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Ellen White and Missional Models for the City

Introduction

Many statements from Ellen G. White challenge Seventh-day Adventists to do medical missionary work. “Christ, the great medical missionary, is our example. . . . He healed the sick and preached the gospel. In His service, healing and teaching were linked closely together. Today they are not to be separated” (White 1948i:170-171; cf. White 1932 and White 1925:132-140). Christ is “the divine Model of medical missionary effort” (White 1948g:127), whose “example must be followed” (White 1948i:127). “Genuine medical missionary work is bound up inseparably with the keeping of God’s commandments, of which the Sabbath is especially mentioned, since it is the great memorial of God’s creative work” (White 1948f:265-266).

Ellen White went so far as to assert that “soon there will be no work done in ministerial lines but medical missionary work” (White 1951:533), which means to combine teaching with healing. Notwithstanding this clear counsel to integrate health ministry with evangelistic ministry, many ministers do not do so. Some who have tried it object that they get more baptisms in proportion to hours worked when using a doctrinal-prophetic approach only, than when this is combined with health instruction.

This article investigates three health evangelists from the turn of the twentieth century, in order to compare their philosophies of mission, learn from their methods, and discover the secrets of their success. The three individuals were selected for the variety of approaches to medical-evangelistic urban mission. John Harvey Kellogg was a leading medical doctor, Stephen N. Haskell was a veteran missionary and evangelist, and John H. N. Tindall was an ordained minister who was also a Medical Dietician (California Conference 1930:3). Each of these will be considered individually, followed by comparisons and conclusions.

John Harvey Kellogg in Chicago

Biographical Sketch

John Harvey Kellogg (1852-1943) was born on a farm in Livingston County, Michigan, one of 16 children (Neufeld 1996a:851). The family eventually moved to Battle Creek, where at age 10, John Kellogg began work in his father's broom factory. At age 12 he learned printing at the Seventh-day Adventist publishing house; at 14 he was a proofreader; and at 16 a public school teacher. At 17 he attended high school one year and graduated.

In 1873 Kellogg enrolled in Bellevue Hospital Medical College in New York, with financial backing from James and Ellen White. There he hired leading professors to tutor him in subjects not included in the regular classes, and also edited the Adventist periodical, the *Health Reformer*. In 1876, after earning his M.D., he became superintendent of the Health Reform Institute, which he renamed the Battle Creek Sanitarium. Under the administration of Kellogg and the inspired guidance of Ellen White the Sanitarium became world famous. When it burned in 1902, Kellogg built a larger, more modern building. In the ensuing conflict with church leadership which climaxed in 1907, Kellogg forfeited his church membership but retained control of the Battle Creek Sanitarium, the Battle Creek Food Company, and the Guadalajara Sanitarium in Mexico (Neufeld 1996b:57).

In 1927 Kellogg and associates built a multimillion dollar addition to the Battle Creek Sanitarium. The resulting indebtedness, combined with the depression that began in 1929, forced the institution into bankruptcy. In 1942 the building was sold to the U. S. Government for an amount sufficient to pay its indebtedness (Neufeld 1996a:852).

Despite Kellogg's separation from the Seventh-day Adventist Church, he never fully forgot his roots. By his invitation the denomination held its Autumn Councils in the Battle Creek Sanitarium in the years 1926, 1932, 1933, 1934, 1937, and 1941. Kellogg died in 1943 at his home in Battle Creek (Neufeld 1996a:853).

The Chicago Medical Mission

In 1891, in Kellogg's fifteenth year as medical superintendent of the Battle Creek Sanitarium (Robinson 1965:210), Kellogg visited Adventist medical students in New York City (267-270). While there he also spent time with George D. Dowkontt, M.D., who operated several "dispensaries, or medical mission stations" in New York City, and also maintained a home for medical students planning to enter mission service (264). This

visit inspired in Kellogg “the desire to see a similar work established in Chicago,” and Dowkontt gave him “a great many valuable suggestions concerning it” (275).

A few months later, when a wealthy Chicagoan offered to pay the expenses of one nurse, “to labor among the poorer classes” of Chicago, the Battle Creek Sanitarium sent Miss Emily Schram to pioneer the work (275). Soon other nurses began working in Chicago several weeks at a time, paid by the Battle Creek Sanitarium.

About this time Dr. Kellogg was told of a gentleman who wanted to see him, but could not get an appointment because he was not sick. Kellogg met with him, and heard his question, “Should we present to you \$40,000 in cash, I would like to know what you would do with it.” Kellogg replied, “We will go to Chicago and start a medical missionary work.” This project pleased the prospective donor, and he and his brother wrote checks for the promised amount. They were the Wessels brothers from South Africa, who had discovered diamonds on their farm (276).

The first dispensary clinic of the Chicago Medical Mission opened in 1893 in rooms rented from the Pacific Garden Mission near the center of Chicago (277). Five lines of service, all free, were offered: a medical dispensary, a room for bathing, a laundry, an evening school for the Chinese, and a “nursing bureau:” (from which nurses were sent to make house calls wherever needed). Four doctors, two visitation nurses, and twenty-five Bible workers worked out of this Chicago Medical Mission (277, 281). During the first five weeks, 1,300 people made use of the mission facilities. In addition to those coming for baths and laundry, 700 received medical treatment, and another 100 received home care from the nurses.

In 1895, Kellogg opened another mission dispensary in south Chicago. Between the two missions, and the home visits of the nurses, 20,000 people a year received help (277, 278), and Kellogg recognized that the Chicago work was now large enough to provide the clinical practice for a medical college (278). The \$40,000 donation from the Wessels brothers funded the opening of the American Medical Missionary College with 41 students in 1895 (278; cf. Schwarz 1964:226-230).

At the height of the Chicago Mission it was a “network of some thirteen separate institutions” providing an impressive array of services:

- the Chicago Sanitarium; one of several clinical centers;
- American Medical Missionary College, an important partner to both the mission and the sanitarium;
- a settlement house, to help immigrants become settled in a new country;
- a Workingmen’s Home, which provided inexpensive meals, lodging, and clothing for poor and homeless men;

- the Life Boat Mission, continuing the work of the original dispensary;
- the Life Boat Maternity Home, for unwed and destitute mothers;
- the Life Boat Rescue Service, an intervention-reclamation program for prostitutes;
- the Life Boat Rescue Home, a combined maternity home and half-way house for former prostitutes. In addition there were several smaller clinics, a health and recreation center for mothers and children in the stockyards district of the city,
- an employment agency for ex-prisoners,
- a store whose profits helped to support the mission, and a monthly magazine, the Life Boat. (Moon 2013a:686)

The genius of the Chicago Medical Mission was that it offered professional medical services, free of charge, targeted to the felt needs of large numbers of people. Arguably the most acute felt need in the general population is the need for health and well-being, especially when one has lost it. As a result, the services of health professionals are always in high demand, and usually at a high price, which often places them out of the reach of those who need them the most.

When highly qualified health professionals offer their services free of charge to people who could not normally afford such services, the appeal is enormous. It is arguably the most expensive temporal gift the church can give to the community, and this is the secret of its effectiveness. For such a gift, people in desperate need will set aside their pride, fear, and religious prejudices, and eagerly come to receive the gift. This is the secret of success common to all three of the models considered in this paper.

Kellogg's Philosophy of Mission

The doctor's understanding of his mission was repeatedly spelled out in the *Medical Missionary*, of which he was the editor. In a call for medical missionaries, he said,

Such missionaries are wanted, not to engage in proselyting men and women to a creed, not for the purpose of disseminating a doctrine or doctrines, but to help lift fallen men and women to a higher moral level through the alleviation of their physical sufferings. . . .

If Christians would only tear themselves away from the narrowness of self and the bigotry of church pride and denominationalism, and devote themselves to earnest work for their fellow men, . . . the gibes of the infidel and the scorner would soon be silenced (Kellogg 1893).

Announcing the American Medical Missionary College in 1895, Kellogg repeated, "This is not a sectarian school. Sectarian doctrines are not to be

taught in this medical school." Nevertheless he maintained that it would teach both "medical science" and "gospel missionary work." "It is not to be either a Seventh-day Adventist or a Methodist or a Baptist, or any other sectarian school," declared Kellogg, "but a Christian medical college . . . to which all Christian men and Christian women who are ready to devote their lives to Christian work will be admitted" (Robinson 1965:295).

Thus Kellogg's term "gospel missionary work" meant missionary work as an expression of the gospel, but it was a non-sectarian, non-proselytizing gospel. In other words, Kellogg did not see the true gospel reflected in Seventh-day Adventism any more than in any other denomination, except as Adventists had a more advanced health message than did others.

Kellogg viewed health reform, not as the "right arm" of the Adventist message, but as the very essence of that message, hence his term, "the Gospel of Health" (Schwarz 1964:51). In contrast, Ellen White viewed health reform as an important aid to worshipping God with all the mind, body and strength, while, with Paul (Rom 14:17; 1 Cor 8:8), she denied that health reform constituted the essence of the gospel. Thus Kellogg and White had fundamentally different conceptions of the relation of health to the gospel.

When Kellogg claimed in 1899 that the work in Chicago was "undenominational" and would not promote "anything that is peculiarly Seventh-day Adventist in doctrine" (Robinson 1965:293), Ellen White rejoined that the medical work was *not* to be "undenominational," but to uphold Seventh-day Adventist principles "in full view of the world" (White 1899:1-2).

Further, she insisted that the work for the poorer classes was not to absorb the major resources of the denomination. She argued that an equally urgent priority is evangelizing people with leadership ability who can *immediately become gospel workers themselves*, thus multiplying the results of evangelism. She observed that, in contrast to people already qualified for leadership,

The work for the poorer classes has no limit. It can never be gotten through with, and it must be treated as a part of the great whole. To give our first attention to this work, while there are vast portions of the Lord's vineyard open to [cultivation] and yet untouched, is to begin with the wrong place. As the right arm is to the body, so is the medical missionary work to the third angel's message. But the right arm is not to become the whole body. The work of seeking the outcasts is important, but it is not to become the great burden of our mission. (White 1899:4, 5)

In summary, Ellen White commended Kellogg's work for the "down-trodden," but she cautioned against letting that work become all-absorbing, recommending instead that a balanced work be carried on for all classes, especially those capable of quickly preparing for leadership in proclaiming the gospel they received. She also reproved Kellogg for minimizing denominational identification and divorcing health from the rest of the Seventh-day Adventist message.

Stephen N. and Hetty Haskell in New York City

Stephen and Hetty Haskell are of particular interest because they not only united medical with evangelistic work, and conference with self-supporting work, but also provided an outstanding example of a husband and wife team ministry.

Biographical Sketch

Stephen N. Haskell (1833-1922) was a seventeen-year-old farm worker when he promised his dying employer Mr. How that he would "take care of" How's invalid daughter, Mary, who was about thirty-eight (Moon 2013b:403; Robinson 1967:13, 128). After some soul-searching he proposed to her and they were soon married. Mary had been a teacher until her health failed, and her education and library contributed much to her young husband's development. At age nineteen Haskell became a self-supporting preacher. A year later he and Mary accepted the Sabbath. Ordained in 1868, S. N. Haskell became the first president of the New England Conference in 1870. In the same year, he and Mary founded the first Seventh-day Adventist Tract and Missionary Society in 1870, and for the next 19 years, the promotion and organization of that work, from local churches to General Conference, was Stephen's primary assignment. During this time he also served as president (some years simultaneously) of the California, Maine, and New England conferences (Robinson 1967:36), and founded the school that eventually became Atlantic Union College (Neufeld 1996a:125-126). Haskell took the first round-the-world survey of Seventh-day Adventist missions (1889-1891), as well as other assignments in Europe. During these years he popularized among Seventh-day Adventists the "Bible reading" method of public discourse (Moon 2013d:404).

At a camp meeting near Lemoore, California in the spring of 1883, Haskell asked his good friend W. C. White to pray with him for an understanding of recent counsel from Ellen White that Haskell "should do less preaching and more teaching." Soon after that, while Haskell was

preaching in the big tent, a rainstorm created such a drumming on the tent roof that his voice could not be heard. "Not wishing to lose time, he took his stand by the center pole and began asking questions and giving out Scripture texts to be read in answer to the questions." While this was going on,

some of the brethren passed Mrs. White's tent. She called to them and asked what had been going on in the big tent. When they told her she said, "That's what Elder Haskell should do; this is the way our people should be instructed." She later told him that what he had done was in harmony with the light she had received. She related having seen in vision many young people going from house to house with Bibles under their arms, teaching truth in a quiet way. (Robinson 1967:66)

In November 1883, the General Conference session "recommended this question-and-answer method of teaching and voted to publish a monthly magazine, *Bible Reading Gazette*." For Haskell, the "Bible reading" method became his preferred mode of presentation, which he taught to others through the *Bible Training School* (periodical) and later *Bible Handbook* (Lantry 1983:45; Robinson 1967:66).

After the death of his first wife Mary Haskell in 1894, Stephen spent the years 1894-1899 in Africa and Australia (Robinson 1967:128). In 1897 he married Hetty Hurd, an accomplished trainer of Bible instructors, and, like himself, a tireless worker in evangelism (146). While faculty members of the Avondale school, they used their vacations to plant two new churches.

The Haskells returned to the United States in 1899, and spent much of 1900 in traveling and speaking at camp meetings. Their next decade was mostly spent in extended evangelistic efforts in New York City; Nashville, Tennessee; San Bernardino and Oakland, California; and Portland, Maine. The first of these campaigns is the focus of the next section.

The New York Bible Training School

When Stephen and Hetty Haskell moved to New York in 1901, there were already two Adventist churches in Manhattan and four in Brooklyn (two English, one German, and one Scandinavian). Their goal was to combine medical and evangelistic work and to demonstrate that such a mission could be conducted on a self-supporting basis (Robinson 1967:179-180).

They faced three major challenges. One was the vastness of New York,

with its millions of people and multiple languages and nationalities. The second challenge was that similar efforts in other cities had nearly bankrupted the sponsoring conferences, hence their determination to keep expenses to a minimum (179, 180). A third challenge was that another Adventist evangelist, E. E. Franke, was already working in New York. Haskell's methods and results would inevitably be compared with those of Elder Franke.

Stephen Haskell first met E. E. Franke in November 1900, when Haskell represented the General Conference at a meeting of the New York Conference in Brooklyn. Haskell's initial impression was that Franke preferred to work independently of other ministers, desired no counsel, shared leadership with no one, spent big bucks on advertising, and always insisted that E. E. Franke be made prominent (Haskell 1900; see also Jaecks 1974:15-31).

At the time, the Haskells had not yet taken residence in New York City. A year later they returned, to begin their urban mission. A sixth-floor suite of rooms housed the initial evangelistic company of seven workers (six women and one man). The regular daily program was:

Mornings:	6:30-7:30	Bible study
	7:30	Breakfast
	9:00	Class for experienced workers, taught by Hetty Haskell
	10:00	Class for new workers, taught by Hetty Haskell
Afternoons:		Canvassing, personal visitation and Bible readings.
Evenings:		Visitation, Bible readings, or public meetings. (S. Haskell 1901a)

The workers began visiting right in their own apartment house and found several interested families. When requested by church members to visit "special cases" scattered "from Brooklyn, and Jersey City to Harlem," Mrs. Haskell would kindly decline. "We are trying by God's help to 'pick the bushes near the wagon,'" she explained to Ellen White (H. Haskell 1901). The reference to "bushes" alludes to a vision of Ellen White's, comparing evangelism to berry picking (White 1925:46-48). Hetty Haskell continued:

We tell them if they have friends interested to work for them in the fear of the Lord, and God will help them. That we have not come to the city to do their work; but to work for souls nobody else is working for, and when we tell them of the hungry souls we find right within a stone's throw of our own home, they usually say it is all right, and they will work for their friends and pray for us. By working near at home our workers can do more, they can hold two readings in an afternoon even in hot weather. (H. Haskell 1901)

Just three months after beginning work in New York, S. N. Haskell reported the conversion of three men, including “an experienced Baptist minister who, with his wife, has embraced the Sabbath, pays his tithe, and as far as he knows, has adopted the health reform; these are anxious to enter the work as soon as they have had sufficient instruction to do so” (S. Haskell 1901b).

By February 1902 the working group included two nurses who, in treating the sick, simultaneously expanded the group’s outreach and augmented its income. Hetty observed with satisfaction:

They are medical missionaries, not medical nurses without the missionary. During the last week we have had someone in for treatment, I think every evening. . . . We charge \$1.00 for massage when they come to our place, and \$1.50 when we go to their residence to give it. . . . We are able to give shampoo, hot bath, salt glow, hot and cold to the spine, and simple treatments, and massage. . . . Our nurses are sowing seeds of truth as well as health . . . two of our patients have subscribed to “Good Health” for a year, and have bought several of our books and small publications. (H. Haskell 1902)

In addition to Bible instructors, nurses, and canvassers, the Haskell family employed two women skilled in giving cooking classes. Also added in mid-1902 was a monthly magazine bearing the same name as the Haskell’s New York mission, the *Bible Training School*. Its purpose, according to Stephen Haskell, was

to give instruction in Bible Readings to those who cannot get out to attend any institute. There are good books of Readings published, but to strictly follow them destroys the individuality out of a person. And it is our object to try and give instruction as to how to study the Bible so as to preserve their own individuality. (S. Haskell 1902b)

Canvassers sold the *Bible Training School* on the streets for ten cents a copy. Some individuals who had never done any kind of missionary work before, sold as many as 150 copies a day, producing a significant income for 1902.

By April 1902, about ten months after beginning, the working force totaled “about twenty.” Stephen Haskell described them as “belong[ing] to the three different classes that went to David in the wilderness. They are the ‘oppressed,’ the ‘discontented,’ and those in ‘debt’ [1 Sam 22:2]. Nearly all of them are those that were not specially connected with the cause before coming here. We have advanced money to pay the debts for some, on which we are paying interest” (S. Haskell 1902a).

The case of a Mr. Miller, a carpenter, illustrates how the Haskells found workers.

His [E. E. Franke's] church board voted against my wife holding [Bible] Readings with a man who they had disfellowshipped. . . . She told [Elder Franke] however that as long as they had disfellowshipped him, and that we came here not subject to his church board, she did not see what he or his church board had to do with his disfellowshipped member or her. (S. Haskell 1900b)

Mrs. Haskell explained further:

The gravest charge that I have heard given was that [Mr. Miller] called Eld. Franke "a Judas" in a business church meeting and was angry at him. They brought neither immoral nor dishonest [*sic*] charges against him. He appealed to the Conference and the Conference claimed he had done nothing worthy of disfellowshipping. (H. Haskell 1900)

Under Hetty Haskell's tutelage, Miller the carpenter became an effective lay evangelist, and two years later he went to Scotland as a self-supporting missionary (S. Haskell 1902c).

In September 1902, after the first fourteen months of the New York campaign, the Haskells' group were holding meetings in three halls, all "within about seven minutes' walk from our home on 400 West 57th Street" (H. Haskell 1902b). One was on 59th Street, the second was "a new hall on 65th Street," devoted to work among Blacks and located "in a very respectable part of the city." About 30 Blacks were keeping the Sabbath. A third location was on 62nd Street, "in that very wicked part of the city" (H. Haskell 1902b).

In the summer of 1902, S. N. Haskell and E. E. Franke "enjoyed working together very much" at the Vermont camp meeting, and laid plans to cooperate in their fall evangelism in New York City (H. Haskell 1902b). At the conference constituency meeting in October, however, Franke publicly denounced Haskell. "He opened his satchel and took out one of [Adventist defector D. M.] Canright's books that he had ready with leaves turned down all through it and began reading a lot of the lies Canright had written against Elder H[askell]" (H. Haskell 1902b). Not wishing to fight, Haskell quietly went home until after the election had been held. Franke had hoped to become conference president. No one said anything in Haskell's defense until just before the vote was taken, when a "Bro. Uchtman rose and read, 'A bishop must be blameless, as the steward of God; not self-willed, not soon angry,' [Titus 1:7] and sat down" (H. Haskell 1902b). After failing to capture either the presidency or vice-presidency, Franke's allies gave up.

At this point the Haskells decided to move from Manhattan to Brooklyn where they would not be in such close proximity to Franke. In 1902 S. N. Haskell was 69, and after fifteen months of intensive labor they were both due for some rest. As a result of those fifteen months of work, the Haskells counted 70-80 new Seventh-day Adventists, which they had organized into a church in New York. Four of these new converts had become full-time workers. Of these full-time workers, one had been instrumental in the conversion of twenty of the above mentioned new converts; another twelve individuals had been added to the New Jersey Conference (S. Haskell 1902d).

Soon afterward Haskell organized New York City's first Black Seventh-day Adventist Church. The members of this church paid the rent on their church by the missionary work they did by selling Seventh-day Adventist literature (S. Haskell 1902d).

Haskell's Philosophy of Medical Mission

Haskell's philosophy could be summed up in two imperatives: every aspect of the program must definitely contribute to soul-winning, and the entire program should be as nearly self-supporting as possible. Haskell's program included *no health ministry for the sake of health only*. The literature sales, the treatments, the health and cooking classes, were all directed toward the single aim of introducing individuals to the gospel as understood by Seventh-day Adventists.

Haskell did not claim that his program was 100% self-sufficient. He did claim that his program cost the local conference "not . . . one cent," except for \$60 rent their first month in New York (S. Haskell 1902d). By the second month they were self-supporting. How did they do it? The slim thread of financial stability for the enterprise was the General Conference income received by the S. N. and Hetty Haskell, \$10 and \$8 per week, respectively, or a total of approximately \$78 per month (S. Haskell 1902b). Haskell's financial summary after fifteen months follows:

BIBLE TRAINING SCHOOL FINANCIAL REPORT (S. Haskell Oct. 14, 1902)¹

<i>Item</i>	<i>Total for 15 months</i>	<i>Average per Month</i>
<u>Evangelistic Expense</u>		
Hall Rental and Related Expenses	999.47	\$67.00
Printing and Advertising	469.17	31.00
Total Evangelistic Expense	<u>1468.64</u>	<u>98.00</u>

Evangelistic Income

Offerings and Private Donations	<u>1011.15</u>	<u>67.00</u>
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Excess Evangelistic Expense

<u>(Paid from Mission Funds)</u>	<u>457.49</u>	<u>31.00</u>
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Mission Group Income

Salaries, \$18 per week x 65 weeks

(S.N. Haskell, \$10/week

Hetty Haskell, \$8/week)

1170.00

78.00

Book Sales (S. Haskell 1902e)²

819.68

55.00

Treatments given by Nurses

174.05

12.00³

Individual Worker Income

7825.60⁴

522.00

Total Mission Group Income

9989.33666.00**Mission Group Expense**

Rent \$1275.25

85.00⁵

Wages paid to workers

2591.62

173.00

Evangelistic expenses in

Excess of offerings

457.49

30.00

Total group expense

4324.36288.00**Excess Mission Group Income****Above Total Group Expense** 5664.97⁶

1. In most cases the totals are as given by S. Haskell, and the per-month averages are rounded to nearest dollar.

2. The books were donated by the Review and Herald (many were out of date); thus profit was 100% of gross sales. The monthly *Bible Training School (BTS)* which was begun in May 1902, was only four issues old at the time of this accounting. The likely reason Haskell did not refer to the *BTS* here is that this report only includes "mission" funds, not personal income and expenses. The *BTS* would have been classified as personal expense for Haskell and personal income on a commission basis for those who sold it.

3. These were given primarily during the winter; the *average* monthly income over fifteen months is much less than *actual* income during the months the treatments were given.

4. Based on Haskell's related report that workers "who came in to be trained" paid \$782.56 of tithe into the church which was organized "since we came here" (S. Haskell 1902e).

5. The rent began at \$60.00 per month and was later raised to \$150.00 per month, mostly because more rooms were required for more workers.

6. This figure is deduced from total income. Haskell's report does not tell exactly how the group's household finances were arranged. Since the income from magazine sales was given to each individual worker on a commission basis, it is likely that each one also contributed to the rent and grocery expense.

A major component in the Haskells' program of self-support was their practice of the strictest economy in everything. For example, they asked for and received free advertising in the newspapers. They "maintained that the Lord owns the newspapers, and therefore it is perfectly right to expect the Lord's notices to be printed in his own papers free of charge. And the Lord has honored our faith" (H. Haskell 1902).

When Elder Haskell became too busy to keep up the newspaper contacts personally, a "Brother Stephens" took up the work. Mrs. Haskell reported that the *New York Tribune*, *Times*, and *Commercial Advertiser* had all "promised that they would publish the notices of the meetings the coming week" and Brother Stephens "expects to visit the other papers tomorrow" (H. Haskell 1902a).

Another method of advertising was handing out printed cards on the mass-transit system of elevated railways. "Our workers distribute thousands of [advertising] cards every week on the elevated roads," Hetty Haskell reported. "The train men have been so very kind to them that they have even passed them from one station to the other without their paying any fare" (H. Haskell 1902a). Such providences were surprising to many observers, but not to the Haskells. Hetty reported,

Some of the friends who did not understand how the Lord is working for us, came to us with the remark that it must cost immensely to advertise, that we must spend hundreds of dollars each week for the advertising we were doing. When we told them that we usually average from six to nine dollars a week,—simply the cost of printing our cards,—they looked incredulous, and I really think they hardly believed that we were actually giving facts. (H. Haskell 1902a)

The personal contacts brought additional benefits.

As a result of our distributing on the elevated roads, several of the families of conductors are greatly interested in the truth. The gentleman who has charge of starting the trains, down at what they call "the barn," where all the trains start from, is having Bible readings each week in his home. (H. Haskell 1902a)

Hetty Haskell recognized that such inexpensive advertising might not always be available.

I suppose if [the Lord] wanted us to pay for the notices in the papers, he would send us enough money to do it, but as he doesn't give us money to spend in that way, he gives us favor with the men that own the papers. And that is so much better, because it brings the truth before the newspaper men in an entirely different light. The chief editor of the "New York Times" has become very much interested in our work. One of the principal business managers in the "Tribune" office has also manifested considerable interest. (H. Haskell 1902a)

At the time Haskells began their work, E. E. Franke was conducting meetings in Trenton, New Jersey (S. Haskell 1901a). They learned in September that the General Conference had given consent for Franke to return to New York and hold meetings in Carnegie Hall, just three blocks from the Haskells' apartment and "four or five blocks from where we are trying to secure a hall in which to hold our meetings" (S. Haskell 1901b). In a city as vast as New York, for Franke to rent a hall in practically the same neighborhood to the Haskells' meetings, seemed thoughtless at best. "If it were even a mile from here, it might be an entirely different thing; but this brings Elder Franke right into our midst," Stephen Haskell complained to General Conference President A. G. Daniells (S. Haskell 1901b). In the same letter, Haskell elaborated the differences between Franke's approach to evangelism and his own (S. Haskell 1901b).

Haskell reported that Franke rented Carnegie Hall at "very large" expense, hired a "choir of singers to entertain the people as they come in," and printed "hundreds or thousands" of large posters and small advertising cards for distribution, all with his picture and the words, "E. E. Franke, Evangelist" on them. Haskell estimated that the expenses of such advertising amounted to "hundreds, if not thousands," of dollars during Franke's campaign (S. Haskell 1901b). Haskell also implied disapproval of Franke's flamboyant way of advertising. Franke ran a wagon, on which was an A-shaped tent, each side of which carried a "flaming advertisement of his subject" by "E. E. Franke, the Evangelist" (S. Haskell 1901b).

In summary, the Haskells successfully combined conference salary with self-support. Their motivation for this approach was pragmatic. When they opened the Bible Training School evangelistic center in New York, the conference could give virtually no funds beyond their two salaries, which were totally inadequate to both cover their personal living expenses and finance the evangelization of New York. Their solution was to combine conference support with self-support. While the Haskells themselves received General Conference salaries, they used those two salaries as the

financial basis for the whole worker group. By enabling team members to support themselves, the Haskells were able to put together a multi-gifted evangelistic team of some twenty full time workers—colporteurs, Bible instructors, health educators, and nurses—at no cost to the local conference. Thus the cash flow for the whole group was stabilized by the two salaries and augmented by literature sales. From these sources, plus offerings, they paid for hall rental, printing of handbills, and all other evangelistic expenses.

According to Ellen White, a pastor's primary responsibility toward members of the church is to train, equip, and organize them for successful mission (White 1925:70). The Haskells' ministry provides one model for how this could be done. Their team members were trained in literature sales, Bible readings, public evangelism, and missionary frugality. Thus church members without previous experience were not only prepared for successful gospel work, but were enabled to support themselves in full time ministry.

John H. N. Tindall in Redlands, California

Biographical Sketch

John H. N. Tindall (1880-1972) grew up in Indiana. The early death of his brother Willie and a subsequent sermon on hellfire prompted thoughts that "ripened into atheism." Young Tindall felt that God was to be feared, not loved. Asked about heaven, he dared not express his true thoughts that he "wanted to be with Willie, but not with God. I wished God was as good as my father, but did not dare say so." When his mother told him that his dog Nero had no soul to live on after death, he said to the dog, "O Nero, I wish I could be like you" (Tindall 1922:159-160). He came to feel "that it was impossible to love God, who would treat poor finite creatures so unjustly." Growing up he associated with readers of Voltaire, Thomas Paine, and Robert Ingersoll and avowed himself an atheist (Tindall 1922:160). Tindall became a professional journalist, traveled extensively, and in general pursued the "good life" in the "fast lane" (160-165).

A remarkable dream, an encounter with an angel, and marriage prepared him for a meeting with an aged mountaineer who introduced him to the Seventh-day Adventist message (160-165). Subsequently Tindall took the medical evangelist course at the College of Medical Evangelists, graduated about 1910, and became a pioneer of "gospel-medical evangelism" (Obituary 1972; Tindall 1922:6).

Tindall conducted his first medical missionary campaign in 1910 in San Bernardino. The team consisted of John Tindall, evangelist; Mrs. Tindall, musician and "demonstrator in cooking"; C. E. Garnsey, medical

evangelist, head nurse at the Loma Linda Sanitarium; and Mrs. Garnsey, also a nurse. The meetings were held in a “small but new tent” with seating capacity of about 150 (6). “At no time during the campaign did the outside attendance number more than one hundred people, but in just six weeks seventeen souls were baptized” (160).

The high point of the effort was the deliverance from tobacco of a retired gentleman who had tried for years to quit, but had been unable. The love shown to him through the medical aspect of the work “broke the old gentleman’s heart and he wept like a child.” Next “God answered our prayer by the gift of the Holy Spirit, which strengthened his faith and he became a liberated man.” As a “memorial of his victory in Christian experience” he mounted his pipe on the gate post outside his back door. Pointing to the pipe, he told many friends “how he was led to his Savior.” When the College of Medical Evangelists needed money, he gladly loaned the college several thousand dollars at low interest (6).

From San Bernardino, the same team went to Hartford City, Indiana, where Tindall’s parents lived. During that campaign, some forty-two “substantial converts surrendered,” including a practicing physician, two established farmers, and a well-to-do retired county official. Over \$5,000 in tithes and offerings was turned in to the Indiana Conference, followed by an additional \$50,000 in loans “to the cause” (7). Subsequent campaigns were held in Indianapolis, Indiana; Milwaukee, Wisconsin; Tulsa and Oklahoma City, Oklahoma; and Dallas, Texas, averaging over 100 baptized individuals in each city (7).

The Redlands Campaign

The Redlands campaign offered public meetings three nights a week. Two of those evening programs were entirely on health. Tuesday evenings featured “lectures on diet, with . . . demonstrations of healthful cooking,” and Thursdays offered “lectures on diseases and treatments, with appropriate demonstrations.” All the health lectures were held in the city hall auditorium, which afforded adjacent rooms for preparing and serving food. The “evangelical” meetings were held on Sunday nights in the Wyatt Theatre (Tindall 1922:8, 9).

The opening night program (Tuesday, October 25, 1921) featured the Loma Linda orchestra, and a student quartet. One verse of “America” brought the audience to their feet for the prayer, after which “Mr. Tindall” was introduced as the chairman of the evening and the “promoter and manager of this series of meetings.” Tindall in turn presented the mayor, who welcomed the meetings to Redlands. The next four speakers were all medical doctors: Dr. Newton Evans, president of the College of Medical

Evangelists, gave a response to the mayor. The president of the First National Bank of Redlands (also an MD!), gave further "Remarks Concerning Loma Linda." Dr. P. T. Magan, dean of the College of Medical Evangelists, introduced "Our Medical College." Finally, Dr. A. W. Truman from the St. Helena Sanitarium presented the main address, "Postponing Our Own Funerals" (Tindall 1922:20a, 28, 31).

The second evening, Thursday, October 27, Mary McReynolds, M.D., spoke on the "Physical Crisis the World is Facing," with emphasis on epidemics of preventable diseases, many of them the result of lifestyle deficiencies (31-33).

After two nights completely devoted to health education, Tindall presented the first doctrinal topic, "Why Does Not an All-Powerful and Loving God Destroy the Devil?" Sunday night, October 30. The newspaper reported an attendance of 900 and called it a "remarkable lecture" (Tindall 1922:34). Tuesday, Dr. E. H. Risley, chief chemist and dietitian of the Loma Linda College, began a five-part series, "What Are You Eating?" A news reporter noted the "full-house audience at the City Hall Auditorium," and complimented Risley that those hearing him "enjoy every minute of it." The Thursday topic was "Cancer," presented by CME president, Dr. Newton Evans (Tindall 1922:36).

The same basic schedule was followed for six months, ending May 1, 1922. This was the public part of the campaign. Meanwhile, behind the scenes, there was much more to Tindall's success.

"At the very beginning of the campaign" it was "publicly announced that the physicians and nurses will be glad to extend their services by way of consultation, treatments or any other possible help to those who desire it, and that all of these services are entirely free of charge" (Tindall 1922:10). A card for this purpose was provided (Tindall 1922:10, 59):

MARK "X" WHERE INTERESTED		
Free Literature on	Bible <input type="checkbox"/>	Health <input type="checkbox"/>
Home Bible Studies	Ladies <input type="checkbox"/>	Men <input type="checkbox"/>
Health Cooking Class <input type="checkbox"/>		
Counsel with Physician <input type="checkbox"/>	Ladies <input type="checkbox"/>	Men <input type="checkbox"/>
Home Visit or Interview with Nurse	Ladies <input type="checkbox"/>	Men <input type="checkbox"/>
Personal Interview with Evangelist Tindall <input type="checkbox"/>		

During every program the Mark "X" cards were handed out just before the offering. The filled-in cards, gathered by the ushers, became

invitations so that when the workers went to the homes they could be sure of a welcome. In this way the entire gospel-medical team was involved in house-to-house visitation (10).

Early in the campaign, health lectures were given two nights a week. As interests developed and a baptismal class was formed, one of the health lectures was discontinued and the baptismal class took its place in the evening schedule. Baptisms were usually held on Sunday mornings in a public place (Tindall 1922:11).

At the time of publication, Tindall had given twenty-four sermons (approximately six months into the campaign) and twenty-five persons were attending the baptismal class, but he thought it was still “too early to predict the final outcome of this campaign in Redlands” (Tindall 1922:8).

Tindall's Philosophy of Gospel-Medical Evangelism

Several principles were prominent in Tindall's approach to evangelism. First was his understanding that the “medical work, while necessary, is not ‘the Message.’” He quoted Ellen White, “The medical missionary work is not to be made all and in all” (1948h:161). It is the “entering wedge” which prepares the way for the gospel (Tindall 1922:14).

A second principle was that of the unity of the working group. The workers were all volunteers except “the nurse, paid by the sanitarium; one Bible worker, paid half-time; and the evangelist, who is paid jointly by the conference and the college.” A picture of “Evangelist Tindall and Volunteer Company” includes 17 people (8, 4). Tindall placed great emphasis on training the workers for every aspect of the work they were to do. His presentations to the group included “careful study of the Savior's methods of work with His disciples” and detailed “plans for the city campaign work” as given in the “Spirit of Prophecy, Bible and Testimony studies.” His goal was more than merely instruction: “The influence of a thoroughly united and consecrated company, all speaking the same thing, upholding each other's hands and standing solidly for the instructions of the Lord, is felt strongly throughout the entire church” (9).

A third principle was financial. Tindall declared that all of his campaigns had been “more than self-supporting, usually bringing in more tithes into the conference treasury, before the campaign closes, than is paid out by the conference in expense” (7). One of the reasons this was so was that Tindall had the same kind of holy boldness that Haskell had for soliciting free help for God's program. For instance, in Redlands, the hall was provided by the city without charge, the only cost to the campaign being the “lights and janitor service.” Other donations ranged from groceries for the food demonstrations to “the equipment necessary

for the public demonstrations and the treatment rooms, and also the use of a piano." The primary economy, however, was in the use of a worker team composed largely of volunteers.

A fourth principle in Tindall's philosophy of evangelism was that the local Seventh-day Adventist church should be especially prepared to receive guests and new members. Tindall instructed them "particularly in lines of real Christian experience and heart work" and in how to present to their neighbors "our truths and the need of conversion" (9, 11).

In summary, Tindall promoted a unified blend of gospel-medical evangelism. He fielded a comprehensive program while keeping expenses to a minimum compared to the scope of his effort. He utilized full-time and part-time volunteers. Tindall consciously patterned his evangelistic program according to specific counsels of Ellen White. For instance, after one quotation from Ellen White, Tindall added, "Notice the way in which this instruction is carried out" in the evangelistic program (18). "Bible and Testimony" study time with his workers was made prominent in his weekly schedule (9). His report of the Redlands Campaign set forth eight pages of Ellen White quotations, typically arranged (13-20), as the basis of his evangelistic method. Every heading in this section represented some essential element of Tindall's medical mission program.

Comparisons among the Three Models

It must be noted, of course, that no completely equitable comparisons can be made between missional efforts in different cities, at different times, with different evangelists, and different kinds of audiences. As to age, Kellogg was about 41 when he began the Chicago Mission, and Tindall was about 41 at the outset of the Redlands campaign. At the launch of the New York Bible Training School, Hetty Haskell was about 44 and Stephen Haskell was about 68.

Theoretical Comparisons

One secret of success was common to all three of the missional models. They all recognized that *when health professionals offer their services free of charge to people who could not normally afford such services, the appeal is enormous. For such a benefit, people in desperate need will set aside their pride, fear, or religious prejudices, and eagerly accept the gift—even though it is offered by a different religion than their own. Further, treating the body brings the health professional into a similar level of intimacy as does the work of the minister treating the soul. Thus the free professional health care, given in love, opens minds and hearts to the potential for spiritual healing. This is the role of health as an*

“entering wedge” for the gospel, and the secret of success common to all three of the models considered in this paper.

But while all three recognized the missional power of medical ministry, a theological comparison shows that Kellogg held premises not shared by the other two—a difference also reflected in Kellogg’s methodology. It is difficult to ascertain how early Kellogg began to consciously synthesize a theology in which health reform was central. Perhaps his theology followed his practice, as justification for priorities he had already accepted intuitively. In any case, it is evident that during the 1890s he was already shaping plans and policies in harmony with the “gospel of health” and the semi-pantheistic theology which he articulated later. As early as 1893, the first year of the Chicago Mission (Robinson 1965:277, 281), Kellogg was already calling for medical missionaries who would be free from “denominationalism” (Kellogg 1893).

Kellogg apparently came to believe that health reform was the essence of the gospel. Because ministry to physical needs is the gospel in demonstration, he believed that the “alleviation of . . . physical sufferings” was sufficient, in itself, to justify the existence of the Chicago Mission. Furthermore, if health is the gospel, then divisive denominational doctrines are not only unnecessary, but a hindrance to the health ministry.

Haskell, on the other hand, repudiated Kellogg’s “salvation by eating” (Prescott 1900), insisting that salvation comes only through believing and actively following Jesus Christ. For Haskell, the role of the health message in evangelism was multi-faceted. As an “entering wedge,” the health message prepared the way for the gospel. It met felt needs of unbelievers, broke down prejudice, demonstrated the love of Christ, and gained a hearing for the gospel. For those who practiced the health message, it improved their well-being and sharpened mental clarity, enabling them to better grasp and appreciate the gospel. For those who went on to accept the gospel, health reform increased their capacity for worship and service. Thus the combination of physical, mental, spiritual, and social ministry facilitated the restoration of the whole person.

Tindall showed no fundamental difference from the philosophy of Haskell. Tindall articulated very clearly his belief that “the medical work, while necessary, is not ‘the message’” (Tindall 1922:14). The medical work is an essential *part* of the whole message. Indeed, it is “prominent” among the subjects which describe how people are to prepare for the second coming, but it can never take the place of “the message” (White 1948a:559).

In summary, Kellogg made health the essence of the message. He carried out this premise so thoroughly that he eventually viewed the distinctive Adventist doctrines as unnecessary. Haskell and Tindall insisted that health reform was a necessary part of the message, but not its essential core.

Comparisons of Methodology

At its height, the Chicago Medical Mission was a network of some thirteen separate institutions, providing an impressive array of services. The downside of this ambitious program was that “by 1898 the expenses of the Chicago Mission had grown to twice the profits of the Chicago Sanitarium, creating a financial crisis” (Moon 2013a:686). The Chicago Medical Mission was heavily subsidized by both the Chicago Sanitarium and the Battle Creek Sanitarium, as well as by private donors. But there was *no substantial income from the work itself*. This was partly due to the clientele. Unlike the Battle Creek Sanitarium, which was patronized by America’s wealthy, the Chicago Mission primarily targeted the poor. In this it made a wonderful contribution, but it was an expensive one for a denomination whose world membership was less than 32,000 (*Seventh-day Adventist Yearbook* 1892:80).

In sharp contrast, reflecting the belief that the role of health was to enhance and advance the gospel, the Haskells’ Bible Training School in New York placed greatest emphasis on the evangelistic purpose. The workers included canvassers, Bible instructors, health and cooking instructors, nurses, and ministers. Daily classes were held for the training of Bible instructors, and it was the mutual understanding of the entire team that all efforts were directed toward supporting the public meetings and adding new members to the body of Christ.

Information is not available for the New York effort, but four years later in San Bernardino (1906), the Haskells used a plan of giving health lectures on alternate nights from the doctrinal presentations. Elder Haskell preached Sunday, Wednesday, and Friday evenings. Monday, Tuesday, Thursday, and Saturday nights were for cooking or health schools. Mrs. Haskell was the lead Bible instructor, trainer of Bible instructors, coordinator of the health and cooking classes, and had general oversight of the household of 12-20 workers (H. Haskell 1906). Two things are immediately obvious here: First, there was a variety of programs to attract the people; second, at seven nights a week the program was very intensive. No wonder Haskell reported three months later that his wife was exhausted (S. Haskell 1906b).

Unlike the Chicago Mission, completely dependent on external financial support, Haskell’s group generated local income approximately equal to the requirements of the evangelistic program.

Like the Haskells, Tindall believed that the health message existed to serve the gospel, and his methods had much in common with theirs. Tindall’s team included Bible instructors, instructors in cooking and home nursing, and visitation nurses. Tindall does not seem to have fostered any

extensive canvassing program, but did have the aid of physicians, which Haskell did not. Where the Haskells trained their working group with daily classes, Tindall held classes for church members.

Tindall, however, excelled in evangelistic methodology. Haskell's group began its work in New York in a very quiet way, opening public meetings only after an interest had been developed by extensive personal work (S. Haskell 1901b). Tindall, on the other hand, used extensive advertising to attract a maximum audience for the opening night health lecture. The combination of the heavily-advertised opening night and the use of the "Mark X" request card, got the evangelistic team into the people's homes from the very start, thus giving a stronger impetus to the beginning of the campaign than did Haskell's program. Tindall's program could be seen as a further development of that of the Haskells. Even the plan of devoting the entire evening to health topics on certain nights of the week was anticipated by the Haskells in San Bernardino in 1906.

Tindall received more financial and other support from the conference and from the College of Medical Evangelists than did Haskell, but Tindall's program apparently produced even greater financial returns.

The comparison of methods suggests that Kellogg's Chicago Medical Mission was most oriented toward medical and social ministries, with the least emphasis on winning converts. It was supported almost completely by external funding. Haskell's Bible Training School emphasized personal ministry and a largely self-supporting approach to finances. Tindall's Redlands Campaign involved a union of conference and volunteer laborers. Unlike Haskell's team who earned their own way selling literature, Tindall's "volunteers" seem to consist mostly of professionals who helped part-time without significantly interrupting the income from their profession, or persons who were free to work full-time because they had other sources of income. While Tindall spent more for advertising than did Haskell, the financial returns to the conference far exceeded expenses.

In brief, Kellogg's program was prohibitively expensive, Haskell's broke even financially, and Tindall's showed a healthy financial profit at the close of the series.

Conclusions

The mission models used in Chicago, New York City, and suburban Los Angeles a century ago suggest the following conclusions regarding the role of health in mission, financial sustainability, and overall success.

1. All three of the urban mission models considered here gave equal or greater *time* to health ministry as to gospel ministry. The Chicago Medical Mission gave more *emphasis* to health than to the larger Adventist

message. Even though Haskell and Tindall did not prioritize health *above* evangelism, as did Kellogg, Haskell (in San Bernardino) and Tindall (in Redlands) devoted two or more evenings per week *solely* to health education, without any doctrinal preaching on those nights. This is a major difference in format compared to many present-day evangelistic meetings. Tindall gave the *opening two nights* exclusively to health topics, and two out of three nights per week thereafter, until several months into the campaign, when a weekly baptismal class replaced one of the health programs.

Furthermore, Tindall held the health programs in a hall with kitchen and dining facilities, while the “evangelical” meetings were held in an entirely different location, a theater (Tindall 1922:8-9). A possible reason why some ministers have *not* found great success in health evangelism is that they have merely added a thin veneer of health education to an essentially conventional evangelistic program. The “entering wedge” was not given its rightful place—in front—with its full leading potential.

2. All three of the evangelists studied here possessed personality and character traits that enabled them to relate winsomely to people of higher education and income. Kellogg was extremely gifted in this area, but his “undenominational” stance did not place high priority on helping people become Adventists. The Haskells cultivated positive relationships with influential people and saw quite a number become converts. But Tindall was gifted, to a preeminent degree, for winning converts of the keenest intellectual ability, business acumen, and financial resources. A major advantage of true medical mission is not just the *number* of converts, but their already developed *capacity for leadership* in advancing the gospel. Thus medical mission work reaches a class of people who may not be reached through any other missional method.

3. All the programs studied here made major use of health care professionals. The working team was not limited to persons trained in doctrinal lines. Programs with only peripheral involvement of health professionals may reinforce the public perception that the health aspect is only “bait” for an essentially proselyte-motivated campaign.

4. In all three programs, the health professionals were available for in-home visitation. In many urban areas today, in-home visitation may not be the most effective way to deliver professional services to large numbers of people. Enormous advances in technology may require bringing the people to a professionally equipped location. However, even without home visitation, personalized care can be given, and a program that is *rich in highly qualified health professionals* can have an astounding impact.

A recent example was the “Bridges to Health” event held in San Francisco (April 23-24) and Oakland, California (April 25), 2014. In three days,

600 volunteers served 2,800 people with free Adventist health care valued at \$5.2 million—an average value of \$1,850 worth of services per person served. This urban medical mission “was organized and sponsored by the Pacific Union chapter of Adventist-laymen’s Services & Industries (ASI). The Pacific Union, the Central California Conference and the Northern California Conference served as co-sponsors. Many organizations within the Adventist church, including Adventist Health, were involved in the event. About half of the volunteers were medical and dental professionals. Other volunteers served in a variety of supportive capacities to help as many people as possible” (Lorenz 2014b:7). Dentistry was the most requested service. “Dentists, dental hygienists and dental assistants provided a full spectrum of services, including crowns, root canals, extractions and teeth cleaning.” The second most requested service was eye care. “After taking eye exams, people chose from an assortment of glasses frames, trying them on, with the assistance of eye-care volunteers. Prescription glasses were available for pickup several weeks later at local Adventist churches.” An indicator of the unexpected success of the advertising was that “while many people were helped, many others had to be turned away. In Oakland, about 3,500 people had lined up by 7 a.m. on a Friday. Organizers were forced to estimate how many could realistically be served and notify the others that they wouldn’t be able to receive treatment” (Lorenz 2014a).

5. The basic secret of financial sustainability was that all the models studied in this paper made extensive use of volunteers. The priceless resource the church has today that Kellogg would have envied, is literally thousands of highly qualified Adventist health professionals who can serve as short-term or part-time volunteers. This means that a team, rich in health professionals, can realistically be assembled at a cost that is financially sustainable for the church today.

6. The precarious state of the 21st-century global economy underlines the continuing relevance of the old-fashioned virtues of frugality and careful economy across the whole evangelistic budget. The evangelists of a century ago who made their programs self-sustaining were willing to make large expenditures when required, but they avoided all luxury and unnecessary display in meeting place or advertising. For a current example, at the “Bridges to Health” medical mission event, dentists served patients who sat in reclining lawn chairs in lieu of regular dental chairs (Lorenz 2014b:6-7).

7. The evangelists of the past whose programs were self-sustaining held a foundational expectation of *thorough* conversions. Though health was the opening wedge that gave access to the hearts of the people, when they came to the gospel part of the program, tithing and financial stewardship were taught as conscientiously as any other topic. Consequently

Tindall could report that tithe returns from new converts alone surpassed the cost of the campaign. He believed that if instruction on financial stewardship were neglected, not only would converts lose the spiritual growth that comes from financial partnership with God, but also the Lord's treasury would be robbed of the rightful return of the gospel.

For these reasons, Haskell and Tindall had no inhibitions about teaching their converts to repay their spiritual blessings with financial liberality. Evidently they had crucified the love of money in their own lives, and thus could teach effectively about financial stewardship. Both Haskell and Tindall received large tithes and offerings from their converts. Tindall may have instructed his converts to bring to God an initial tithe, not just on their current income, but on all the assets they had accumulated in the years they were serving self and robbing God. This would account for the very large initial tithe received from some of his converts.

8. Finally, what could be called the "gold standard" of urban medical mission includes the following characteristics. It is rich in health professionals, targeted to urgent felt needs, and places the "entering wedge" of health care out front; but never divorces health care from the gospel. Further, it never separates the gospel of personal faith in Jesus from the full spectrum of biblical doctrine and lifestyle that Jesus commanded His disciples to follow and teach (Matt 28:20). Thus the integrated health and evangelistic program can be financially sustainable. The mission includes service to the poor, but is so conducted as to command the respect and attract the participation of a large cross section of the population.

When highly qualified health professionals offer their services free of charge to people who could not normally afford such services, the appeal is enormous. It is arguably the most expensive temporal gift the church can give to the community. For such a gift, people in need will set aside their pride, fear, and religious prejudices, and eagerly accept the gift—even though it is offered by a different religion than their own. Further, treating the body brings the health professional into a level of intimacy with the patient that creates trust and an openness to the work of the minister treating the soul. Thus the free professional health care, given in love, opens minds and hearts to the potential for spiritual healing. This is the role of health as an "entering wedge" for the gospel, and the secret of ultimate success for all three of the models considered in this paper.

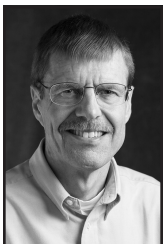
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