. But unlike other little girls, she was forced out of her nursery school by the anxious parents of other children, parents who were afraid their children would be contaminated by Nicole. Medical tests showed that Nicole did not have AIDS, and the results were public information, having been reported in the local newspaper and on the radio, but Nicole had to leave the school anyway. Happily, she was admitted to a Head Start pre-school program, and then entered a Catholic kindergarten, where the priest promised to stand by her, whatever people might think.

Because of AIDS, Nicole has become familiar with death at an early age. One day she asked her grandmother, "Is Daddy gonna die? Is Mommy gonna die too? When they die, can I come and live with you?"¹

From a distance, we are all aware of AIDS. We all know that it is cruel, ugly, brutal. We know that it destroys some of the

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immune system's white blood cells and cripples a person's ability to fight off diseases like pneumonia, tuberculosis, and certain kinds of cancer. We know that it also can attack a person's nervous system, eventually causing permanent neurological damage.²

We all know that the problem of AIDS is big and bad: it is an epidemic, a plague. The first case in America was reported just six years ago, in 1981, and the virus that causes AIDS (best known as HIV—Human Immunodeficiency Virus) was identified in 1983. Now more than a million Americans are known to be infected, and by 1991 there may be five million. Infection doesn't necessarily mean getting the full-blown disease, but the best current predictions are that up to half of those who are infected will develop the full disease within five to ten years. And there may be even more of them after that.³

After a person is infected by the AIDS virus, it takes three to four weeks to become infectious to others, but it takes two to four months (and sometimes longer) before the infection shows up on blood tests. The AIDS virus can be in a person's system for 10 to 15 years, and all that time can infect others.⁴ Perhaps the scariest thing is that a person with no symptoms of AIDS at all can infect others (which is exactly what happened in the Burk family).

We all know that the AIDS virus is transmitted in four ways:

- ◆ The most common way is by sexual contact with an infected person. (That is how Laurie Burk got the AIDS virus.) Some people have become infected after a single sexual encounter with an infected person.

- ◆ The second major means of transmitting the AIDS virus is by contaminated intravenous needles. Unfortunately, many IV drug users share needles, and in some parts of the world needles used for inoculations are not properly sterilized between patients.

- ◆ A third (and much less common) way of transmitting AIDS is from mother to child during pregnancy, childbirth, or nursing. If a woman infected with the AIDS virus becomes pregnant, there is a 60 percent chance that her child will be infected. And, since the child's own immune

system is not fully developed, the child will (like Dwight Burk) die of AIDS.

- ◆ The fourth way of transmitting the AIDS virus is through blood transfusions and blood products like Factor VIII. (This is the way Patrick

We all know about AIDS in general and from a distance. What we need to know is that the problem is not just “out there” in the world around us; it comes close to home. More and more, AIDS will touch our lives.

Burk became infected.) The bad news here is that 74 percent of the people with the kind of hemophilia treatable with Factor VIII are now infected with AIDS.⁵ The good news is that since 1985 blood donations have been screened for exposure to AIDS. Factor VIII is now heat-treated to kill the AIDS virus, so that blood product is safe.

We all know about AIDS in general and from a distance. What we need to know is that the problem is not just “out there” in the world around us; it comes close to home. There are members of Adventist congregations who have AIDS in their families and who are struggling with the problems that AIDS brings. There are members of Adventist congregations who know that they may be infected with the AIDS virus, and who are struggling with the anxiety of a very uncertain future. More and more, AIDS will touch the lives of Adventists.

We also need to know that the Christian gospel and the Advent Hope have some important things to say about AIDS.

AIDS Is Not God's Will for Anyone

AIDS is not “divine retribution” for an immoral life. It is the outcome of certain natural processes; it is the effect of a series of natural causes. Pat and Laurie Burk were no more sinful than any of the rest of us, and

Dwight Burk was probably much less so.

It is true, of course, that most of the AIDS patients in the United States right now are homosexual and bisexual men, and that the next largest group consists of intravenous drug users (men and women). But the story of the Burk family reminds us that other people get AIDS too. And the number of these “others” is increasing. Last year 26 percent of the women with AIDS were infected by heterosexual contact—up from 12 percent in 1982.⁶ So AIDS is not a “gay disease” or

For the blatantly unrighteous there is the possibility of acceptance and forgiveness and an eternal future, but for the smugly self-righteous there is no future at all.

a “junkie disease.” It is simply a historical accident that AIDS got its start in the United States in these groups of people. As an epidemiologist put it, “the AIDS virus doesn’t care anything at all about a person’s lifestyle.” AIDS is largely a sexually transmitted disease, but it is transmitted readily from men to women (remember again the Burk family), and it is also transmitted from women to men.

It is true that AIDS is also transmitted by means of contaminated hypodermic needles. But they can be the needles used for giving inoculations in a medical clinic in Africa, as well as the needles used for shooting up heroin or cocaine in the streets of Los Angeles.

It is a basic Christian conviction that the best clue to the character and activity of God is the life and teachings of Jesus of Nazareth. You remember that one day some friends of Jesus asked him about a particular person who was sick: “Who sinned, this man or his parents?” Jesus answered, “Neither.”⁷ The mistake made by Jesus’ friends in this case was to assume a direct cause-and-effect connection between one’s moral choices and one’s circumstances. Jesus pointed out that reality isn’t that simple.

In the case of AIDS the same kind of mistake is often made, and it is probably a reflection of two

universal human problems. On the one hand, there is our personal fear and anxiety. AIDS represents two aspects of our humanness that often makes us rather uncomfortable—sexuality and death. (This anxiety, by the way, seems to be as typical of health-care people and ministers as it is of the rest of humanity.) On the other hand, human pride and self-righteousness have invented a convenient hierarchy of vices. A year or two ago, some researchers at UCLA tried to find out whether California doctors are prepared for the avalanche of AIDS patients that is on the way. One response was, “No, I don’t have that kind of patient, and I won’t treat them if they happen along.”⁸

For most of us, some sins (especially sexual ones) are particularly disreputable, and other sins (especially attitudinal ones) don’t seem to matter very much. According to Jesus, however, the truth of the matter is quite different. For the blatantly unrighteous there is the possibility of acceptance and forgiveness and an eternal future, but for the smugly self-righteous there is no future at all.

Because of our feelings of anxiety and superiority, we find all sorts of ways to insulate ourselves from the tragic reality of AIDS. One way is to regard it as an instance of “divine retribution.”

AIDS—An Imperative To Do Something

Another thing that the gospel and the Advent Hope say to us is that AIDS is an *imperative to do something*.

Jesus of Nazareth is not only our best clue to the character and activity of God; he is also our best clue to the meaning and fulfillment of our own humanness. This is evident in what he said and what he was. He said, “Do for others what you would want them to do for you.”⁹ When he met the victims of leprosy (which was for his time and place what AIDS is for us), he listened to them, he talked to them, he touched them, he healed them.

A minister who was greeting the members of his congregation at the close of a morning worship service noticed a couple of men who were staying behind. He recognized one of them and went over to speak to him. "Pastor," the man said, "I'd like you to meet my friend Bill. He's got AIDS." The minister turned to Bill, and without saying a word put his arms around him—and cried.

When Jesus was criticized for being too friendly with the wrong kind of people, he explained that the reason he cared about them was that God cared about them.¹⁰ And he made it clear that humanness is fulfilled in loving and caring—in giving, serving, helping. When he was talking about the ultimate meaning of human existence, he described a scene in which the King of all reality judges humanity. To some people the King says, "I was sick and you looked after me."¹¹ If Jesus were telling the same story today, the King would say, "I had AIDS and you cared for me." To take the religion of Jesus seriously is to respond to human need, and the reality of AIDS confronts us with an imperative to do something.

Chaco was a patient at Montefiore Medical Center in New York City—a man full of rage at what was happening to him. People with AIDS commonly fall prey to anger and gloom and take out their feelings on the medical staff, but Chaco was something else. His doctor said he was the angriest, meanist, stubbornest patient he had ever seen. Chaco yelled, cursed, refused his food, and rejected his medicine. He regularly sent nurses and technicians fleeing in terror from his room.

But a nurse named Joan Vileno took an interest in him in spite of his ungovernable fury. He wasn't her patient; she was on another unit. But whenever he would let her, she would stop for a few minutes to talk with him. One morning she found him too sick to lie in bed; he had to sit up in a chair to breathe. Chaco's family asked her to call his doctor because he was dying. She did, and when the doctor walked into the room half an hour later, Joan was still sitting there with Chaco, holding his hand.¹²

The kind of service Jesus was talking about has two essential characteristics. In the first place, Jesus' kind of service is done without judging the social status or the moral worth of those who are

served. Remember that he was a friend of "sinners." Remember that he washed the feet of Judas. In the second place, Jesus' kind of service is done without self-interest: it is done for people

There is profound religious significance *for us* in the fact that people with AIDS are often at the bottom of the social scale and usually totally impoverished.

who cannot possibly return the favor. This, of course, is what God is and does: he gives himself for the benefit of the unworthy. This is the meaning of *agape*; this is the gospel's "good news."

And this is the kind of opportunity we have in relation to people with AIDS: they can never pay us back. They will not become productive members of society; the quality of their lives will deteriorate until they die. They will not leave a fortune to fund medical research; they will not even pay their own medical bills. Those who are not already Christians will probably not be converted; they will not give us the joy of having them as members of our church family. But they are sick, and they need to be cared for, and that is what matters. There is profound religious significance *for us* in the fact that people with AIDS are often at the bottom of the social scale and usually totally impoverished.

There are many ways to care. One possibility is personal involvement, investing time and energy. In many places there are organizations that specialize in helping AIDS patients. These organizations can always use volunteers, especially to serve as "buddies" for patients—to prepare their meals, give back rubs, or just to "be there" for a patient. This kind of service involves a major spiritual challenge; it is not easy to be a "buddy" to a person who is dying. And there are other ways to help, too. Volunteers can do paperwork and answer telephones and provide transportation.

Another significant way to care—and to help—is to influence public policy to address this special public need. There needs to be massive public funding, not only for research but also for care, as

the number of cases increases and the costs soar into billions of dollars. And there needs to be broad AIDS education—in all schools, public and private and church-related, and in the various information media. Such things are more likely to happen if there is vigorous and persistent communication with legislators and other public officials, and if there is discussion in public forums like letters to editors and radio talk shows.

We can let people know that AIDS patients must be cared for, even if it means—as it surely will—less money for ourselves because of higher taxes and insurance premiums. Compassion is always costly, to us personally and to society. But it is always possible; the problem of AIDS is not bigger than God's love. And compassion is a Christian imperative.

AIDS Does Not Have the Last Word

As relentless and terrifying as it is, AIDS does not have to win. At the

individual level, at least, it is largely preventable. The epidemic of AIDS infection does not have to spread. The overwhelming number of cases of AIDS are the result of behavior that is volitional. Sexual relationships can be mutually monogamous. This is the context for the best, most satisfying kind of sexual experience anyway, and it reduces the possibility of AIDS to practically zero. Outside of such a relationship, abstinence is a real option—not a popular option, perhaps, but a real one. We are not talking here about a kind of moral elitism, based on a sense of superior holiness, but about a kind of medical sanity, based on the nature of reality.

And for persons with AIDS, there is the good news of eternal life. Here again Jesus of Nazareth is the best clue to the meaning of our human existence. For him, suffering and death were not the last word. The last word was *victory over* suffering and death. As of now, AIDS is always fatal. But a person with AIDS can be healed in the way that matters most. A person with AIDS can be loved and accepted. A person with AIDS can experience divine forgiveness that is radical and complete, the beginning of eternal life.

General Conference Creates AIDS Committee

A General Conference committee on AIDS began working in August on its stated purpose of “preventing the spread of AIDS,” by sponsoring international educational programs “not only directed at members of the Seventh-day Adventist Church but members in the communities surrounding our churches and institutions.” Of particular concern are countries in Africa, Inter-America, and South America most severely affected by the AIDS epidemic and in need of strategies to combat the disease.

The committee is responsible for studying and developing educational programs with interested institutions in host countries. The seminars could be held in not only Adventist medical institutions and churches, but private hospitals, governmental institutions and churches of other denominations. The focus would be trying to inform both Adventist and non-Adventist groups about medical and social practices that lead to AIDS.

The committee has also been charged with developing a statement on AIDS that will represent the position of the

Seventh-day Adventist church—a statement that can be revised or reaffirmed annually.

The 22 members of the General Conference Committee on AIDS have been drawn primarily from departments and agencies at General Conference headquarters and from Loma Linda University. The multiracial committee includes a citizen of Ghana, the head of an art department, the directors of both the Loma Linda Ethics Center and the Washington Institute for Contemporary Issues, and 11 professionals in health care and health education.

The committee cochairmen are Harvey Elder, M.D., head of the infectious disease service of the Jerry Pettis Memorial Veterans Hospital, affiliated with Loma Linda University, and Lester N. Wright, M.D., M.P.H., deputy commissioner of health for the state of Oregon and responsible for the state's programs in AIDS education and prevention.

—The Editors

Often a person with AIDS feels abandoned by family and friends, who have their own fears and anxieties to handle. If the person is homosexual, he or she probably already feels rejected by society in general, and perhaps by the church too. And this feeling may be internalized as guilt—not only because of what he has done, but because of what he *is*. In this experience of abandonment and guilt, furthermore, there is no good medical news. There is no prospect of a cure. There is no hope of a miracle. There is only pain and misery. As one patient said, “My body is simply rotting from the inside out.”¹⁴

Despair is eminently understandable, and probably inevitable. Sometimes, however, despair turns into seething rage. A woman in New York, infected with AIDS at the age of 20 by a young drug user who had wandered into and out

of her life and then had died, said, “I wish he were still alive—so I could kill him!”

But there is still the possibility of love and acceptance and forgiveness and hope, mediated by persons who are willing to “be there” and to care. This is even more important than extending the patient’s life with the new drug AZT. And this is something Christians can do; it is something we can do. We can do it as health-care personnel for whom caring is not only a professional function but also a personal ministry. Or we can do it as volunteers who invest themselves in terms of their loving, caring presence.

For Christians, AIDS is an imperative to do something—to love, to care, to *live* the gospel and the Advent hope. It is an opportunity to exercise the compassion of Christ toward those who dwell in the valley of the shadow of death.

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3. Francis and Chin, p. 1359.

4. Harvey Elder, interview April 2, 1987.

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6. Mary E. Guinan and Ann Hardy, “Epidemiology of AIDS in Women in the United States,” *Journal of the American Medical Association*, Vol. 257, No. 15 (April

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7. John 9:2, 3 NIV.

8. Harry Nelson, “Doctors’ Aversion to Gays Could Hinder AIDS Fight,” *Los Angeles Times* (December 9, 1986) p. 1.

9. Matthew 7:12, translation supplied by author.

10. Luke 15.

11. Matthew 25:36, NIV.

12. From Peter Goldman and Lucille Beachy, “One Against the Plague,” *Newsweek* (July 21, 1986), pp. 42, 45.

13. Bonnie Wade, “Come Let Us Reason Together,” National Guild of Churchmen Tract No. 115, p. 1.

14. Goldman and Beachy, p. 47.

Catarama's Romanian Ordeal— Where Was the Church?

by Sidney Reiners

On April 30, 1987, the very day that the U.S. House of Representatives debated the suspension of the “most favored nation” economic concession to Romania, Dumitru Popa, president of the Romanian Union Conference of Seventh-day Adventists, joined eight other religious leaders in an unprecedented press conference held at the Romanian Embassy in Washington, D.C. Popa and the other heads of denominations had been flown from Bucharest by the Romanian government to assure members of Congress and the American press that, as the archbishop of the Orthodox Romanian Church put it, there is “not one person in prison” in Romania because of his or her faith.

Other points made at the press conference of Popa and the other leaders included the claim that religious freedom in Romania is better than elsewhere in the eastern bloc—except for “administrative interferences” and the absence of church schools and seminaries. The U.S. Congress, it was said, was overly impressed by outdated case histories about imprisoned church members. As for demolition of churches, well, that was a blessing because new church buildings would be able to be built.

Popa never referred to the struggle of his own Adventist members to save the “grand church” where the largest Adventist congregation in Romania met until the building was torn down by the government (see box). He also never mentioned

that one of the most celebrated cases of a Christian imprisoned by the Romanian government involved a Seventh-day Adventist. How Dorel Catarama was imprisoned, held by Romanian authorities, and then finally released provides a case study of what the official Adventist church is not doing and what others are able to accomplish in protecting religious and human rights in eastern Europe.

The Catarama family lived in the Oituz region of Romania, an area known for its resistance to collectivization, and were active members of the small Adventist church there. Ignoring the demands of school officials and the advice of denominational leaders, the Catarama children refused to attend school on Sabbath. They were regularly reprimanded and publicly humiliated at school assemblies for this and for refusing to join the Communist youth organization. Their church suffered from an acute shortage of Bibles, hymnals, and Sabbath school materials, a situation that has not changed, since all these are still contraband under the Ceausescu regime. Even typewriters must be registered with the government.

When Dorel was drafted into the military, he explained that he would not participate in military training on Sabbath. His commanding officer thought he was a Jehovah's Witness and a conscientious objector. One day he ordered Dorel to fire a machine gun for long periods of time and to carry it with him all day. By the end of the day Dorel was very ill. Providentially, he was sent to a military physician who at first was very hostile but later confessed that he himself was an Ad-

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ventist who had abandoned his faith under pressure in the army. After spending several nights talking with Dorel he allowed him to go home.

In February of 1982, after many attempts, Dorel's father Valeriu and brother Viorel succeeded in obtaining passports to the United States. Once here they immediately applied for and received asylum. They notified their family in Romania of their decision. The authorities then called in the family and told them that if Valeriu and Viorel did not return they would retaliate by putting Dorel in prison for 15 years.

On April 9, 1982, more than 50 militiamen and securitate (secret police) came to the parental Catarama home and the home of Dorel, a couple of houses away, at 9:00 in the morning. Until about 9:00 p.m. that evening they ransacked the houses, knocked holes in the walls, interrogated family members, dug in the ground around the houses, and even looked in the tomato juice. They never said what they were looking for, but apparently were hoping to find something to use to trump up a charge against Dorel.

That same day Dorel was arrested and charged with the only crime the police could think of, "food overstocking." This is a serious offense in the poorest nation in Europe, whose government is so determined to pay off its foreign debt that it even exports essential food supplies. Dorel's anxious mother Ileana paced back and forth on the street by the prison, hoping to catch a glimpse of her son. The police told her she must leave or be arrested for prostitution.

The overstocking charge was later dropped and replaced by the claim that Dorel had illegally worked simultaneously in two tailors' shops, and embezzled thousands of dollars from them. Then the Cataramas in America were told that if they would forward \$3,000 Dorel could go free. They say they thought this was bail money. They raised the amount and wired it to the Romanian Foreign Trade Bank, April 27, via the Continental Bank of Chicago; it was returned June 22. Shortly thereafter, the authorities charged Dorel with illegally possessing foreign currency in 1978-1980.

During the first four months of his incarceration Dorel was beaten, drugged, and subjected to marathon interrogations. He was denied a de-

fense attorney. Under this pressure he signed a confession, which he later repudiated.

At a trial in August of 1982 both companies from which Dorel had supposedly embezzled submitted sworn statements that Dorel owed them nothing, and audits showed that no money was missing. His attorney was also able to prove that Dorel could not have illegally possessed the \$3,000 because it did not arrive until he was already in prison in 1982, and it had only passed from bank to bank.

The lack of incriminating evidence proved to be no obstacle, however, to Romanian "justice." On August 12, 1982, the court committee, consisting of Court President Constantin Ivancea, Judge Mioara Ochiro, and Procurator Nicolae Marcu, found Catarama guilty and sentenced him to 10 years' imprisonment. (Viorel was also convicted in absentia of embezzlement charges and sentenced to eight years.)

Dorel's insistence on keeping the Sabbath and his refusal to eat pork resulted in frequent beatings and a bread-and-water diet.

Dorel Catarama's house, car, furniture, and money were all confiscated in payment of fines, thus leaving his wife Veronica and seven-year-old son Dragos in dire straits. He appealed his sentence. The result was that on October 5, 1983, it was increased to 14 years.

Although Dorel was already tried, convicted, and sentenced, in October, 1984 another trial was begun, as a result of which the fines were levied again (but unpaid because there were no more resources to confiscate). Dorel's sentence was again lengthened, this time by one and a half years, but this extension was soon canceled in an amnesty for short sentences. Representatives of the American embassy attended some of the proceedings. Dorel's insistence on keeping the Sabbath and his refusal to eat pork resulted in frequent beatings and a bread-and-water diet. His wife's packages of

soap, washcloths, and food were not passed on; later some food was allowed in. When he was caught with a Bible he was transferred to another prison; for a while even his wife did not know his whereabouts. He spent a considerable amount of time being shipped around in a freight car.

In May of 1982, Viorel and his father Valeriu set out for Washington, D.C. Unable yet to frame even one English sentence, they traveled in a \$375 station wagon—without a driver's license. In Washington Viorel carried a sign stating his case in the Capitol Hill area and around the Romanian embassy. The Cataramas slept in their car.

This effort did not achieve much, so they returned in July. This time, after sleeping in the station wagon for two weeks, their situation came to the attention of the Capitol Memorial Seventh-

day Adventist Church. Herman Rivera arranged a place for them to stay, church members wrote letters to their congressmen, and the pastor included Dorel in prayer each week.

Viorel began a hunger strike before the Cannon House of Representative Office Building by day and the Romanian embassy by night. At the same time, his mother and sister notified the Romanian government that they were also going on a hunger strike. After seven days Viorel began a *greva setei* (total abstinence, not even taking water).

During this time Viorel's plight also came to the attention of Jeff Collins, who was later to become executive director of Christian Response, the American branch of Christian Solidarity International.

Keston College in Britain and Amnesty Inter-

Government Razes Romania's Largest Adventist Church

From *Keston News Service*

In August of 1986 government demolition crews moved in and destroyed the largest Adventist church in Romania, located in Bucharest—but not without opposition. In an unprecedented show of resistance, 200 members of the church took up occupation of their threatened building as a demolition team arrived July 29. The staunch members, including women and children, continued to occupy the building while church leaders negotiated with officials over an extension of the “absolutely final” August 3 deadline. The building, which lay in an area of the city being redeveloped, also housed the offices of the Bucharest administrative district covering more than 200 churches in the southeast part of the country, a residential portion, and an archive of important church and family records.

Church leaders, who had been notified of the intended demolition, were holding out for an adequate replacement for these facilities, but none were secured.

Confrontation between the 100-member congregation and Romanian authorities began on July 18 when officials

posted a notice at the premises, announcing that demolition would commence the following day, a Sabbath. Demolition did not actually begin then, but water and electricity were disconnected several times in the following days, only to be reconnected by church members.

The crisis came to a head when a demolition team came to remove the roof. Up to 100 members had already been maintaining a round-the-clock vigil and this number quickly increased to 200, some of whom positioned themselves on the roof. Within an hour the building was ringed by uniformed militia who prevented more Adventists from joining the occupation. Both the militia and the demolition workers withdrew the same day.

Occupation continued until August 6. In spite of appeals from the American Department of State, early that morning a crew entered the building, forcing their way past 50 or so Adventists still maintaining the occupation. Several members suffered minor injuries, but there was no serious violence and no large-scale involvement of police or other security forces.

Members resigned themselves to the loss of their building and busied themselves with salvaging as much as possible of the contents.

An application to rebuild, submitted by leaders of the large Seventh-day Adventist Church in Bucharest, has been

Keston News Service is one of the publications of an ecumenical research institute outside London, devoted to gathering and disseminating information about religion in communist countries.

national also began broadcasting the facts of this case. Amnesty chapters in America and Europe wrote thousands of letters on Dorel's behalf.

On the twelfth day of this hunger strike, Viorel collapsed in front of the Cannon Building and was hospitalized in George Washington University Hospital. Embarrassed, the Romanian government granted exit visas to his mother, his sister Miorara, and his nephew Razvan, who arrived in America in December, 1982.

Following this victory, Viorel began to master the diplomatic and political avenues available to him. In 1983 someone testified on his behalf before Senate hearings on most-favored-nation status for Romania. In 1984 and 1985 he testified before the Senate finance committee on the subject. (Nations

granted most-favored-nation status pay lower tariffs on goods imported to the U.S. Romania's desperate economic situation makes this an essential advantage for them.) Communist nations that restrict emigration must receive an annual waiver from the President on the premise that emigration curbs have been eased. This gives the U.S. economic leverage to press for greater freedom in these nations.

On June 15, 1985, Viorel appeared at a press conference in the Rayburn House of Representatives Office Building—a press conference that displayed the kind of high-level support Viorel and other Romanians had enlisted with the help of Christian Response. Senator Paul Simon of Illinois, in particular, took up the Catarama case as a personal cause. David Funderburk, who had re-

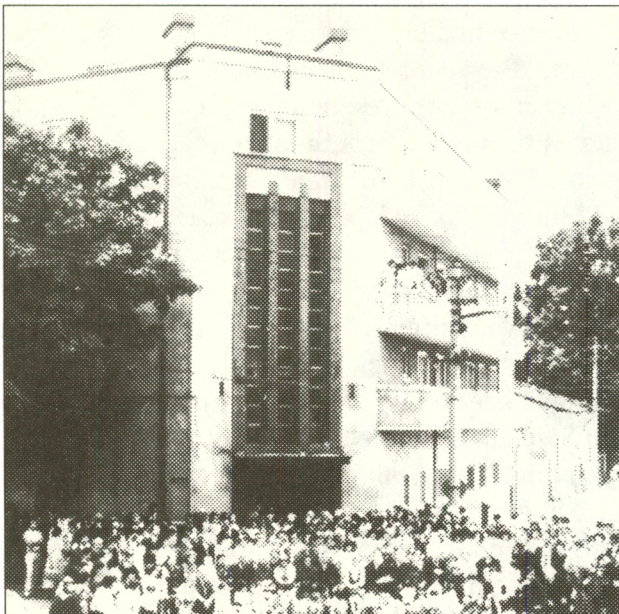
met with the response that “no site is available,” according to reports reaching Keston College.

The church, the largest Adventist congregation in Romania's capital, has divided into at least two smaller assemblies, which meet in different parts of the city in premises which have not received official approval for the purpose. The largest group, about 400 strong, is meeting in a tent which has been erected in the grounds of a member's house. The tent is packed out, with standing-room only, for

the main meetings every Saturday. Smaller midweek Bible-study meetings are being held in other members' homes. So far as is known, temporary arrangements have not been hindered in any way by the Romanian authorities.

Leaders of the group now meeting in the tent, who, within days of the demolition submitted the rejected application to rebuild, have appealed for Christians—and Adventists in particular—in the West to support them in their demand for adequate permanent premises.

Before



The Seventh-day Adventist Church in Bucharest before it was demolished by government authorities.

After



The former site of the Adventist church, razed by the government to make way for an urban renewal project.

cently resigned as ambassador to Romania because of his frustration over the reluctance of the American government to try to do something for persecuted Romanians, specifically named Dorel Catarama as an example of victims of the Ceausescu regime. Over the four years of Viorel's campaign, a considerable number of members of Congress have added their influence by lobbying the Romanian ambassador and the U.S. Department of State.

At this time Sidney Reiners and Steve Reiners contacted Dr. Ernest Gordon of Christian Relief Effort for the Emancipation of Dissidents (CREED) and introduced the Catarama case to him. Gordon, whose expertise and diplomatic manner make him a highly respected witness on Capitol Hill, is

What will never be forgotten by the Cataramas, many human rights organizations, scores of high U.S. government officials, and dozens of U.S. Congressmen is that the leadership of the Seventh-day Adventist church did not once speak out in defense of one of its members.

known for his skill in persuading the Romanian government to release prisoners of conscience. His role in "quiet diplomacy" proved invaluable in securing Dorel's release.

Christians in Crisis later recruited Viorel and other Romanians for a panel discussion on religious freedom in Romania to be held in New Orleans concurrent with the General Conference session of the Adventist church. In spite of a telephone call that warned Viorel's parents that they would never see him again, the panel presented its firsthand knowledge of the situation in Romania at the Hilton Hotel without any problems.

Listeners to the panel were shocked to learn of the subservience of all denominations in Romania to the government and connivance with the secret police at all levels. When Viorel later attempted

to discuss his brother's situation with Romanian Union President Dumitru Popa and the Romanian delegation in the presence of Bert Beach, Popa vociferously repeated the government accusations against Dorel, and throughout the session staunchly denied any religious persecution at all in his nation.

When Secretary of State Shultz visited Romania in 1986 he brought up Dorel's case with President Ceausescu, who promised only to have his minister of justice investigate. Later, a prominent New York businessperson with strong business ties to Romania appealed to Ceausescu to release Dorel. Ceausescu promised he would, but set no date.

In the summer of 1986 a bill was pending before Congress to suspend most-favored-nation status for Romania for six months, to be renewed on condition that Romania demonstrate a liberalized human rights policy. To gather support for the bill, Christian Response arranged a demonstration in Washington May 19 in which a considerable number of Adventists participated. The demonstrators marched from the Washington Monument, past the White House to Captive Nations Park, where a press conference was held, then on to the Romanian embassy. The name of Dorel Catarama figured prominently in the placards and banners.

Approximately a week later, just a few days before President Reagan's annual decision on whether or not to extend most-favored-nation status to Romania for another year, Edwin Derwinski, of the U.S. State Department, made a special visit to Budapest. Before Derwinski even arrived Ceausescu released Catarama on condition that he leave the country.

Speaking after his release, the 35-year-old Adventist lay leader said he had prayed for two things since the day of his arrest: not to be released on Sabbath, and to be able to see his 86-year-old grandmother. Both prayers were answered.

Shortly after his release, he was advised that property confiscated from him, which included a house and most of its contents, could be returned. Four days later he was told that nothing would be returned and that he still had to pay "compensation" of 465,000 Lei and that he could not leave

the country until he had done so. (The average Romanian salary is about 30,000 Lei per year).

A large sum of money was raised by fellow Adventists in various parts of Romania and was offered to the authorities about July 30. It was then that he was told this would be unacceptable unless accompanied by a signed confession, which he steadfastly refused to give.

The Romanian government finally dropped its demand that Dorel Catarama sign a confession, stating that he was guilty of the charges against him and granted him and his family a passport.

On September 14 Dorel Catarama finally arrived to a dramatic welcome in Chicago's O'Hare Airport. Representatives of human-rights organizations, Chicago television stations and newspapers, and Illinois politicians gathered to savor the victory of freeing another prisoner of conscience.

Obviously, the silence of Adventist leaders in Romania on human-rights cases involving their own members did not prevent the Seventh-day Adventists' flagship

church in their nations' capital from being razed to the ground. Popa's attendance at the press conference in Washington, D.C., may have had some connection with the church apparently receiving oral assurances that the Seventh-day Adventists will sometime be able to renovate two buildings to house a church and conference headquarters. (Given the record of the Romanian government, one can only wonder whether, even if the promises are fulfilled, the new facilities will escape further urban renewal.) What will never be forgotten by the Cataramas, many human-rights organizations, scores of high U.S. government officials, and dozens of U.S. Congressmen is that the leadership of the Seventh-day Adventist church did not once speak out in defense of one of its members.

It may be the ultimate commentary on conditions in Romania that instead, the leader of Romanian Adventism felt compelled to fly all the way to this country to testify to the fine human-rights record of the Romanian government.

The Intellectual World of Adventist Theologians

by Malcolm Bull and Keith Lockhart

The 1980s seem to have been a wintry season for the more ambitious Adventist theologians. Some, optimistic about the future, are looking for signs of spring, but others appear to have settled for a lengthy hibernation.

If there is a thaw in the church's intellectual climate, what ideas might emerge? Results from a survey of religion teachers in Adventists colleges and universities hint at the form new ideas may take. Fresh thinking is likely to come from such teachers between the ages of 40 to 54. They are the ones best acquainted with the secular thought, and many of them would like to develop an Adventist theology relevant to, and informed by, the concerns of the wider society. If they have the opportunity to do so, they may be able to create a new synthesis of the Adventist tradition. However, if the opportunity fails to materialize, the chance to give Adventist ideas wider currency is likely to be lost. Older theologians are rapidly approaching the end of their careers, and younger ones do not, at present, appear to have the inclination to give Adventist principles broader application.

In the summer of 1985 the authors, in order to gain a clearer idea of the Adventist mind for a book on Adventism they are writing, distributed a questionnaire to almost all religion teachers in

the denomination's colleges and universities. Replies were received from teachers in all the institutions and over 50 percent of the questionnaires were returned—a respectable figure for a survey conducted without incentives or follow-up.

The survey was designed to establish the intellectual content within which Adventist theologians operate. It sought their opinions on non-Adventist theologians and secular thinkers rather than their views on internal issues such as Daniel 8:14 or the alleged plagiarism of Mrs. White.¹ All of these points have some force, although the doubts regarding the theological literacy of the sample group proved unfounded.

In a small-scale survey of this type, the margins of statistical error are likely to be quite wide. Religious issues are, furthermore, notoriously resistant to objective formulation. Highly educated respondents are likely to be frustrated by anything other than open-ended questions. However, a free response can conceal more than it reveals. What, for example, can the researcher learn from this eloquent reply to a question which simply asked respondents to categorize their beliefs as liberal, mainstream or conservative: "I would not describe myself in any of the categories listed. I am free but not maverick, open but not gullible. I am dialogic. I think. I talk. I listen. I move toward synthesis whenever such a move is warranted."? No doubt a study which measures such fine distinctions needs to be undertaken. Unfortunately, this survey was not designed for that purpose. It was intended only to sketch the contours of an intellectual landscape, not to dig beneath its surface.

Malcolm Bull, M.A. (Oxon), is a junior research fellow at Wolfson College, Oxford, England. Keith Lockhart is a graduate of Newbold College, England and a lecturer there as well. Their book on Seventh-day Adventism, from which this article is derived, is to be published by Harper & Row in 1988.

Profile of the Adventist Theologian

From the results it is possible to build a composite picture of the Adventist theologian (see Profile p. 34). He is typically white, male and in late middle age. He considers himself to be a strong Adventist, but feels that his beliefs may be more liberal than those of other church members. He will probably have a doctorate from a non-Adventist institution, but will have commenced doctoral study only after spending five or six years in the church's colleges and universities. He is highly unlikely to have received a complete theological education outside the Adventist system.

The typical religion teacher will have been influenced by his Seminary professors, particularly Edward Heppenstall. He will also have been very impressed, however, by non-Adventist religious thinkers such as C.S. Lewis and Abraham Heschel, and, to a slightly lesser degree, by Berkouwer, Dodd, and Barth. He is unlikely to be as interested in Catholic theologians and is largely unfamiliar with the work of radical theologians who interpret the gospel in racial (Cone), political (Gutierrez) or feminist (Reuther) terms. In general, however, he is willing to give most theological authors a sympathetic reading. Rudolph Bultmann and Paul Tillich are sometimes looked upon with disfavor, but it is for the fundamentalist, Harold Lindsell, that the Adventist theologian reserves his most negative feelings.

As far as the various historical schools of thought are concerned, he prefers Aristotle to Plato, Tertullian's rigor to Origen's speculations and Augustine to Pelagius. He is not particularly interested in the relative merits of the scholastics, Thomas Aquinas and Duns Scotus. He is more interested in Calvin and Erasmus in the Reformation era, but shows no preference for either one. His preferences for Tertullian, Augustine and Calvin indicate that, in the spiritual realm, the Adventist theologian is largely pessimistic about man's moral nature. However, this view is oddly reversed in the secular sphere where he eschews

the philosophies of Machiavelli, Hobbes, and Voltaire, whose views of man were as pessimistic as those of Augustine and Calvin. Instead, he prefers the thought of Locke and Rousseau, thinkers more optimistic about the human condition.

Of the thinkers who have contributed to his understanding of the world, the existentialist Kierkegaard has been the most important. Immanuel Kant and William James also come very high on the list as do some thinkers who have emphasized the role of conflict in the world such as Darwin. The psychological conflicts posited by Freud are also very influential, but the conflicts between the sexes described by Simone de Beauvoir are not. The class conflicts described by Marx are considered to be more informative. However, Marx even more than Darwin, is the one thinker who is most likely to be rejected. The Adventist theologian knows little, and probably does not care, about the free-market economics of Milton Friedman.

Concerning his own tradition, the Adventist theologian believes that the complete understanding of human existence—or "wholism"—is the denomination's major contribution to the world. Next in importance as theological contributions are Adventist eschatology, Sabbatarianism and the Great Controversy theme. However, the religion professor is quite likely to believe that Adventism is not in a position to make significant intellectual or theological contributions to the world at large.

Educating the Adventist Theologian

Such then is the composite intellectual profile of the Adventist theologian. How much of this character is formed by the nature of the graduate education he received? It would appear that Adventist theologians who received their graduate education within the Adventist system are more conservative than those who did not. Of the 17 respondents who did not possess a non-SDA degree, 29 percent considered their beliefs to be liberal. This percentage rose to 55 percent in respondents who possessed

non-SDA graduate degrees. The 17 were also less likely to be familiar with the work of non-Adventist theologians and half as likely to be influenced by secular thinkers. It may be thought that these correlations are due to the lack of graduate education *per se*, but most of the 17 either had, or were working toward, an Adventist doctorate.

There were also marked educational differences in regard to specific thinkers. Of those educated within the system only 41 percent had been influenced by Marx, compared to 66 percent of those educated outside. Those within the denominational system are also less likely to favor the work of Thomas Aquinas. Those without a non-SDA graduate degree were almost equally divided between Aquinas and Duns Scotus. However, those who possessed a non-SDA graduate degree favored Aquinas over Duns Scotus by a ratio of almost 3:1. In general, the

statistics showed the latter group's appreciation of the Catholic tradition to be comparatively high as its members were also twice as likely to be sympathetic to the work of Karl Rahner.

It would be unwise to draw definite conclusions about the effects of study outside the denomination. But Adventist theologians educated in non-Adventist institutions appear to be intellectually more eclectic. Those who do not possess a non-Adventist degree seem to draw on a narrower range of sources and feel closer to the mainstream of the church. Characteristic, perhaps, of their intellectual world-view is the fact that 35 percent of them suggested the Great Controversy theme, with its polarized view of human history, as a major theological contribution. The same idea occurred to only 11 percent of those educated outside the Adventist system.

The other major differences in outlook were

A Profile of North American College Religion Teachers

Number of surveys distributed: 105
 Number of surveys returned 55 (52%)

1. In which of the following age categories do you fall?

	Percent	Number
Under 39	24	13
40 - 54	38	21
55 and above	38	21

2. What is your primary area of academic interest?

Biblical	53	29
Historical	16	9
Doctrinal	33	18
Pastoral	26	14

3. How would you describe yourself as a church member?

Strong	91	50
Average	5	3
Weak	0	0
No Response	4	2

Most Influential Seventh-day Adventist Writers*

Edward Heppenstall	33%
Ellen G. White	18
Earle Hilgert	15
Fritz Guy	9
Hans LaRondelle	9
A G. Maxwell	9
Raoul Dederen	7
Siegfried Horn	7
Roland Loasby	7
Roy Branson	6
James Cox	6
Malcolm Maxwell	6
Jack Provonsha	6
William Shea	6

*Please give in descending order the names of the writers or teachers associated with Seventh-day Adventism who have most influenced your thinking about theology and religion.

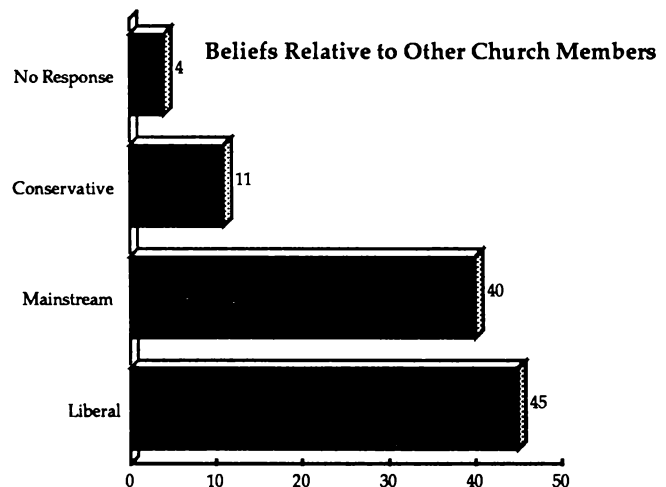
found to relate to age categories rather than to education. (It should be noted, however, that just under half of those in the under 39 age group are without a non-SDA graduate degree). Of the 21 respondents aged 55 and over, 76 percent considered their beliefs mainstream, whereas in the 40-54 age groups only 14 percent did so. This figure increased to 30 percent in the under 39 age group. Most of the members in the oldest group considered Edward Heppenstall a major influence on their thinking. Heppenstall was also popular in the 40-54 age bracket. Neither name was mentioned by the youngest group for whom Hans LaRondelle was the most influential figure. These results appear to be related to the impression these theologians made on the respondents at the time they studied in the seminary. This may indicate that Adventist theologians tend to be influenced through personal contact rather than

through the written word. The influence of Ellen White was noted quite frequently by respondents in the upper two age brackets. However, none of the under-39s listed Ellen White as a major influence on their thinking.

The over-55s were the least acquainted with non-Adventist theologians such as Karl Barth, but it was the under-39s (less than half of whom have a non-SDA doctorate) who were the least familiar with secular thinkers like Marx. However the youngest age group was unique in that all the respondents claimed to have been influenced by Sigmund Freud. Ninety-five percent of the 40-54 age group said they were similarly affected, but this percentage dropped to 61 percent in the oldest group. The youngest group were also the most enthusiastic about wholism, 46 percent of them mentioning it, compared to 38 percent of the 40-54s and 24 percent of the over-55s.

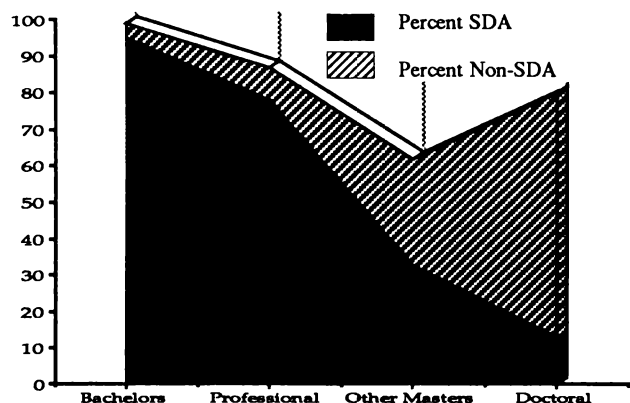
4. How would you describe your beliefs relative to those of other church members?

	<u>Percent</u>	<u>Number</u>
Liberal	45	25
Mainstream	40	22
Conservative	11	6
No Response	4	2



5. Which of the following degrees do you hold? Please indicate from which type of institution you earned your degree.

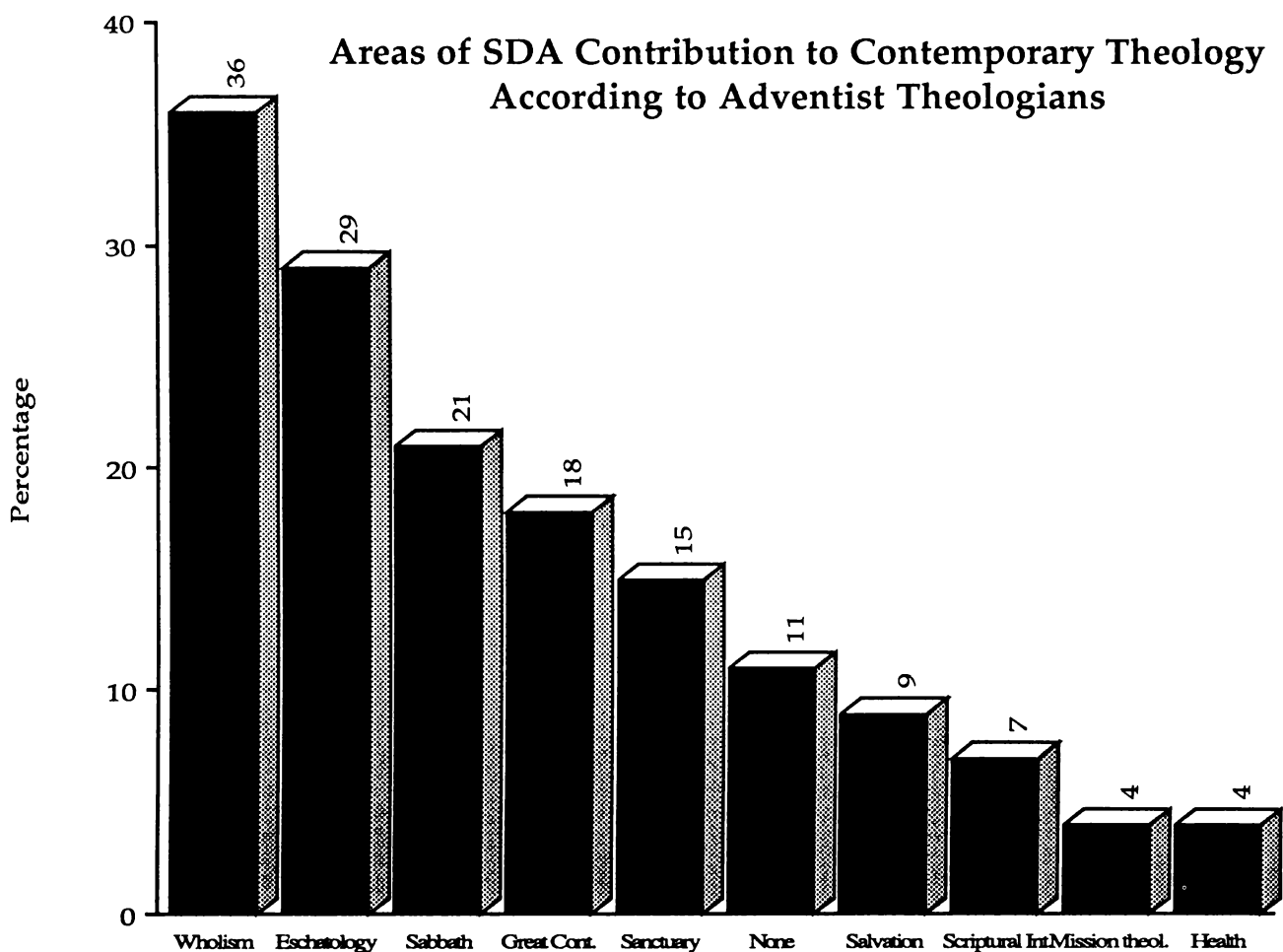
	<u>SDA</u>		<u>Non-SDA</u>	
Bachelors	95%	52	4%	1
Professional	78%	43	9%	5
Other Masters	33%	18	29%	19
Doctoral	13%	7	67%	37



The 40-54 were markedly the most receptive to secular thought, being the only group to be influenced by such theorists as Freud, Kant, and Kierkegaard. They were also the only group which felt overwhelmingly liberal (76 percent) and of the eight respondents who listed the sanctuary doctrine as a major theological contribution only one was drawn from their ranks, the rest being almost equally distributed among the oldest and youngest groups. Although the numbers involved are very small, these results indicate that in many respects the oldest and youngest groups are quite close together, and the members of the middle group may be an isolated generation.

In answering questions on Adventism's theological contribution, many respondents suggested that Adventist theology is greater than the sum of its parts. In the words of one teacher: "It is the 'package' (the synthesis of ideas) rather than

individual doctrines that I find impressive." What bound this package together, a respondent suggested, was "the emphasis on the 'wholeness' of man which provides a distinctive framework for the understanding of several Christian doctrines—from creation to the Sabbath . . . to living the sanctified life." Another respondent felt that this emphasis on wholism had far-reaching possibilities: "There is great untapped potential here for an Adventist theology which could bring coherence to multiple concerns of a contemporary kind. I speak of concerns from that of life's ultimate meaning to nuclear winter." Others were similarly optimistic about the potential of Adventist theology to make a contribution to the wider intellectual world, but one respondent expressed the view that Adventist theology is not given "the necessary freedom of expression within the community to permit it to make a



significant impact on the field.”

Such pessimism was confirmed in interviews the authors conducted with several Adventist theologians in conjunction with the distribution of the questionnaires. There were complaints that academic freedom had been curtailed as a result of pressure from conservative groups. Some feared that the long struggle of the church’s scholars to win acceptance inside and outside the denomination had been jeopardized by the controversies of the past five years. The authors also noted a discrepancy between the intellectual aspirations of some theologians and the actual issues with which they were dealing. In some cases, Adventist religion professors eager to tackle major theological questions, seemed to spend most of their time defending the rudiments of Biblical scholarship to sceptical and sometimes hostile students.

There is still time for the younger academics to

change from a conservative to more moderate perspective. But for those in the middle age group, 40-59, who are most likely to achieve a creative new expression of Adventist belief, there is only a limited period in which to realize their dreams of a systematic Adventist theology which is both intellectually coherent and socially aware. They face retirement at the end of the century. For the most important group of theologians, and for the denomination, the next fifteen years is the last chance to develop a revitalized Adventist theology.

Note: It should be said that some respondents doubted the ability of the instrument to yield any useful results. Others, somewhat uncharitably, considered the questions to deal with matters beyond the intellectual horizons of their colleagues. Many felt the categories of response were not satisfactorily nuanced; some objected to the phrasing of particular questions.

Attitude Toward Religious Writers

	No Response				
	Don't know enough to comment				
	Unsympathetic				
	Interested but Unsympathetic				
	Sympathetic				
	%	%	%	%	%
Karl Barth	56	31	4	2	7
Gustavo Gutierrez	24	16	9	47	4
James Cone	22	13	4	56	6
C. S. Lewis	89	7	2	0	2
Harold Lindsell	13	29	44	7	7
Abraham Heschel	84	11	4	2	0
G. C. Berkouwer	67	22	2	6	4

The SDA Theological Seminary: Heading Toward Isolation?

By Gary Land

In August 1986 the Board of Trustees of Andrews University set up a seminary executive board. That action culminated a series of distinct changes in faculty and curriculum that has profoundly transformed the SDA Theological Seminary from an academic to a professional school. Instead of a community of exploration it has become an instrument of conservation.

Since the seminary educates most of the Adventist ministers in North America, it is influential in the life of the church. Because of this influence the church as a whole, not just theologians, should understand what has been happening within the seminary over the past 25 years. More specifically, the membership should realize the significance of little-noticed but radical changes made in the critical 1983-1987 school years.

The heart of a seminary, as with any school, is its faculty. While students come and go, the faculty provides continuity and stability in programs and atmosphere. Increasingly the Seventh-day Adventist Theological Seminary is being staffed by faculty who have little or no academic experience outside of the Adventist environment.¹ This trend should be a matter of concern. It is bound to increase the isolation of Adventist pastors and teachers from the rest of society, and the church may well find itself capable of talking only to itself.

The early seminary bulletins emphasized the

Gary Land is professor of history at Andrews University and the editor of *The World of Ellen G. White Review & Herald*, 1987) and *Adventism in America* (Eerdmans, 1986).

quality of the faculty, describing it as combining high academic and professional qualifications with a commitment to Jesus Christ. The academic degrees earned by its faculty are an indication of the seminary's concern with quality.

At the time the seminary became fully established at Berrien Springs in the 1960-1961 academic year, 11 of its faculty of 20 had earned doctorates.² Steadily, the number of earned doctorates on the faculty increased. From the 11 doctorates (not counting M.D.'s) held by seminary

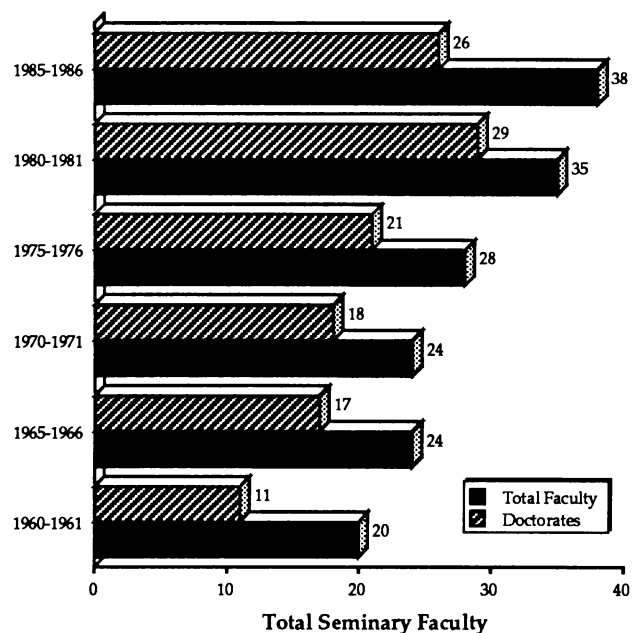


Figure 1

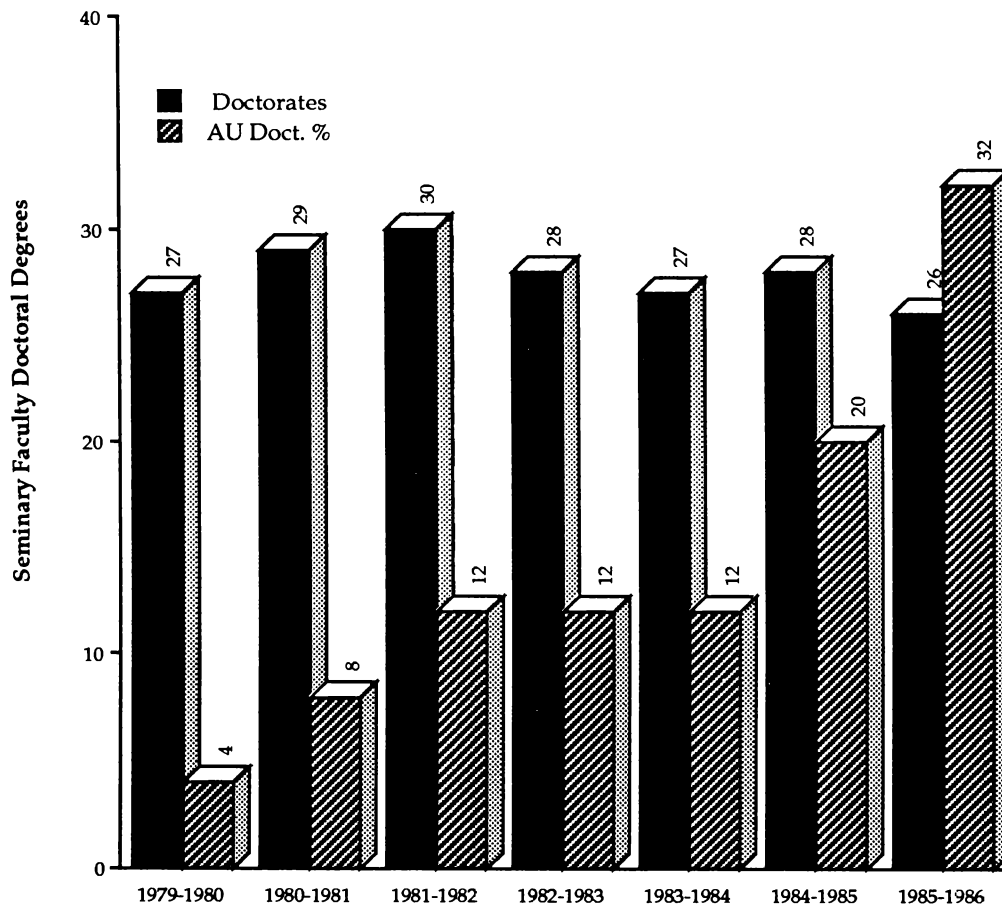
faculty that first year, the figure had improved to 17 by 1965 and 21 by 1975. By 1981, the high point was reached, when 29 of the 35 faculty had earned doctoral degrees. Four years later that ratio had dipped to 26 of 38. (See Figure 1).

Until 1980, most of these degrees came from prestigious universities in North America and Europe; Chicago, Harvard, Johns Hopkins, Geneva, and Basel had provided much of the faculty with its doctoral education. These faculty had come into personal contact with the leading scholars in Biblical studies and theology.

ceived doctorates from Andrews. (Two Th.D.'s, three Ph.D.'s, two D.Min.'s, and one Ed.D.) These figures do not include faculty simultaneously enrolled in doctoral programs at Andrews, sometimes in the same departments to which they had professorial appointments.

The next generation of doctoral students may

Percentage of Seminary Faculty Doctorates from Andrews Compared With Total Number of Seminary Faculty Doctorates



Totals by Year

Figure 2

Accreditation of doctoral degrees by Andrews University presaged a change.³ In 1979 the school appointed its first faculty member with a degree from Andrews, in this case an Ed.D. (in religious education, a joint program between the seminary and the department—later school—of education). The number of seminary faculty with Andrews degrees steadily increased from that point, until by 1985-1986 eight faculty had re-

have many teachers with only an Adventist academic background. Master of Divinity students will also face the same situation. The challenge to the seminary is to find ways of breaking through the isolation that its recent hiring practices threaten to create.

An indication of this isolation appears in the publication record of the seminary faculty. In years past seminary bulletins devoted consider-

able attention to faculty publications. Seminary professors successfully wrote for non-Adventist publications. But to an increasing extent the seminary faculty publishes for Adventist publications and conferences.⁴

Between 1960 and 1976 the faculty wrote more articles and books for non-Adventist publishers than for the Adventist outlets on their own campus. From 1960 to 1985 the faculty wrote 195 articles for non-Adventist scholarly journals and 31 books for non-Adventist academic publishers. They presented 96 papers at scholarly conferences. During the same period they produced 120 articles for Andrews University's *Seminary Studies* and 15 books for the Andrews University Press.

This production was primarily due to the work of faculty with doctorates earned outside An-

In six years, 1979-1985, the seminary faculty with Andrews doctorates wrote only four articles in non-Adventist scholarly journals and presented just six papers at academic conferences. . . . Lack of engagement with the non-Adventist scholarly world isolates Adventist scholarship and teaching, and contributes to further isolation of the church at large.

draws University. More than half of the articles came from the Old Testament department—Siegfried Horn (Johns Hopkins), Gerhard Hasel (Vanderbilt), Lawrence T. Geraty (Harvard), and William Shea (Michigan). Kenneth Strand (Michigan) in the church history department, wrote 24 of the books.

Following 1979, the first year a teacher with an Andrews doctorate was added to the seminary faculty, this group of productive faculty accelerated their writing for non-Adventist scholarly journals. By sharp contrast, in the six years, 1979-1985, the seminary faculty with Andrews doctorates wrote

only four articles in non-Adventist scholarly journals and presented just six papers at academic conferences. Otherwise their scholarly work appeared only through *Seminary Studies*, Andrews University Press, and presentations to Adventist groups and General Conference committees.

Lack of engagement with the non-Adventist scholarly world results in isolation of Adventist scholarship and teaching, contributing to further isolation of the church at large.

The Curriculum— Increasingly Professional

The seminary faculty has the primary responsibility of educating ministers of the Seventh-day Adventist church. Although most of the faculty are trained as scholars in such fields as languages, Biblical studies, and theology, church leaders have increasingly sought to make the seminary more practical and less theoretical. As a result, the seminary has experienced throughout its recent history a tension between academic and professional concerns.

This tension has been reflected in its B.D. and M.Div. (which replaced the B.D. in 1972) curricula. In the early 1960s, one quarter of the required courses were devoted to the practical work of the minister (“Applied Theology”). Since the 1983-1984 watershed school year, applied theology comprises more than one-third of the ministerial student’s program.

In its early years on the Berrien Springs campus, the curriculum was more like a graduate than professional school program. Its bulletin announced that the seminary sought to develop “habits of sound scholarship in Biblical theology” as well as practical abilities. About one-quarter of the required courses concerned the work of the minister and involved field work. In addition to courses in Old and New Testament, systematic theology, and church history, the program also required a research and bibliography course, and biblical Hebrew. A thesis was offered as an

elective. All students had to take an oral comprehensive examination.

Gradually, changes were made in this curriculum in an effort to make it more professional and less academic. In 1965-1966 the seminary made the comprehensive oral exam optional; two years later it dropped the research and bibliography requirement. Biblical Hebrew disappeared as a requirement in 1970-1971, reappearing as a "recommended elective" in 1973-1974. Meanwhile, world missions became a new and required part of the curriculum.

Beginning in 1970-1971, students were required to spend nine months in ministerial service between their eighth and ninth quarters of residence. The obvious logistical problems of this program led to its replacement in 1975-1976 by the requirement that students spend their first summer quarter in an evangelistic field school. In 1980-1981 the summer field school was replaced by the Institute of Evangelism located in Chicago, at which students spent their ninth quarter. Despite the many changes, the number of credits in applied courses remained approximately one quarter of the program.

The 1983-1984 school year marked the transformation of the seminary curriculum. That year saw the most drastic course changes since the seminary arrived in Michigan from Washington, D.C. In actions barely noticed by the membership at large, the seminary radically restructured its entire curriculum. It was during this year when more than one-third, rather than the previous one-quarter, of the total program was devoted to practical courses and "hands-on" training.

M.Div. students were required to take colloquia in such subjects as "Building Community in Church Life," "Youth Ministry," and "Church and Society," as well as six quarters of "Pastoral Formation," a program where students were assigned duties at various area churches under the supervision of seminary professors. Students were also required to take additional courses in the Church and Ministry department and the ninth quarter Institute of Evangelism. The requirement in world mission remained the same.

The traditional requirements in New and Old

Testament, Theology and Christian Philosophy, and Church History were reduced. They were supplemented by required courses in Salvation, Law-Covenant-Sabbath, and Eschatology.

The Board— Increasingly Restricted

The adoption of a more practically oriented curriculum, and the hiring of the seminary's own doctoral students were responses to a denominational leadership that had long been uncertain of the seminary's value. To the leaders the curriculum seemed too academic and some professors too liberal. In the 1970s, there had been an attempt to draw up statements on various articles of belief that professors would have to sign, but that effort came to a dead end in the face of widespread opposition.

Then, in the wake of the 1980 Glacier View conference on Desmond Ford, voices arose pushing to make the seminary an independent institution more directly under the control of the General Conference. Although little was said publicly, rumors of these calls for an independent seminary spread widely.

According to public statements by Richard Leshner, president of Andrews University, to the Andrews faculty on February 23, 1987, the pressure for an independent seminary grew to such a point that he offered to the university board of trustees in August 1986 a compromise plan. He proposed a seminary executive board technically responsible to the larger board but—as originally formulated—including individuals who were not full members of the university board. At its February 1987 meeting, the Andrews University board revised this plan so that only full members of the board, including some laypersons, served on the seminary executive board. Its subordinate role to the AU board was clarified.

In the face of considerable criticism of the new executive board, Neal Wilson, president of the General Conference, explained in February 1987 that many denominational leaders believed there

were too many layers of administration between the world field and the seminary. Church leaders feared that the seminary would experience a dilution of purpose and mission if it stayed within the academic context of the university. Through the compromise arrangement of the seminary executive board, the advantages of remaining in an academic setting would be retained while at the same time the seminary would be more closely tied to the world field. The seminary, in Wilson's view, is of special concern to the church leadership because it is an example to the world church; it is expected to be a defender of the faith against "cultural Adventism," with its threat to dilute church doctrine and practice. The General Conference, in short, had turned away from its 1960 actions that made the seminary part of a university with one integrated board (prior to 1960 there had

been an attempt at having two boards and two administrations at Berrien Springs).

The significance of the new governing arrangement for the seminary is the culmination of changes in the faculty and curriculum that make the seminary more of a conserving rather than an exploring institution. As the experience in the 1970s of the Missouri Synod Lutheran denomination and its Concordia Seminary reveals, the tension between the conserving and exploring roles exists for any church-related educational institutions, particularly seminaries. Perhaps Seventh-day Adventism can only accept a seminary that is a conservator and an apologist for the faith. But can the faith be adequately presented if the Seventh-day Adventist Theological Seminary becomes too isolated from both the larger Christian community and the society to which Adventists witness?

NOTES AND REFERENCES

1. Of course, holding a degree from a prestigious institution does not guarantee that one will be a good teacher or scholar. Simply because Andrews University cannot be classed as one of the great universities of the country does not mean that it cannot produce scholars and teachers whose quality equals those who come from such places as Harvard and the University of Chicago.

2. In addition there was one M.D. (a part-time teacher) and one honorary D.D. (conferred by the seminary). The number of faculty fluctuated considerably during the next 12 years until it stabilized at 31-32, with some minor variations, beginning in 1973. Its next period of growth started in 1979-1980 when there were 36 faculty, a figure that grew, again with some fluctuations, to 38 in 1985-1986.

Throughout this time there were always one to three physicians who taught part-time and between 1982-1983 and 1984-1985 the faculty had a musician who was a half-time appointment. Thus the full-time faculty was always somewhat smaller than the total faculty.

See *Andrews University Bulletin: Seventh-day Adventist Theological Seminary 1960-1961—1984-1986* (Berrien Springs, Michigan).

3. A few years previously, Andrews University had received accreditation for doctoral programs in the Department of Education and the Theological Seminary. The seminary then introduced the D.Min. (1973), the Th.D. (1974), and the Ph.D. (1983).

4. The numbers presented here are only a rough approximation, for not all publications and papers are reported to the university administration for inclusion in the reports of faculty publication. Such items as encyclopedia and dictionary entries have been counted as articles. Beyond this, some judgments had to be made by the author as to what constituted a scholarly publication. Another researcher might count these works somewhat differently, but the results are likely to vary only slightly. See *Faculty Publications of Andrews University*, Vols. 1-5 (Berrien Springs, MI: Andrews University Press, 1976-1986).

A Priesthood of Believers— Neither Republic Nor Hierarchy

by Glen Greenwalt

There is at present a power struggle in the Seventh-day Adventist church. Growing numbers of the laity and clergy insist that the polity of the church must become more representative of its membership.¹ On the other hand, large numbers of the laity and clergy (especially those in administrative positions) fear that a decentralization of church polity will lead inevitably to a loss of the unity and uniqueness of the Adventist mission. As in the case of most contests, each side has championed its own slogans, the most prominent one of those calling for a restructuring of church polity based on the Protestant doctrine of “the priesthood of all believers.”

Unfortunately, this doctrine is seldom explained, or worse still, anachronistically identified with American republicanism.² This is not surprising. Protestants have rarely clarified how the doctrine of the universal priesthood translates into governmental polity. Traditionally they have been far more adept at attacking perceived and real problems of organizational abuse, than in establishing a form of polity which fosters renewal of the spirit.

This paper attempts to cut through the rhetoric of some 400 years of Protestant polemics and practice. We will show that Luther’s understanding of what it means to be a church in which all are priests is far more insightful than our own.

Luther, in his recovery of this important biblical doctrine, stated it in a way that guards against the abuses of clericalism and congregationalism. In addition, he established it on a plane high above the slogans of political contests. The purpose of

this article, therefore, is to provide a theology of church that should precede any determination of church polity.

If you were to ask Luther why he believed every baptized member of the Christian faith is a priest, when there was no precedent for such an inclusive priesthood anywhere in the ancient world, not even in the religion of Israel or in the tradition of the church, he would be ready with one of two answers. First, Luther was convinced by the simple syllogism that “since [Christ] is a priest and we are his brethren all Christians have the power and must fulfill the command to preach and to come before God with our intercession for one another and to sacrifice ourselves to God.” In other words, since Christians are members of the body of Christ, the gifts of Christ are shared by all.³

Second, Luther held that, just as there is no other proclamation of God’s Word than that which is common to all, so there can be no priesthood other than that which is open to all.⁴ The peasant, the cobbler, the artisan, the noble—all are equal before God’s Word. Because of their belief, signified in baptism, all can and must serve as priests. Luther was wholly unimpressed by the counter argument of the Roman magisterium that only a special priesthood can rightly serve God and the church since all other members of the church lack the special character conveyed by the sacrament of ordination. In a keen retort, Luther answers, “God’s Word is holy and sanctifies everything it touches.”⁵

On this basis, then, Luther denounced the spiritual caste system on which the church of his day was founded. As Luther often stated with piercing clarity,

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“If [the magisterium] were forced to grant that all of us that have been baptised are equally priests, as indeed we are. . . they would then know they have no right to rule over us except insofar as we freely concede it. For thus it is written in I Peter 2: ‘You are a chosen race, a royal priesthood and a priestly royalty.’” Therefore we are all priests, as many of us as are Christians.⁶

But if we are all priests with the right to approach God on our own, what place can the church have? Does not the concept of the universal priesthood of believers produce a self-sufficient

The priesthood of all believers is not a license for individual posturing before God. Rather it does just the opposite—it promotes community.

Protestantism in which the church and our fellow believers must take a back seat to our personal dealings with God? Luther answers that the church is important precisely because it is a community composed exclusively of priests.⁷

The individualistic interpretation of the believers’ priesthood according to which each person is his or her own priest, is far from Luther’s way of thinking. To be sure, a priest has the privilege of free access to God, but this does not warrant individual dealings with God at the expense of our relationships with our fellow believers.

By definition a priest is someone who performs religious duties for others. The priesthood of all believers is not a license for individual posturing before God. Rather it does just the opposite—it promotes community. To be a priest, after all, is to minister to others. The church is of immense importance, therefore, because it is the community where Christian priests minister to the needs of one another.

Nowhere is Luther’s concern to promote a community marked by mutual sharing and care better demonstrated than in his understanding of the church as the *communio sanctorum*, which may be translated as a “holy people,” or a “holy community.”⁸ The definition of the church as *communio sanctorum* was not original with Luther, of course, but one he inherited. However,

Luther radically revamped its meaning. According to the theology of the day, *communio sanctorum* referred not only to the saints residing in heaven, but to a participation with the saints as holy people, i.e., in their merits. As a consequence, the biblical meaning of *saint* as a member of the church on earth was pushed into the background and the sharing with the saints was turned into a materialized commerce between heaven and earth. Luther sought to change this.

First, he brought the community of saints down from heaven to earth. “Whatever it is that you want to do for the saint,” Luther admonished, “turn your attention away from the dead towards the living. The living saints are your neighbors: the naked, the hungry, the thirsty, the poor people who have wives and children and suffer shame.”⁹

Second, he ruthlessly attacked the commerce in merits between the heavenly and the earthly church and the moralism it spawned. For Luther the whole notion of there being a treasury of the excess merits of the departed saints was based on a faulty premise. It suggests God can be persuaded by substitutionary achievement or meritorious intercession.. What one can do is go to the side of another and work for him and pray that he might receive his own faith and works. In this way the merits of the saints (fellow believers) do serve as a treasury in the church, not because they are excess merits, but because the church is a community of saints in which each one works for the other, as members of one another.¹⁰ In short, the way of merit is replaced with priestly service one to another.

Clearly, then, while the Reformation Luther began took place in conflict with the church of his day, his protest was not waged in the name of a churchless and individual piety, but in the name of true Christian catholicity.¹¹ Luther would be shocked to learn that his writings have been used to defend the spirit of independence and self-reliance that has often characterized Protestantism. Far from being an advocate of go-it-alone Protestantism, Luther’s entire ecclesial agenda promoted the kind of community that would provide the widest and deepest basis for pastoral care. For Luther, the doctrine of the priesthood of all believers meant that existence

for oneself is replaced by a life of service for others. As Christ has become the common possession of us all, so we are to become the common possession of one another; as he emptied himself and took the form of a servant, so must we.¹²

This identity between the priesthood of Christ with that of his followers is the axiom upon which Luther founded his understanding of the church as a community of holy people. As a consequence, Luther assigns duties and responsibilities to every member of the *communio sanctorum*. To begin, Luther insists that since we are priests by the power of God's Word, we all have the right and duty (on pain of losing our souls and courting the disfavor of God) to preach God's Word.¹³

A criticism that is sometimes raised, however, is that Luther reduces the priesthood to the preaching of the gospel. This is a criticism that has been around since at least the time of Trent, and is unjustified. While Luther does on occasion say the priesthood is nothing but a ministry of the Word,¹⁴ he does not mean that it is identical with the interminable sermon through which those listening in the pew are often made to suffer. The Word, for Luther, is a service, an act of caring, identical with Christ's ministry on our behalf.¹⁵ The ministry of the Word, therefore, opens before Luther the horizon of all that the church and its priesthood may ever become, for the Word not only prompts but also assures the care and nurture found in the church.

Second, while Luther emphatically rejected the medieval church's teaching regarding the treasury of merits, he untiringly taught that every Christian has the privilege and responsibility to be the agency through which others can find assurance of God's forgiveness.¹⁶ As Christians we have all been crowned, ordained, and anointed with the Holy Spirit so that we are all priests in Christ. This means, Luther wrote, "that I may go to my good friend and say to him, 'Dear friend, this is the trouble and the difficulty which I am having with sin,' and he should be free to say to me, 'Your sins are forgiven, go in the peace of God.'" ¹⁷

The prevailing notion among Protestants that Roman Catholics may need a priest to mediate between themselves and Almighty God, but Prot-

estants, as their own priests, are to face God in solitary loneliness would have been utterly foreign to Luther. For Luther, the church's greatest good and glory is that it provides a "Gracious exchange of our sin and suffering with the righteousness of Christ and the saints."¹⁸

Third, as Roman Catholic scholar Timothy

Luther called instead for a sacrifice of one's own self—a sacrifice that properly belongs not to the tonsured priests, but to all who live under the cross.

McCarthy states, a priest is a person who is qualified to offer sacrifices. Therefore, where there is no sacrifice there can be no priesthood.¹⁹ Luther would agree. Despite his determined attack on the mass, Luther was anxious to preserve the place of sacrifice in the church. Luther condemned the external ritualistic sacrifice of the mass, which gave rise to the commercial selling of masses. This furthered the idea that God was angry and must be appeased.

Luther called instead for a sacrifice of one's own self—a sacrifice that properly belongs not to the tonsured priests, but to all who live under the cross.²⁰ Christ's sacrifice becomes, therefore, the paradigm of all Christian sacrifice. As the Eucharist signifies, we have become one loaf with Christ. Just as Christ willingly sacrificed himself for the church, we as fellow priests with Christ are to willingly give ourselves in service to others.

Nothing so provoked Luther's ire as those who were willing to take of God's blessings, but who were unwilling to pour them out again in love. "What a terrible blaspheme against God," Luther writes, "that we all take the sacramental meal and want to be good Christians, but not one of us is willing to stoop down to serve our neighbors."²¹

Unfortunately, this side of Luther's teaching regarding the priesthood of all believers has been all but obscured in Protestantism. If the church is ever to gain a place of importance in the lives of most men and women, it seems safe to suggest that this will only happen when it becomes a commu-

nity in which priestly care toward one another is exemplified in all the magnitude and richness Luther envisioned. Seen from this perspective, questions regarding the governmental polity of the church clearly become secondary issues.

Still, the question naturally arises: If the church is a community through which the benefits of Christ course to all its members, what role is left for an ordained clergy? Luther's writings occasionally hint that the church could exist without an official, public ministry, but Luther never builds on this.²² Rather, he offers what appears to be two conflicting arguments on the necessity of ordained clergy in the church.

According to the first line of argument, a special ministry is necessary in the church because of the need for order. By right of being priest, all are authorized and called to minister, but not all should, lest chaos disrupt the church. If everyone were to exercise his or her right to preach at the same time, the din would be like a chorus of frogs or (with apologies for Luther's sexism) the clatter of housewives on the way to market where no one wishes to listen, but all want to talk. Similarly, if all insisted on performing the baptism, the poor infant would drown.²³

To avoid such bedlam, individual priests must commit the public ministry of the church to persons who will administer it for them. Preaching and the sacraments belong to the entire congregation, but the minister is the one who carries out these tasks on behalf of the congregation. It is because all are priests, then, that not all may exercise their priestly rights in public.

This position is sometimes called the *delegation theory of ministry*.²⁴ Here the office of minister is conceived to be instituted in the church as an expedient measure to assure continuity and order in the church. Hence, it belongs to the *bene esse* (well liking) of the church and not to its *esse* (essence). Not surprisingly, this view appears most often in Luther's early writings where he uses it as a polemic against the abuses of the Roman hierarchy.²⁵

The most valuable asset of such a representational model of ministry is that it promotes a collegiality in which the minister becomes a facili-

tator of the shared ministry of all. The risk of this position, on the other hand, is that the pastor may be reduced to a mere functionary of the congregation, since a pastor cannot truly represent a congregation or be its mouthpiece if he or she is forced by conscience to take a stand contrary to the convictions of the congregation.

According to the second line of argument, Luther speaks of the ordained ministry as a divine institution, distinct from the common priesthood. Here the office of pastor or bishop is "commanded, instituted, and ordered" by God and does not properly belong to the members of the church but to Christ alone.²⁶ The ministry is a gift in line with the appointment of apostles, prophets, evangelists, who have been given to the church. The real incumbent of the office of ministry according to this view, is Christ himself. The one who holds the office in the congregation speaks and acts as Christ's representative.²⁷

This view is often called the *institutional theory of ministry*.²⁸ In this case, the office of minister belongs to the very essence of the church. Not surprisingly, this position is evoked most often in Luther's writings when the common life of the church is not functioning smoothly—for example, when the church was faced with a growing band of eager, self-made preachers who were overrunning Saxony.²⁹

The advantage of this position is that the authority of the ordained ministry is safeguarded from the pressures of popular opinion and current whim. The minister is distanced from the congregation in such a way that the prophetic voice of the office of ministry is retained. The minister is accountable first to Christ and only secondarily to the congregation. The danger, of course, is that this position threatens to reduce the importance of the congregation to that of a passive observer.

Modern scholarship has found it very difficult to reconcile these two threads of thought in Luther's writings. Scholars have attempted to resolve this tension by pointing out the pastoral character of Luther's writings. Thus, it is noted, when clericalism reared its ugly head, Luther emphasized the privilege and duty belonging to all Christians. On the other hand, when the church was not being the church, Luther found it neces-

sary to emphasize the divine institution of the ministry and the prophetic word of guidance and judgment.³⁰

There is a pragmatic attractiveness to this solution. *It reminds us that neither the ordained ministry nor the congregation is ever so secure that either one or the other might not fall.* The church is a historical institution, and like all other infinite things, it is not exempt from the conflicts and tragedies that have governed all of human history. Thus, the church is forced to face, again and again the opposing threats of institutionalism and congregational enthusiasm.

The difficulty, however, with the foregoing position is that unless there is an underlying principle that allows Luther to change his emphasis to meet the exigencies of differing situations, his teaching becomes arbitrary and therefore of little value. Amazingly, Luther was unaware of the alleged contradiction in his position. Without hesitation he coordinated the delegation and institutional views of the office of ministry, at times employing both in the same passage.³¹

What allows Luther to make this move is his insistence that Christ is the only head of the church. By so doing, Luther reminds us that we are one body and that Christ's rule of the church extends to all of its members—clergy as well as laity. The clergy are, to be sure, the instruments by which Christ superintends the church. But here the clergy are granted no special honors, for the priesthood composed of all believers is also an extension of Christ's ministry in the world, and therefore divinely instituted.

Perhaps the best way to reconcile the two sides of Luther's thought is to recognize that the ministry was instituted by God but transmitted through the church. In any case, *Luther's model for governmental polity in the church is not the rule of the oligarchical few, nor the rule of the democratic many, but the rule of the Eternal Son who is active in the life of the whole church.*³²

In brief, three conclusions might be drawn from this study of Luther's understanding of the priesthood of all believers which might assist the church today in its quest to find an equitable and Christian form of polity. First, this study has shown that the doctrine of the

priesthood of all believers is concerned only accidentally with promoting a democratic form of church polity. It is essentially concerned with the self-sacrificing ministry of Christ as it is emulated in the shared life of the church. What is disappointing about the current debate in the Seventh-day Adventist church over governmental polity is its rampant distrust and accusation. On the one hand, the leadership fears that it will become "simply a figurehead coordinator surrounded by part-time lay members who control everything."³³ Many laity, on the other hand, find in the accumulated failings of leadership in recent years a con-

It is precisely the administrators white-knuckled grasp on the tiller that has provoked many laity to lose confidence in the fate of the church and led to their abandoning the ship.

firmation of their fears that without meaningful checks and balances, the "office holders in the organization will arrogate to themselves as much power as possible, all in the name of furthering the mission of the church."³⁴

What stands out in this atmosphere of suspicion and accusation is the lack of the spirit of community that Luther believed the church should demonstrate. But worse still, by focusing on the question of control, the solutions promoted by each side to overcome the current divisive spirit in the church seem to exacerbate rather than resolve the problem. As the situation now stands, the administrators view their ecclesial authority as the guarantee of the church's unity. They remain ironically unmindful of the fact that it is precisely their white-knuckled grasp on the tiller that has provoked many laity to lose confidence in the fate of the church and led to their abandoning the ship. On the other hand, the simple inclusion of a greater number of laity at the helm of the church is surely no guarantee that the church will better weather this present crisis. What is overlooked in this proposal is the great disarray among the laity as to the direction the church should take.

Which laity, then, are to be selected, and how?

Thus, the thesis of this article that a theology of church should precede any determination of church polity is not as impractical as it might first seem. Rather than being an unnecessary or time-consuming delay to needed reform, the construction of a theology of the church is necessary if there is any hope of restructuring the organization. After all, what brings order and coherence to anything, whether it be the writing of an essay, the planning of a family outing, or the running of a church, is that the procedures involved are directed toward the fulfillment of some recognized goal or objective other than the procedure itself. Thus, only when we share a common understanding of the church will we be able to form structures best adapted to fulfill the church's ends.

Second, if the church is a community or body of which Christ is the head, then absolute authority can never reside in any finite structure, since the divine by definition transcends any human understanding or structure. Unfortunately, neither the leadership nor the laity involved in the current debate seem to clearly understand this. The church's leadership quite happily asserts that the General Conference in session is the highest authority on earth. Meanwhile, they fail to seriously consider whether the General Conference has a representative composition. Possibly the reason a constitution composed primarily by white, American males favors the same has as much to do with historical contingencies as divine providence. On the other hand, many laity promote a republican form of church polity as if it were handed down by God, without seriously considering its potential liabilities. While checks and balances help counter the extravagances of human foibles, they are hardly a guarantee of truth or infallibility

The danger of course in linking God to a particular form of polity is that human conventions and structures of government are understood as expressing the very will of God. Thus not only are our statements in danger of becoming idolatrous, but any real possibility of reform is threatened, since the divine will become little more than a means for legitimizing whatever is deemed right by human convention. Thus a

vicious circle is established in which party-politics and God become one. Ironically, God is only able to transform the church when his independence from the church is jealously maintained. But more importantly, God's transcendence over human structure serves as the ideal the church has not yet attained. Thus the need for reform of the church can never end. To place barriers in the way of reform is to fail to acknowledge God's transcendence, for it is at least an implicit claim that the church is already an embodiment of the fullness of Christ's incarnation.

Third, since the church as depicted by Luther is a community characterized by priestly care for one another and not lordship, authority, while necessary, must never be confused with power or coercion—whether imposed by clergy or laity. Clearly, for a group or society to survive over time and fulfill its aims, it requires some sort of institutional authority. Plans have to be drawn up, decisions made, boundaries of the community established. One cannot imagine a community—whether a stamp club or an international corporation—that is devoid of all trappings of structure and polity.

But what distinguishes authority from power is that authority takes its rationale for existence from the intrinsic demands of the community it serves, and not from its ability to coerce others to fulfill its own ends. Thus authority can never become an end in itself; its only purpose must be to serve and enhance the life of the community.

Authority, then, is the means through which the common aims and ends of the community are achieved. To the extent that any designated authority fulfills these aims, it justifies its existence. To the extent that it fails to promote the well-being of the community it forfeits its right to rule. Thus while the doctrine of the priesthood of all believers cannot be identified with any single form of church polity, it clearly demonstrates that the establishment of any governing structure must be justified in terms of the common life of the church.

We can understand, then, why the redemptive power of the gospel as it is mirrored and proclaimed in the life of the church is the final norm of authority, for Luther, rather than institutional structures or even Scripture in and of itself. There

is a problem with making institutional authority the final norm of the church. Final authority cannot be extended to either the office of ministry or the universal priesthood, since both have repeatedly demonstrated their capacity for deafness, not to mention outright rebellion.

Nor can Scripture as a written document be the final norm of faith and practice, since it is precisely the interpretation of Scripture that is often at the heart of disagreements in the church. Only in the liberating praxis of grace, pardon, and unrestricted love do we find a norm without norms. It is only by embodying these attributes that any doctrine or polity can be authoritative in the church. Doctrines and polities that restrict the redemptive life of Christ from finding full expression in the church must be changed.

Seen from this perspective, the need for reformation in the Seventh-day Adventist church is obvious. Clearly, we have not yet achieved a community in which all barriers have been razed (Eph. 2:14), and all distinctions between persons have been reconciled in the perfect unity of Christ (Gal. 3:28).

The question is How do we get from where we now are to what the gospel would have us become? Luther, unfortunately, failed to model in his own experience a pattern we might follow. Despite his insistence upon the corporate constitution of the church, Luther tended to understand the gifts entrusted to the church in individual terms. Thus Luther understood his own vocation to be that of a theological professor and a preacher, and so studied to mind his own business. He left to others like Bugenhagen and Amsdorf the task of administering the church. To be faithful to Luther's recovery of the doctrine of the priesthood of all believers

we must go beyond him to find a more immediate way in which the gifts bestowed to the church can benefit the whole body of Christ.

I confess I do not know how this might be done. However, if we would commit ourselves to a united investigation of the question of the meaning of the church, the Spirit will lead us into greater understanding and experience. The power of the Spirit is located in its ability to unite the gifts of us all. Individually, we see only facets of the problems and therefore never a complete or adequate solution. United, our vision becomes comprehensive and the solutions more available.

I propose that the Association of Adventist Forums sponsor a task force composed of laity, clergy, teachers of religion and theology, and administrators commissioned *not* to answer the question of what the church is, but to prepare a study guide for use by members in discovering the nature of the church's identity and mission. Ideally, the administrators of the various union conferences and the religion faculties of the denomination's colleges, would sponsor seminars to facilitate a united inquiry into the nature of the church and its ministry.

I cannot overemphasize that what I am proposing is *not* that the church call conferences in which prepared papers are read and then published in proceedings, but for conferences in which laity, clergy, teachers, and administrators come together to consider the meaning of our lives together in the church. Such conferences are imperative, not because of problems now confronting the church, but because *our life together* demands that we study, share, pray, and witness together. In the spirit of Luther, therefore, I present this challenge to the readership of *Spectrum* and the church.

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23. *WA* 50, 633; 10 III, 397; 10 I, 2, 239; 12, 189; 10 3, 216; 8, 495; Cf. Gerrish, p. 414.
24. Cf. Gerrish, p. 414.
25. Gerrish, p. 414.
26. *WA* 50, 647; Cf. Althaus, p. 324.
27. *WA* 10 1, 2, 120, 122, Cf. Ruben Josephson, "The Ministry as an Office of the Church," *This Is the Church*, ed. by Anders Nygren (Philadelphia: Muhlenberg Press, 1952), p. 274, 275.
28. Gerrish, p. 414.
29. Cf. Mark Ellington, "Luther's Concept of the Ministry: The Creative Tension," *Word and World* (Fall 1981), p. 344.
30. Cf. Ellington, pp. 345, 346.
31. Cf. Gerrish, p. 415.
32. Cf. Noll, p. 7.
33. See for example the response of Thomas Mostert, President of the Southeastern California Conference, to the "AAF Report on Church Structure," *Spectrum*, Vol. 15, No. 2 (August, 1984), p. 60, 61.
34. See the reply of Nathan Schilt, member of AAF Task Force on Church Structure, to Thomas Mostert, *Spectrum*, Vol. 15, No. 2 (August, 1984), pp. 61,62.

Whispers

*"These are but the fringes of His power;
and how faint the whisper we hear of Him!
Who could fathom the thunder of His might?"*

Job 26:14

I hear His voice always in the morning—
Great sun, star, rising in the east,
Ancient witness to the first miracles.

Yet even it did not see the very first—
The vibrant, sunless, starless, flooding
Light.

All day I hear Him—O He speaks
So gladly I wonder who could not—
In everything that lives, He
Murmurs, shouts and sings, in
Everything that gathers its beginning
From that voice
He speaks.

Sometimes He overwhelms me
With that voice:
It seems to rush and whistle
Like the wind—
I am shaken like a summer tree
And all my leaves set dancing—
Like a tree pulling against its roots,
Wishing for once it were an eagle,
Able to ride upon that wind.

And yet this storm of sound is
But a whisper; He dares not
Speak as greatly as He wishes—
For who could bear the thunder
Of His might?

At night I hear Him still,
Far voice echoing in all the
Shining orbs and wheels,
Streamers and rivers of light
That make the universe.
My eager listening is a hand
Stretched out to touch
The border of His garment,
Hoping to be healed.

O when will I have ears
That will not shatter
When they hear His
Mighty music?

News Update

Adventist Pastors Help in Amnesty Effort

by Raymond Tetz

While the midweek service is being conducted by his assistant in the sanctuary of the Central Spanish Church, Senior Pastor Soto Villa sits in a small adjacent office. Tonight Pastor Villa is a counselor for an amnesty center. He and five others have been working since 7:00 p.m. It will be 11:30 that night before the team of Adventist members will have seen all the applicants.

A man appears at the doorway. He clutches a small card with his photo on it. His face is beaming. He announces to the group, "Mi tarjeta temporaria!" ("My temporary card!") He is a member of the Adventist congregation, and has been in this country illegally since 1974. For a moment work stops, and everyone applauds. The man hugs his pastor, and shakes hands with all the rest of the workers. The other applicants waiting their turn to be processed congratulate him. His new status gives them all encouragement.

Since May, 1987, 14 Seventh-day Adventist Spanish churches in the Los Angeles area have become amnesty counseling centers. They help church members and community residents assemble the necessary documents needed to satisfy the terms of a new federal law permitting illegal aliens to become legal residents. More importantly, members of the congregations donate their time as counselors, secretaries, notaries, and other necessary personnel. As a result, the churches have been able to provide for \$60 the same services for which immigration attorneys downtown charge between \$500 to \$5000.

Pastor Villa says that "As early as August 1, 1987, we had interviewed nearly 1000 people

right here from the community surrounding our church. Only about 400 of those people come from my congregation. We are insuring our survival as a congregation while carrying out a much-appreciated service to our community." By May 1988 many hundreds of people will have been assisted by Adventist amnesty centers.

Hispanic SDA churches in the Los Angeles area have long faced the issue of illegal aliens in their congregations. One Southern California Conference Spanish pastor estimates that 80 percent of his congregation is illegal, and pastors freely share stories of members being deported, attempting risky border crossings, and living with the constant fear of the Immigration and Naturalization Service. Skirting immigration laws is accepted by these congregations as a fact of everyday life.

Since May 5, 1987, Seventh-day Adventist churches in the Los Angeles area have responded to a unique challenge to help their members and community residents during a one-year window of opportunity. Under the terms of the Immigration and Control Act of 1986, persons who resided in the U.S. before 1972 may become permanent residents, and persons who resided in the U.S. before January 1, 1982, may become temporary residents with the opportunity to change their status to permanent residents after 18 months.

Although start-up money came from the Southern California Conference and the General Conference, the success of the centers depends on the local congregations. Most centers are open on Sundays as well as one week night. All members of the team must be available every time the center is open. And the work is complicated and time-consuming.

Applicants must be interviewed by counselors acquainted with the new law and capable of determining with the applicant what proofs can be used to establish residency. Documents proving residence in the U.S. must be translated from Spanish to English, and notarized by a notary public fluent

in both languages. Applicants must be properly fingerprinted, and these prints submitted with their applications. Counselors must make certain that application for amnesty is complete, with no questions left unanswered, or the forms will be rejected. Applicants are issued an ID card stating that they are in the process of applying for legal residency. This card contains their photo, the name of the church, and is signed by the pastor. It will help applicants if they encounter the INS.

Participating churches must provide space for processing of the applicants, storage of the documents, and counseling. Because persons hoping to receive permanent resident status must pass a U.S. history test, as well as a test on the Constitution, the churches must provide the resources to prepare for these tests. Textbooks and instruction must be provided in Spanish as well as English to assist those who are striving to reach this goal.

The costs of developing the centers are being borne by the Southern California Conference and the participating churches. A special budget of \$10,000 has covered the costs of training counselors, developing materials, and the basic office materials needed to establish the centers. Attorney Don P. Chairez, an Adventist lawyer based in Sacramento who is also an expert in immigration law, was retained by the General Conference

as special counsel for this project. He has conducted the training for counselors and pastors; the General Conference provided for his fees.

Dan Robles, who pastored in Los Angeles for many years before becoming director of Urban Ministries and Community Services for the Southern California Conference, underscores the reason for a sense of urgency. "Amnesty poses not only an opportunity but a threat. Members who do not become legal may be deported, and will find it increasingly difficult to obtain employment. Imagine the effect of mass unemployment or deportations on our congregations. And the potential for disruption in our communities cannot be overestimated. We feel like we have to do this—for our communities, as well as for our own people."

Meanwhile, the pace is quickening at the Central Spanish and 14 other Seventh-day Adventist churches in Los Angeles. They have a sense of urgency and mission, knowing a date has been set when members and neighbors will have to be ready, a moment when the time of amnesty will have run out.

Raymond Tetz, prior to his present position of public affairs director for the Adventist Development and Relief Agency, served as a pastor and assistant youth director of the Southern California Conference.

Major Chinks in Bacchiocchi's Armor

Samuele Bacchiocchi. *Women in the Church: A Biblical Study on the Role of Women in the Church*. (Berrien Springs, MI: Biblical Perspectives, 1987). n. p.

Reviewed by Beatrice S. Neall

Women in the Church by Samuele Bacchiocchi is a forcefully written book attempting to reverse the trend in the Seventh-day Adventist church toward the ordination of women to the ministry. Though the author favors greater involvement by women in the church, he believes the pastoral role should be filled only by males. Only they can image divine leadership. Citing biblical precedents for all-male priesthood and apostleship, he expresses grave fears over reinterpreting Scripture to allow for the participation of women. He thinks that the hermeneutics that allows for the ordination of women will lead the church down a slippery path to the compromise of its doctrines and recognition of deviant lifestyles.

The book is forceful, well researched (with an extensive bibliography), and holds consistently to one position throughout. The author is familiar with most of the debate and is not likely to be caught by surprise with any new argument. He provides useful summaries of opposing positions (most of which are accurate and fair) before explaining his own. He reviews the ministry of women in the Old Testament and the New, the order of creation and redemption, and male/female roles in the home and the church. Throughout he insists on male headship and female subordination.

Bacchiocchi would like to believe that he *reaf-*

firms Scripture, whereas Christian feminists *reinter-*pret the Bible by explaining away certain texts as “culturally conditioned.” But anyone who carefully reviews the creation story, Jesus’ treatment of women, the practice of the apostolic church, and the doctrines of spiritual gifts and the priesthood of believers, is struck with the wide-open possibilities for women in the Christian church. Has the “cultural conditioning” instead been in the minds of theologians who for millenia have interpreted Scripture with a negative bias toward women? It is only in recent times that the plain meaning of Scripture has been recovered.

The difficulties for women occur mainly in “three crucial Pauline passages”—1 Corinthians 11:3-16; 14:33-36; and 1 Timothy 2:11-15. These passages, if taken as normative, create problems for *all* modern interpreters. Even Bacchiocchi reinterprets them. He admits that the veiling of women was a cultural practice. Bacchiocchi also acknowledges that the command for women to keep silent must be modified by Paul’s incidental mention that women did pray and prophesy in church and by his numerous references to women helpers in the church.

When a biblical passage creates tensions within Scripture there is nothing dangerous about bringing scholarship to bear on it in order to understand why it is different. Adventists have used this procedure in interpreting eternally-burning-hell texts, the parable of the Rich Man and Lazarus, and Paul’s sharp statements on predestination (e. g., Rom. 9:18-20). We certainly do not allow them to dominate our theology. It is interesting that Ellen White is silent on the “crucial” Pauline passages.¹ Apparently she did not consider them normative for the church today. Bacchiocchi, on the contrary, gives three Pauline passages control over the rest of scripture.

I will not attempt to wrestle with the intricacies of Paul in the limitations of this review. The task is being done admirably by many scholars today. I only suggest that

if Paul conformed to the culture of his day—becoming a Jew to the Jews to win the Jews (1 Cor. 9:19-23)—he would today become an American to the Americans. I cannot believe Paul would enforce archaic social patterns in our society. I strongly suspect he would take advantage of the current openness toward full participation of women in order to advance the cause of the gospel.

Bacchiocchi makes the sweeping statement, “In spite of his revolutionary treatment of women, Jesus did not choose women as apostles nor did he commission them to preach the gospel” (p. 217). It is true that the original Twelve had no women among them (also no Gentiles or slaves, though the early church ordained them), but it is likely that the Seventy had women among them, since Jesus by this time had a company of women followers (Luke 8:1-3; 10:1). The Seventy, like the Twelve, were appointed by Jesus to heal the sick and cast out devils, and could be considered as ordained (Luke 10:1, 17-20). And we know positively that the third group he empowered for service, the 120, included these same women disciples who had followed him in his ministry (Acts 1:14, 15). It appears that the gift of the Holy Spirit empowered the 120 to proclaim the gospel to all nations (Luke 24:33, 47-49; Acts 1:8). Peter, in his Pentecost sermon, indicated that the empowering of these women was a fulfillment of Joel’s prophecy: “I will pour out my Spirit upon all flesh, and your sons and your daughters shall prophesy. . . yea, and on my menservants and my maidservants in those days I will pour out my Spirit; and they shall prophesy” (Acts 2:17,18, RSV).

Bacchiocchi grounds his theology of woman in the “order of creation” where he finds male headship and female subordination. He cites as evidence the priority of Adam’s creation, man’s central role in Genesis 2, the “helper” status of the woman, the naming of his wife before and after the fall, and man as the source of woman. However, the movement in Genesis 2 is not from headship to subordination, but from incompleteness to completeness. The word *helper* does not indicate subordination, since the majority of its uses in the Old Testament apply to God.

Creation’s order, is from low to high, woman being the crowning work. Woman was to be a leader; literally, in the Hebrew, a helper “in front of” the man. Eve’s creation from the rib of Adam was of nobler origin than Adam’s creation from “the clods” (Hebrew) of the earth. Adam did not name the woman before the fall, but merely stated (with a “divine passive”) “She shall be called woman”—a designation already given her by God (2:22). And the man’s cleaving to his wife (instead of the wife’s cleaving to the man) shows her equality.

God has never been limited by an accident of birth. . . . He can even put a woman at the head of his work. Bacchiocchi, I fear, is encumbering the Spirit with needless restrictions.

Ellen White repeatedly insisted that woman was created the equal of man and should retain her pre-Fall status.³ She would not agree with Bacchiocchi’s formula “equal in personhood, but subordinate in function.” In her view the work of the mother is the highest work entrusted to human beings.⁴

While I would not discount the predominately masculine qualities of strength, aggressiveness, and logical reasoning, which guarantee a preponderance of male leadership in this world, I believe the Creation account teaches complementarity and partnership. Male and female together constitute the image of God (Gen. 1:26,27). God commanded both male and female to have dominion over sea, sky, and earth. For either to rule alone would mar his plan. The man by himself is not good (2:18)—the masculine must always be balanced by the feminine. (Genesis 3 suggests that woman acting independently is also not good.) Since God created the woman to be a helper suitable for the man, she ought to be a copartner in all the activities of life. To exclude her from involvement in any area is to go contrary to the plan of God.

Paul’s own paradigm that the husband is the head of the wife as God is the head of Christ (1

Cor. 11:3) suggests partnership at all levels. Though there appears to be an eternal hierarchy in the Godhead (1 Cor. 15:28), God and Christ work together in all they do (John 5:17), whether creation (Heb. 1:2,3), redemption (2 Cor. 5:19), or revelation (Rev. 1:1). Whenever one is working, the other is supporting and cooperating. Father and Son even exchange roles, the Father turning over the rule of this world to the Son until he delivers it back to the Father (1 Cor. 15:24-28). Headship implies the delegation of powers and support for the one who executes them. It allows full participation. It never implies exclusion or restriction.

Doesn't the creation model of woman as helper teach us that male and female together should lead the church?

It is this concept of full participation and equal partnership that Bacchiocchi misses. Yet it is an idea rich with possibilities for the leadership of the church. Bacchiocchi likes the idea of the male as father of the church, but rejects the idea of the female as mother of the church. Doesn't the creation model of woman as a helper suitable for the man teach us that male and female together should lead the church? Single-parent families having only a father or a mother are not ideal. Men alone cannot adequately pastor today's congregations with their complex problems, neither can women alone. Team pastorates would be ideal, either by husband-wife couples or by a church staff made up of male and female pastors. Whether the man or woman is senior pastor would depend upon the unique gifts of each. There are many times in history when men have been leaders, but there have also been times when a Deborah heads the troops, a Priscilla leads the Bible study, and an Ellen is God's mouthpiece.

God has never been limited by an accident of birth. If he wants he can choose the youngest and call him the firstborn (Ps. 89:20, 27). He can astonish Peter by pouring out his Spirit on uncircumcised Gentiles. He can speak through children and donkeys and stones. He can even put a

woman at the head of his work. Bacchiocchi, I fear, is encumbering the Spirit with needless restrictions.

NOTES AND REFERENCES

1. This can be seen by checking the scriptural index to her writings. There is a reference to 1 Corinthians 11:7 in which she modifies Paul's statement to say that Adam *and* Eve were created to be the image and glory of God. [Ellen G. White, *Education* (Mountain View, CA: Pacific Press Publishing Association, 1903)], p. 20.

2. The "naming formula"—"he called the name" is not present in Genesis 2.

3. Ellen G. White, *The Adventist Home* (Nashville, TN: Southern Publishing Assoc., 1952) pp. 25, 115, 231.

4. *The Adventist Home*, pp. 231, 233, 237.

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Selected Contemporary Works on Feminism

Collected and Annotated by
Carol L. Richardson

Recent inquiries into women's role in the church such as that appearing in *Spectrum* (Vol. 17, No. 2), can be helpfully expanded by more careful attention to the growing body of work in Christian feminism. Serious scholars continue to discuss women's issues and the Christian response to them.

Christian feminist writings are not only serious and numerous, they are varied. From the conservative hermeneutics of Letty Russell to the radical alternatives of Mary Daly, Christian feminism is no ideological monolith. The books I have included in this bibliography reflect this diversity.

The inclusion of any work here does not imply an endorsement nor do I expect any of my comments to be the final words on the matter. However, I do hope this list will stimulate your own reading and discussion of the vital issues of gender facing the church in particular and society in general.

I. Seventh-day Adventist Works

Daily, Steven Gerald. *The Irony of Adventism: The Role of Ellen White and Other Adventist Women in Nineteenth Century America.* Ann Arbor, Mich: University Microfilms, 1985.

This doctoral dissertation examines the apparent discrepancy of a church that relies on its founding mother as an authority, while at the same time developing an organizational hierarchy largely impenetrable by and unsympathetic to sixty percent of its membership.

Basically a study in context, *Irony* provides a historic backdrop for the persistence of Adventist sexism. Nineteenth-century Victorianism is largely the culprit for the subordinate position women can expect in Adventism: popular notions of sexuality, domesticity, and segregated "spheres" in which a woman might properly inhabit all worked to exclude women from active participation then, as it does now.

Ellen White is not so much an antagonist to feminism as a Victorian bourgeoisie whose own opinions and prejudices were indistinguishable from those of her cultural milieu.

McLeod, Merikay. *Betrayal.* Loma Linda, CA: Mars Hill Publications, 1985.

Betrayal documents, diary-style, the pilgrimage from innocence to experience of its author, then Merikay Silver, in her celebrated challenge for equal pay while employed at Pacific Press. What starts out as a prosaic, if naive, request for head-of-household pay snowballs into a class-action suit against the press under the Title VII provisions outlawing sexual discrimination in the workplace.

The psychic toll of the trial is vividly recounted: friends suffer, employers hector, co-workers fulminate, church officials dissemble, and finally her husband leaves, a casualty of the litigious fray.

Vicarious revenge is no small part of the delicious jolt that comes from reading the scoop about people you know. Here's every bully in polyester who has mixed employment and menace judged

in a court of law to have acted unfairly, even illegally. It is Merikay's victory, but it is a victory for women too.

Spectrum 15:4 December, 1984

This issue of *Spectrum* addresses some of the feminist concerns facing the Adventist church. Of the five items in the special section on Women in the Church, four mull over the church's past history, full of female leadership, contrasting it with the present day absence of women from positions of influence. Especially moving is Otilie Stafford's piece which tempers anger with sadness at an organization indifferent to its self-destructive policies. The final piece is a bit of theology by James Londis in which he reflects on the value of considering highest divinity as female.

What these items all share is the sense of dismay that a group whose heritage was largely forged by women seems now so insistent on excluding them from any positions of influence and power.

Spectrum 17:2 December, 1986

Spectrum reproduces a number of articles stemming from Andrews' Pioneer Memorial Church's consideration of ordaining women elders. While those outside of Pioneer Memorial Church might have thought this issue had been settled long ago, opponents of the measure rightly suspected that if no ideological barrier existed to prevent the ordination of female elders, there could likely be no logical objection to the ordination of women into the ministry.

The two chief spokesmen opposing ordination are Samuele Bacchiochi and Bryan Ball, who both reject any sociological explanation for biblical sexism, such as patriarchy, insisting rather that women's secondary status is God-ordained. Theology aside, Bacchiochi wonders how a woman minister could keep a husband happy, while Ball suggests a woman hearing God's call to the ministry has, you know, some gender identification problems.

A variety of professors take these outbursts seriously enough to answer them with a careful exegesis of scripture. Margaret Davis' witty

parody of Bacchiochi's essay is more to the point, though, revealing his arguments as more bigotry than substance.

II. Church, Worship, and Ministry

Diehl, Judith Ruhe. *A Woman's Place: Equal Partnership in Daily Ministry.* Philadelphia: Fortress, 1985.

Beware lest anyone should assume from the title that this book has anything to do with women clergy. In fact, this little book is a pep talk for conservative Christian wives and mothers who really believe that they're "only" a housewife or "only" a mother. It does not question the patriarchal status quo that treats wives and mothers with flagging self-esteem but rather seeks to boost morale by a few semantic quick fixes: You don't just raise kids, you negotiate and arbitrate when they quarrel, you diagnose when they're ill, you organize and manage housework; why, look at all those executive skills!

This kind of approach is finally doomed to perpetuate guilt and depression because it does not challenge that androcentric society which devalues the rhythms of nature that include childbirth and nurture.

Emswiler, Sharon Neuffer and Thomas Neuffer. *Women and Worship: A Guide to Non-Sexist Hymns, Prayers, and Liturgies*, rev. ed. San Francisco: Harper and Row, 1984.

The first edition of *Women and Worship* (1974) was for many the book that opened the door to the topic of worship that transcends its masculine bondage. In the ten years between editions, many churches have begun to realize the seriousness of how a male-centered language distorts our religion.

Recognizing the volatility of the subject of gender inclusiveness in language, the authors begin with a careful explanation of how words affect thought, how male metaphors for God, or even the "generic" *he* or *man* functions to exclude women from participation in that religion, and reinforces the notion of male superiority.

Appendices contain specific recommendations for nonsexist hymns, liturgies, and vocabulary.

Jewett, Paul King. *The Ordination of Women.* Grand Rapids: Eerdmans, 1982.

Paul Jewett's *Ordination of Women* is a theological defense, in contrast, say, to the sociological Lehman work reviewed below. Jewett's direct, powerful argument is simply stated: the biblical view holds women as equals and partners with men, sharing in all of life's privileges and responsibilities, which includes the ministry.

Then, one by one, he dismantles the arguments of those who pose that the nature of women disqualifies them from ordination; that the nature of the office demands a man, that God's masculinity excludes women as "his" representative, and so on.

Having coolly unraveled the opposition, he avers that indeed the problem of women's exclusion to ordination lies neither with scripture nor logic, but with a system of gender privilege that has largely gone unchallenged throughout history.

Lehman, Edward C., Jr. *Women Clergy: Breaking Through Gender Barriers.* New Brunswick, NJ: Transaction, 1985.

Essentially a sociological survey, *Women Clergy* reports statistically what has happened to congregations over the past several years who actually have had women pastors. The churches' anticipated problems and impressions are reported, and are compared to what actually transpired. Nearly all churches were apprehensive about receiving a woman, even provisionally. Most expected attendance to drop, donations to drop, and membership to drop.

What in fact happened was virtually indistinguishable from what happens with the arrival of a male minister: there was that initial period of settling in, and then the church resumed its normal functioning. In many cases attendance and membership realized modest gains. The dire problems predicted simply did not materialize. In every case members' contact with the actual minister served to dispel stereotypes and assumptions.

In light of our own church's aversion to even discussing this issue, it is astonishing to note that this book surveys attitudes of the past *quarter century*, when most mainline denominations endorsed the ordination of women as clergy.

Watkins, Keith. *Faithful and Fair: Transcending Sexist Language in Worship*. Nashville: Abingdon, 1981.

Like the Emswiler book, *Faithful and Fair* begins with a cautious catechism on language and its ability to mold our thoughts. And, like the aforementioned book, it contains specific suggestions on how to initiate a change to nonsexist language for congregations who might see the issues trivial or even blasphemous.

The dilemma facing every feminist who also loves words is that much as we recognize the necessity for nonsexist language, it is also painfully obvious that "faith of our parents" has lost something more than its gender.

III. Biblical/Theological

Daly, Mary. *Pure Lust: Elemental Feminist Philosophy*. Boston: Beacon, 1984.

All but the most intrepid of Mary Daly fans will find *Pure Lust* rough sledding. With every successive book beginning with *The Church and the Second Sex*, she has become more idiosyncratic and less accessible. Those wishing to glimpse the quintessential post-Christian feminist at her best should stick with her masterwork (mistress-work?) *Beyond God the Father*.

Pure Lust is an unabashed polemic which alternates intellectually provocative passages with strident barrages. Daly, perhaps more than any other feminist philosopher, is aiming at creating an alternative to Christianity, which she considers to be irredeemably patriarchal and damaging to women. Rich in difficult, even alienating word-play, *Pure Lust* not only explores and analyzes patriarchy's abuse of lust and other deadly sins, but goes further in affirming feminist "life-lust" and vision. A demanding, difficult book.

Fiorenza, Elizabeth Schüssler. *Bread, Not*

Stone: The Challenge of Feminist Biblical Interpretation. Boston: Beacon, 1984.

Fiorenza, like Daly and Ruether, goes beyond biblical pronouncements as she develops the notion of experience as authoritative to women, as distinct for scripture. Unlike the evangelical authors who at times seem intent on making feminist purses out of patriarchal ears, Fiorenza frankly acknowledges scripture as a complex resource that has, on the one hand, been used in the oppression of women, while on the other has been a source of refuge and comfort for women.

This collection of articulate essays attempts to reclaim scripture and religion as a source for feminist nurture. She opens up new intellectual territory; use this book as a compass.

Mickelson, Alvera, ed. *Women, Authority and the Bible*. Downers Grove, IL: Intervarsity, 1986.

Women, Authority and the Bible is a collection of essays by conservative evangelicals who are grappling with feminist concerns while at the same time struggling to retain the authority of the Bible. Since scripture addresses feminist concerns only indirectly, if at all, the successful interfacing of these two strands varies with the skill of the essayist.

The task of justifying feminism biblically is basically hermeneutical, so the focus of the essays is on textual exegesis and historical, contextual backgrounds. Responses to this task range from the "it-isn't-in-the-Bible" rejection of feminism to the elaborate "thoughts-we-doubt-ever-got-thought" category of what Paul *really* meant to say. How helpful you find these scholars depends on how valuable an enterprise you regard hermeneutical ventriloquism to be.

Mollenkott, Virginia Ramey. *The Divine Feminine: The Biblical Imagery of God as Female*. New York: Crossroad, 1986.

The Divine Feminine takes to task the assumption that all biblical imagery of God is male; that *He* is only *Father, Husband* and *King*. To be sure, the bulk of it is just that. But there are plenty of instances wherein all three members of the Trinity are spoken of as women: as women in labor, nurs-

ing mothers, homemakers, and midwives.

Whether the inclusion of any female God-language represents a lapse into repressed goddess-worship or intimations of an androgynous or genderless ideal, or whether its paucity merely reflects a cultural bias or reveals the bankrupt condition of Judeo-Christianity, comes down, I suppose, to the half-empty, half-full quandry.

Ruether, Rosemary Radford. *Sexism and God-Talk: Toward a Feminist Theology*. Boston: Beacon, 1983.

Rosemary Radford Ruether indicts nothing less than the entire religious history of Western civilization in *Sexism and God-Talk* as she traces the socio-religious origins of women's oppression, from mythic, pre-Hebrew religions through the modern, post-Christian era. The results of men's powermongering through the ages have left women nameless, the masses huddled, and the earth at risk.

The very sweep of Ruether's catalog of woes brought on by the masculinization of the religious impulse is its chief strength. Chapter by chapter, era by era, Ruether details the development of doctrine and dogma, orthodox and heretical, tracing the damage done by the miscegenation of maleness and religious authority.

The results of these horrors, Ruether contends, have put all of humanity, including men, profoundly at odds with nature. At peril is nothing less than the world's very existence. In men's lust for conquest and power, they have become adversaries to women, to children, to the poor, to animals, to nature, to peace. They have used religion to legitimate their rampage, and no mere replacement of "he's" for "she's" can mend the damage.

Russell, Letty M., ed. *Feminist Interpretation of the Bible*. Philadelphia: Westminster, 1985.

A smorgasbord of essays ranging from a reconsideration of the importunate Gentile woman to the use of the Bible with battered women. The unifying principle in this diverse collection is that the Bible, liberated from its patriarchal bias, can be a valuable resource for all oppressed groups.

While history and methodology make up most of the volume, several fine essays illustrate how a feminist approach can illuminate biblical texts by drawing on feminist historical analysis and modern women's personal experience.

Storkey, Elaine. *What's Right With Feminism*. Grand Rapids: Eerdmans, 1985.

What's Right With Feminism is, for the most part, a balanced analysis of secular feminist concerns, concerns that Storkey urges Christians not to dismiss out of hand. Storkey is at her best when explaining the origins and issues of secular feminism to her Christian audience. Marxist feminists have some valid criticism about how capitalism reduces human relationships to economic exchanges. Liberal feminists have traditionally lobbied for legislative reform. Radical feminists have challenged entrenched sex role notions that perpetuate a onesided, male-is-normative world.

She is less successful when she criticizes these movements simply because they are not Christian, and when she suggests that homosexuality is a chosen preference. Despite these shortcomings, the book is valuable as a primer on the different groups within the feminist movement.

Trible, Phyllis. *God and the Rhetoric of Sexuality*. Philadelphia: Fortress, 1978.

The book is feminist hermeneutics at work. Tribble takes three Old Testament stories—the creation of Adam and Eve, Ruth, and the Song of Songs—uncovering in each literary devices and poetic associations that male-oriented exegesis has missed.

Female motifs in the prophetic descriptions appear in God's compassion (womb) for Israel and in the labor and nursing of "his" child. Tribble's extended commentary of Genesis 2 and 3 dispels any impression that Eve was in any way subordinate to Adam. And both Ruth and the Song of Songs reflect strikingly unsterotypical roles for women.

IV. Contemporary Feminism

Astrachan, Anthony. *How Men Feel: Their Response to Women's Demands for Equality and*

Power. Garden City, New York: Anchor/Doubleday, 1986.

The flip side of the feminist coin, *How Men Feel* expresses men's reactions towards feminism. Are men basically privileged brutes who see women's demands for equality as threatening male perquisites? Closer to the truth, Astrachan contends, is that most men, like most women, are themselves powerless; they are victims of lock-step jobs, congealed in bureaucracy, and have little of the influence women deem them to have. Men in general have acted defensively precisely because they fear their own weakness will be found out.

Best about this book is its sympathetic treatment of the complexities of both male and female aspirations. It reminds us that man himself is not the enemy. Just as feminists are not nympho-lesbo-tramps, men are not sado-rapist-abusers. All of us are caught up in the destructive whorl of gender caste, and it is to the good of both men and women that it be eliminated.

French, Marilyn. *Beyond Power: On Women, Men, and Morals*. New York: Summit, 1985.

While a book decrying the global oppression of women, a book that looks toward a better future, is always welcome, it is disheartening to read one that is bound to be criticized for its simplistic, too-general history and too-optimistic future. I doubt that goddess worship ever brought with it a golden era; I doubt that primitive peoples live in a loving, nurturing utopia; I doubt that every mean-spirited action by a man is yet another manifestation of patriarchy; I doubt that a society run by women would cure the world's ills.

The issues French raises are vital. The notion that an unacknowledged male ideology exists is not frivolous. Men's impulse to power, control, and aggression needs examination. And if this book initiates concern and discussion, then perhaps its many flaws can be overlooked.

Gilligan, Carol. *In a Different Voice: Psychological Theory and Women's Development*. Cambridge, MA: Harvard University, 1982.

Gilligan questions theories of psychological

development, all of which proceed from the male-as-norm model. Women, in fact, develop differently, which is not to say abnormally. Women view moral problems, for example, largely in terms of relationships between people, while men see them in terms of gains and losses. Whether this is from social conditioning or is partly innate is subject to discussion.

Most of Gilligan's ideas aren't new, and you might find much of the generalized psych-speak trite and uninteresting. What is interesting, however, is the actual account of each person interviewed. Whether you are comfortable with a psychological explanation as the basis for the development of moral sense I leave to you.

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Inside the Outsider's Experience

R. Laurence Moore. *Religious Outsiders and the Making of Americans* (New York: Oxford University Press, 1986). 235 pp. n.p.

Reviewed by Douglas Morgan

This work should be of interest to Seventh-day Adventists for two reasons. First, it devotes several pages to historical analysis of Adventism in America, focusing on the political implications of Adventist eschatology. Second, it illumines the religious landscape in which Adventism arose. Combining rich detail and insightful generalizations in his skillful essays, R. Laurence Moore captures much of the essence of a wide variety of groups that, along with Adventism, flourish on the American scene.

What ties the diverse groups in the book together is "outsider" identity. Mormons, Catholics, Jews, Christian Scientists, Adventists, Jehovah's Witnesses, Pentecostals, fundamentalists, and blacks all established religious identities

that fed on distinctions between themselves and the “insider,” mainline Protestants in American religious history. Especially up until the last three decades, mainline Protestants (Episcopalians, Presbyterians, Congregationalists, Methodists, and Baptists, for example), have dominated the nation’s political and social institutions, and thus historians of American religion have until recently seen their story as the true center of American religious history.

But Moore, professor of history at Cornell University, challenges the concept that mainline Protestantism represents what is normal and central in American religion, while other groups are aberrational and peripheral. He persuasively argues that outsider identity and the language of

Based on the Adventist experience Moore concludes that apocalyptic symbols, which once conveyed a politically radical message and supported a powerful sense of outsiderhood, are now used to express a flag-waving, anti-communist patriotism, and have a right-of-center political thrust.

dissent are typical features of American religion. The sheer vastness of the number of Americans who have had religious outsider identities supports the point. But Moore also shows how outsider groups, particularly ones indigenous to America, embodied traits and attitudes that were widely diffused throughout the culture rather than foreign to it.

Mary Baker Eddy and Christian Science illustrate the latter point. Christian Science in itself was unusual, but its central concerns for healing and positive use of mental forces was not. Movements such as theosophy, spiritualism, or New Thought advanced similar concerns, and many Americans took an interest in some of these notions while remaining “mainline” Protestants.

Paradoxes abound that are difficult to summarize in a short review, but Moore deftly handles

them. For example, outsider groups tended gradually to mute their rhetoric of opposition to or separateness from the mainstream, and yet still maintain the distinct identity required for a *raison d’être*. Outsiders move toward the inside, simultaneously taking on some insider characteristics and, by their success, changing what it means to be an insider.

Mormons, for example, by the twentieth century became known as superpatriots, quintessential Americans, hardly outsiders; yet in a sense they remained a separate nation within the nation. Catholics, Jews, and blacks struggled with the complex issue of assimilation (becoming American by becoming more like the Protestant mainstream) vs. pluralism (claiming status as Americans while perpetuating ethnic and cultural distinctiveness). That they pursued both ends at the same time makes questions of outsider and insider in America all the more complicated and interesting.

Moore discusses Adventists, Jehovah’s Witnesses, and Pentecostals together in a chapter exploring the political implications of premillennial eschatology. He argues that such implications have changed over time even while the theological content of a particular group’s premillennialism remains essentially the same. In other words, “premillennialists in different historical contexts have attached different significance to their doctrines” (p. 131).

Drawing on the work of Adventist historians Ronald Graybill and Jonathan Butler, Moore points out that while early Adventists used apocalyptic symbols to express a radically negative outlook on the American republic and were sympathetic to Radical Republican politics, their successors came to view the nation in a more favorable and conservative light. Evangelistic depictions of the beast symbolizing the United States changed from a ferocious carnivore in the mid-19th century to something resembling the “tame creature that followed Mary to school” by the mid-twentieth century. “The eventual almost complete accommodation of Adventism to the ‘American way of life,’” says Moore, “required

‘American way of life,’” says Moore, “required the obliteration of the opposite tendency that marked its early history” (p. 136).

Based on the Adventist experience, as well as that of other premillennial groups, Moore concludes that apocalyptic symbols, which once conveyed a politically radical message and supported a powerful sense of outsiderhood, are now used to express a flag-waving, anti-communist patriotism, and have a right-of-center political thrust.

A difficulty with Moore’s thesis in this chapter is that neither Adventists nor Jehovah’s Witnesses really support his point. As Moore himself says, the Witnesses are impossible to categorize politically and have not become pro-American in their premillennialism. The political perspective predominant in Adventism has unquestionably shifted in the direction Moore indicates. But Adventism, at least as defined by its leaders and official publications, has sharply distanced itself from Moral Majority-type crusades. Despite changes in tone and emphasis, Adventist premillennialism (the idea that Christ’s second coming precedes the millennium) remains too distrustful of America to join in the superpatriotism of the religious right. While Pentecostals and fundamentalists do generally seem to sustain Moore’s basic point, Adventists do so less fully and, in some ways, along with Jehovah’s Witnesses, contradict it.

If Moore fails to do justice to the nuances of Adventist belief and by implication gives a distorted view of the denomination’s present orientation, his analysis contains enough truth to war-

rant careful consideration of the issues raised. Exactly how has the political outlook of American Adventism developed in the past century? What accounts for these changes? What role has eschatology played, and to what extent has it been influenced by political and social change? Has the rhetoric of Adventist leaders accurately represented the sentiments prevailing among the membership? And beyond such historical questions, of course, are the theological and ethical ones concerning the shape Adventist eschatology and political outlook ought to take today.

Finally, some general criticisms of the book. Moore interprets religion primarily in functional, sociological terms, which may (as in the case of Adventism) lead him to unduly downplay the significance of the substance of religious beliefs. Moreover, while he gives outsider groups new historical status as typical Americans, no longer to be judged from the perspective of the Protestant mainstream, he judges them from the perspective of progressive politics. The latter point of view may skew the evidence just as much as the former.

Whatever its limitations, Moore’s work offers a fresh and thoroughly stimulating depiction of the mosaic that is American religion. It is well worthwhile for Adventists interested in how their tradition has interacted with the wider society and how other American groups have grappled with the same problem.

Douglas Morgan, a graduate of Union College and former editor of *College People*, is a graduate student in the history of Christianity at the University of Chicago.

Responses

More on Loma Linda Consolidation

To the Editors: I do appreciate the difficulty Rennie Schoepflin had in sorting through all of the statements, opinion, and facts floating around in order to prepare his story on consolidation at Loma Linda University (Vol. 17, No. 4). He has overall done an excellent job of describing what occurred and including opinions of various groups. However, it may be useful to comment on five statements Schoepflin made in his essay.

First, regarding a faculty poll about consolidation. If numbers instead of percentages are used an interesting fact comes into focus: 65 percent of the 70 percent of the faculty who responded against consolidation become 59 in number. Note how 59 relates to 130—the total faculty polled.

Secondly, a word about Schoepflin's statement that "although administrators usually defended the cutbacks in financial terms, they also wanted to halt what they believed to be a growing complacency with academic and professional mediocrity among the La Sierra faculty." I never once heard such thinking among administrators in all the assessment of data and the strategic planning on the La Sierra campus used to determine where to cut and yet retain the academic strength of the programs.

Thirdly, the reference to "unreasonable report deadlines," could only refer to the report from the faculty, and Schoepflin's statement is simply misleading. I chaired that subcommittee. The first report my committee asked for did announce a tight deadline. However, that deadline was for a preliminary report, returned to the deans of all of the schools with the university for resubmission, with any additions, deletions, or corrections they and their faculties wished. The second deadline of a month later to my knowledge, did not seem unreasonable to anyone. The final copy of my report and all other reports were voted by the total study committee. There was no editing of perceptions or facts after that vote.

Fourthly, Schoepflin says, "already administrators are asserting that if consolidation fails, the faculty's bad attitude will be to blame." In no administrative circle, either on the La Sierra campus or in central administration, have I heard any administration say anything of this kind.

Finally, Schoepflin refers to "... heavy-handed administrative editing" and to reports that university administrators "misled the Board by deleting key portions of the 'Feasibility Study.'" As the large university study com-

mittee received reports from its subcommittees, the group asked for changes, more data, and in one case (philosophy) a total rewrite because the report was a list of pros and cons rather than a philosophy statement. However, the pros and cons of consolidation expressed in the original "philosophy" statement are elsewhere in the final document. The same *total* feasibility study (see my third point above) that was carried out and voted by the university study committee (heavily La Sierra campus in membership) was presented to the subcommittee of the board and finally to the entire board. My statement is supported by a paper trail.

Again, Schoepflin's essay shows a great deal of research. His account deserves these further clarifications.

Helen Ward Thompson
Vice President for Academic Administration
Loma Linda University

Imagination as Gift

To the Editors: I appreciated your issue featuring the Bible as literature (Vol. 17, No. 4). "The Book," as the Bible is often called, contains elegant poetry, stories which plumb the depths of our imaginations, and language which depicts the visual images and describes the musical sounds with which God has sought to reach his people through the ages.

From a study of "the Book" we can discover that God has often chosen to reveal himself through the creative arts. We recognize he could have created a world of black and white with shades of gray; he could have chosen for his creatures voices which contain no overtones; he could have denied us the freedom of choice, and in so doing stripped us of the power to create. Our Creator gave us imaginations which allow us to see, hear, feel, and touch in thousands of different ways.

We can not only create beautiful sculptures, and paintings, we can see those around us and help each one according to his or her individual needs; we can not only find stimulation in textures, we can reach out and give the needed physical and spiritual touch of sympathy, of love.

One day, our Creator will send great music to announce his coming, he will touch and heal and wipe away all tears, and he will recreate us and place us in an environment which is beyond our fondest imagination.

Marvin L. Robertson, Chairman
Music Department
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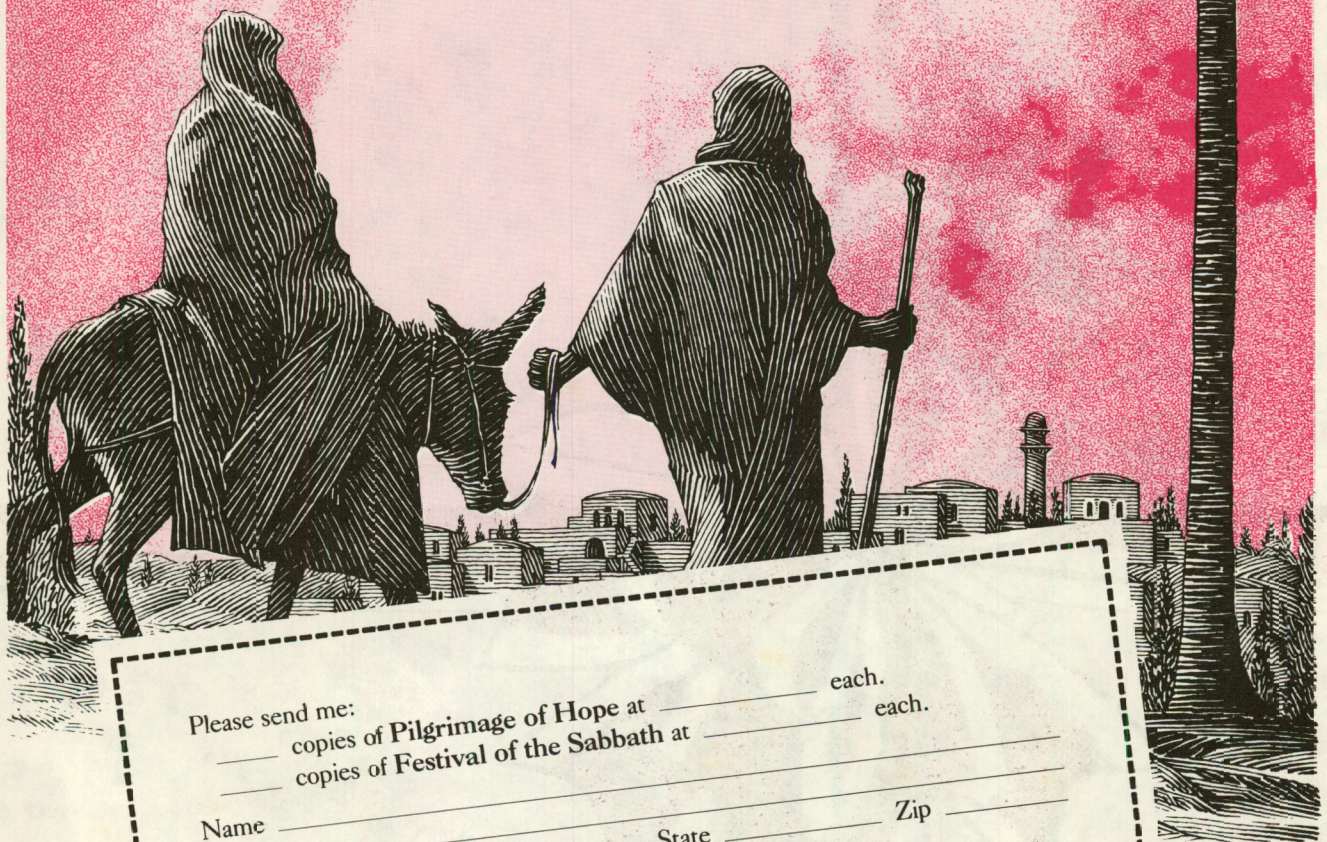
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