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TELLING THE STORY

Archives, Statistics, and Research(ASTR) Newsletter - Issue #12



Summer 2022 Greetings from ASTR

As wars and rumors of wars swirl in the winds around the world, it is a good time to remind ourselves as Seventhday Adventists that we advocate a different ideal and path toward conflict resolution. We promote the ministry of healing and reconciliation. In this issue of the *ASTR Newsletter*, we feature several articles that focus on our interest in the medical ministry, including those that integrate our passion for medical science and the military. Please enjoy articles the following articles about our Medical Cadet Corps, new sources about our participation in the Whitecoats research project, an SDAorganized marathon in Nepal, and various statistics on our medical institutions and updates on our other endeavors here at ASTR.



Desmond Doss demonstrating emergency medical care techniques (courtesy of Union College Heritage Collection)

Seventh-day Adventist Medical Cadet Corps

The following article has been adapted from a longer article written by Sabrina Riley in the online Encyclopedia of Seventh-day Adventists (ESDA). We invite you to visit encyclopedia.adventist.org to read this and other inspiring stories about the history of the Adventist work.

The Seventh-day Adventist Medical Cadet Corps, affectionately known as the MCC, became an official program of the General Conference in 1939. However, its roots are in the experiences of conscripted American Adventist soldiers during World War I, many of whom found solace from harassment for conscientious objection by giving non-combatant humanitarian aid in the United States Army Medical Corps.

Origin

In the two decades after the war, a number of steps led to the formation of the Medical Cadet Corps. Veteran Lewis S. Williams introduced military-style training into the men's physical education courses at Emmanuel Missionary College in the late 1920s. His efforts were short-lived, but Everett Dick, then boys' dean and history teacher at Oak Park Academy in Nevada, Iowa, was inspired by the idea. Moving to Union College, in 1934 Dick and four other faculty members, all veterans of the Great War, started the Union College Medical Corps with assistance from two officers from the Nebraska Army National Guard who volunteered their time. The training included drill, military courtesy, and medical first aid. It was intended to prepare young Adventist men to successfully cope as enlisted soldiers and hopefully garner them assignments in the Medical Corps.¹

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Meanwhile, in California the College of Medical Evangelists (CME, later Loma Linda) was building a relationship with the United States Army through the 47th General Hospital, an Army Reserve unit staffed and funded by the medical school with personnel from White Memorial Hospital. Started in 1926, the 47th General Hospital provided doctors, commissioned as reserve officers, with training in military administration, leadership, mobilization, and record keeping.² In 1936, Dr. Cyril B. Courville, commander of the 47th General Hospital, proposed that CME also provide training for civilians who might face military service as enlisted soldiers. Courville named this program the Medical Cadet Corps.



Medical Cadet Corps Logo Photo (courtesy of Adventist Chaplaincy Ministries, General Conference of Seventh-day Adventists)

Organization

By the time of the Autumn Council in 1939, hostilities had begun in Europe and Asia. The popularity of the medical corps programs at Union College, the College of Medical Evangelists, and Washington Missionary College created a de facto framework on which the GC could easily establish a national program. Thus, when the General Conference established the Medical Corps Council on October 15, 1939,³ it was conceptually combining elements of these existing programs. The curriculum, which included military, medical, and moral instruction, remained very similar to that of Union College and Washington Missionary College and modeled military protocol, including a system of rank and officer commissions. Rank and commission were internal to the MCC program and carried no Federal recognition in the Army. The official name, Seventh-day Adventist Medical Cadet Corps, reflected the influence of the program from the College of Medical Evangelists, but raised hackles among protocol perfectionists. Strictly speaking, only trainees preparing to become officers should be called cadets-appropriate for CME medical students. But the primary purpose of the MCC was to train enlisted soldiers, so the title was a misuse of the word cadet. Regardless, the name stuck.

During the 1940s, the individual MCC courses on each American college and academy campus were the core components of the program. It was the task of the regional directors to train teachers and help them set up MCC units on their campuses. In regions where there was enough interest, a few Women's Medical Cadette Corps were established. Each campus adopted its own uniform-none of them khaki as this cloth was restricted for army use during the war. A common insignia was adopted for use by all MCC units. It consisted of a round white patch with a caduceus and the letters "SDA MCC" embroidered in maroon.



Members of the Medical Cadet Corps, College of Medical Evangelists, at parade (courtesy of Loma Linda University Photo Archive; Dept. of Archives and Special Collections, Loma Linda University)

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During World War II the General Conference initially divided responsibility for MCC training and promotion



(courtesy of Union College Library, Lincoln, Nebraska)

among Floyd G. Ashbaugh in the Pacific and North Pacific Unions, Everett N. Dick in the Northern, Central, Southwestern, and Lake Unions, and Chris P. Sorensen in the East Coast unions. Of the three, Dick was the only one whose attention was not divided by other responsibilities. In March of 1941, he was made the sole director of training across the nation. However, actual cadet instruction occurred at the local level in schools and churches.

After World War II

With the start of the Korean War in 1950, the MCC was reactivated; Dick continued as director of training, holding this position until 1958 when he was replaced by one of his protégés, Clark Smith. Training during this era revolved around the annual summer camp, but also expanded to other countries, particularly in Far East Asia and Latin America. Smith remained the director of training until the final national training camp was held in 1971.

No official action was ever taken to close the MCC

program. In 1973 the MCC Committee was still standing when Theodore Carcich replaced W. J. Hackett as chairman. However, with the end of the draft in the United States that same year, the program apparently ceased. However, the MCC remained active as a local program in several regions of the world including the Philippines and Puerto Rico. In the latter, it remained active as of 2018 in affiliation with Adventist Community Services.



Ladies Prayer Group at Cuidad Trujillo (Santo Domingo) Medical Cadet Corps Camp (courtesy of Union College Heritage Collection)

The MCC played an important role during a difficult and unique time in history allowing Seventh-day Adventists to serve their respective home countries with honor by offering life-saving humanitarian aid in compliance with Christian principles. The number of Adventists who benefited from MCC training and who served in the armed forces is unknown, but can be conservatively estimated in the tens of thousands.

Adapted by Dragoslava Santrac

¹ Everett N. Dick, "The Adventist Medical Cadet Corps: As Seen by its Founder," *Adventist Heritage* 1, no. 2 (July 1974): 18–27.

² Cyril B. Courville, "Schedule of Coming Meetings: 47th General Hospital," *The Hospitalers: 47th General Hospital*, December 1937, 3.

³ General Conference Committee Minutes, October 15, 1939, 1257-1259, General Conference Archives, accessed June 16, 2020, https://documents.adventistarchives.org/Minutes/GCC/GCC1939-10.pdf.

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Recent Donation of Whitecoats Materials to ASTR

The Rebok Memorial Library recently received from Dr. Frank Damazo a donation of documents, photographs, audiovisual material, and artifacts related to the Whitecoats, those who participated in Operation Whitecoat, a biodefense medical research program operated by the United States Army from 1954-1973. The Seventh-day Adventists who participated did so in relation to their conscientious objection to bearing arms but their desire to conscientiously cooperate when conscripted into the military.

The material mostly relates to the reunions that these participants held in the 1990s and early 2000s, but also includes medical instruments once owned by Dan Crozier, who played a role in Operation Whitecoat and was honored by the participants in 1985 with a community service award. These medical instruments will likely become their own collection, but that will depend on the processing of the materials, which is underway.

Once processed, these materials will be made available to researchers in accordance with our access policy. The materials join our existing holdings related to the Whitecoats, which is largely correspondence.

The experience of the Whitecoats during the research as well as afterward is of growing interest to researchers. This summer, ASTR has happily welcomed more than one researcher seeking to view our materials related to Operation Whitecoat. Dr. Damazo's donation will help make visits by such researchers all the richer in the years to come.

Ashlee Chism

Transfer of NAD Records to NAD's ASTR

At any given time, the Records Management team of the Office of Archives, Statistics, and Research (ASTR) has

many projects. A major on-going project undertaken by ASTR is the North American Division (NAD) Transfer Project which is essentially the hand-off to the NAD of any material in the ASTR holdings that were created since the NAD became a Division in 1984. The NAD and the General Conference (GC) shared headquarters, first in Takoma Park then in Silver Spring, Maryland (MD) until the NAD relocated to Columbia, MD in 2017. These records are located in ASTR holdings.

When the NAD relocated, discussions were started to determine how to transfer NAD's physical holdings from ASTR storage areas to NAD. Late in August 2021, an agreement was reached to transfer the boxes (over 700) containing NAD holdings created after 1984 to the NAD section of the GC Storage Facility. In order to keep an accurate inventory of which boxes are transferred and which are kept, a list was pulled from ASTR's system of all NAD Record Group boxes, and the following process was implemented:

- A form was created to track: the box number, content description, disposition (keep, move) and comments. To determine disposition:

- Each physical box is opened, and the

- content is reviewed.
- If the contents of the box were created after 1984, the box should be moved.
- If the content is material which would
- normally be sent to ASTR per policy, such as - NAD Administrative Committee Minutes, or if the content was created prior to 1984, the
- box is kept.

- Based on disposition of the box, it is either returned to the original storage room or set in a staging area to update the storage location and the box number in the system. A new label is printed and applied to these boxes.

- Once the boxes to be moved have been updated in the system and the new labels applied, they are placed on a pallet and sent to the designated NAD Storage. The pallet number is also recorded in the system along with the box number.

To date, over 280 boxes have been processed, spanning 2 of the 4 ASTR Storage locations. While there is still work to be done, significant progress has been made.

Elizabeth Henry

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Running for the Medical Ministry: The Story of the Marathon in Nepal

By 2004 the Nepal was mired in the 8th year of a 10-year civil war. Mounting casualties, food shortages, per capita income at just \$1600 annually, a very high infant mortality rate, and a beleaguered healthcare system that few people could afford were among Nepal's many challenges.

Scheer Memorial Adventist Hospital, situated in Banepa, Kavre District, and founded in 1959 by an American surgeon, struggled to meet the needs of the community it served while always looking for ways to increase its visibility in Nepal to attract more support.

Our chief medical officer at the time, the late Dr. Richard Rentfro, was a marathon runner. He related to me how marathon runners travel all over the world to compete in marathons. That thought was the beginning of what would turn out to be the Kathmandu International Marathon.

Wanting to make the event a legitimate sporting event rather than just a "fun run," I contacted the Association of International Marathons and Distance Races (AIMS) to accredit the marathon. As Scheer hospital was unable to bear the costs of an AIMS delegation to fly out to measure the course, AIMS generously waived all the accreditation fees—including travel.

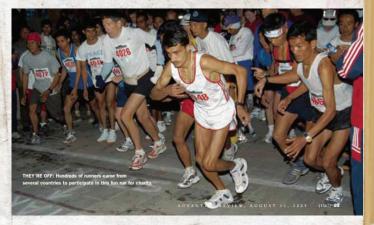
With the course measured and approved by AIMS, notification of the upcoming marathon was made by them to the members of AIMS, numbering several thousand. It remained our responsibility, however, to get marathon sponsors and the approval of the Nepal government. Neither proved easy.

The economy was in tatters and businesses were reluctant to sponsor a sporting event that had never before been conducted in Nepal. Landing a title sponsor seemed to be the best way of encouraging sponsorship. Toyota looked to be the largest business In Nepal. After extensive negotiations with them, Toyota stepped to the plate, and the event name changed from the Kathmandu International Marathon to the Toyota Kathmandu Marathon. With their name highlighting the race, soon thereafter, as anticipated, a number of other major businesses came on board, including Pepsico, Dabur Intl., DHL and Unilever.

Efforts to secure permits were more difficult. The race wended its way through three UNESCO World Heritage Sites and municipalities—starting in Kathmandu, moving on to Patan and ending in Bhaktapur. Two weeks before the race date, scheduled for the Queen's Birthday and also designated as Democracy Day, King Gyanendra seized power by suspending the National Parliament. We now needed approvals from the Army, Police, and the municipal government in each municipality—9 different approvals. Despite this daunting challenge, at breakneck speed approvals were somehow secured.

The big day, February 18, 2005, came and went. Over 850 runners from 20 countries registered and ran. The winner was a Nepali policeman. After distribution of prize monies were made we had about \$51,000 to disburse to hospitals for charity medical care—though with none of it earmarked for Scheer, which was by design. Nevertheless, the event was a huge success by any measure. Staff at the hospital were very proud of what the institution had accomplished. Citizens of the municipality we serve, Banepa, were struck by what the small Adventist institution on the hill had done, and it had a very positive reflection on the surrounding communities. An Adventist institution had once again mirrored the love of Christ on its neighbors.

Roy Kline



Runners begin the Toyota Kathmandu Marathon (courtesy of Adventist Review)

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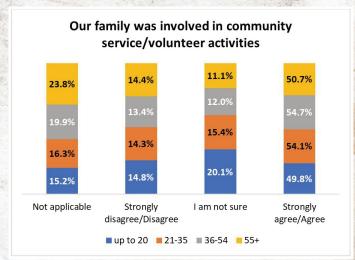
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Serving the Community – Leading by Example: Seventh-day Adventists Attitudes' toward Service

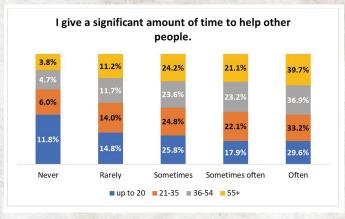
Jesus told his followers that it mattered how they treated the people around them – their neighbors and the needy in the community. He showed, by example, what a huge impact caring for those in need had on how they, in turn, saw God.

Researchers wanted to know if Seventh-day Adventists were following Jesus's example. During the Global Church Member Survey 2017-18 (GCMS 2017-18) participants were asked questions about family habits when they were growing up before they were asked questions about their own involvement in the community. When the survey participants were asked to respond to the statement: *My family was involved in community service/volunteer activities*, a little more than half (52% average) of them agreed to one degree or another with this statement, and about 15% were not sure, while 14% disagreed to one degree or another, and 19 % stated it was not applicable to them (this is an unusually large response for "Not applicable" and perhaps is the choice of some members not raised by Adventists).

When the collected data was broken down by age groups, it became apparent that the group whose families were said to be least involved in community service were the adolescents (up to 20 years old). Closely behind them followed the group of older adults ages (55+). The young adult group (ages 21-35) only slightly surpassed the adult group (ages 36-54) in reporting that their families were more involved in the community than the previous two groups. Parents do lead by example. Maybe they have become so focused on providing for their families that they neglect to share the importance of serving others.



Next researchers asked the participants to respond to the statement: I spent a significant amount of time to help other people.



A little less than two-thirds (61%) of the older adults group responded that they do so often or sometimes often, the adults group followed very closely behind them with one percentage point less, the young adult group followed with five percentage points less, and the adolescents followed them with 7 percentage points less.

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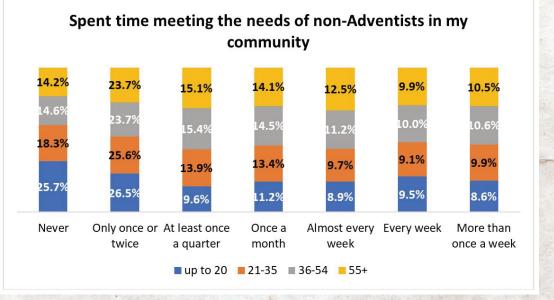
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It is encouraging that more than half of the participants stated that they often or sometimes often spend a significant amount of time to help other people.

But how much of this time helping others was spent with people from the community?

The participants were also asked how much time during the last year they spent meeting the needs of non-Adventists in their community.



You can see in the graph above that the time spent meeting the needs of non-Adventists was significantly less in all age groups compared to the statement of helping other people overall. In each age group, more than half never or rarely are engaged in helping people in their community who are not part of the Adventist Church.

Is it possible that we are so busy providing for our families that we forget the people in our communities? Let us encourage each other and lead by example. Let us be like Jesus and care for the people around us in our community.

Manuela Coppock

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Our Global Medical Ministry: Total Healthcare Institutions

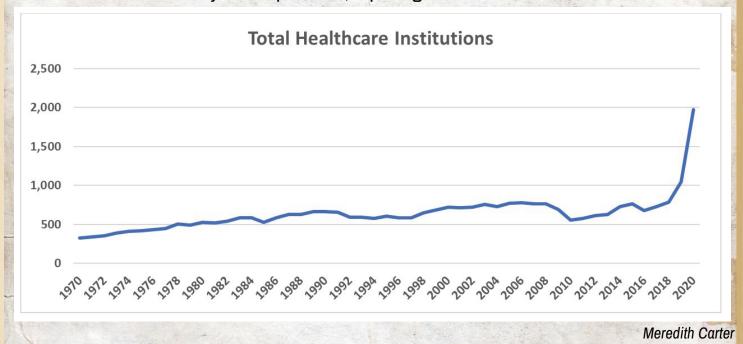
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The total number of medical institutions has grown substantially since 1970, from 329 to 1,976 in 2020. It is important to note that the spike in 2020 is due to the addition of reporting dental clinics and overall improved collection of data. Overall, the increase in healthcare institutions in the last 50 years is profound, equating to an increase of 500%!



Don't forget to acquire your own copy of the 2022 Seventh-day Adventist Yearbook here:



For scholarly articles on Adventist history, please check out our latest issue of the Journal of Adventist Archives!



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Employee Profile: Elizabeth Henry



Today we're pleased to interview one of our staff here in ASTR, Elizabeth Henry. So where are you from? Share a little about your background with us.

Hello, well, most recently I'm from Miami, Florida though I am originally from Haiti. Funny story: although I was born in New York, I've never actually lived there. I've lived in Haiti, in Florida and in Michigan. I now live in Maryland.

What was your introduction into the Adventist faith? What was the Church like where you grew up?

My introduction to the Adventist faith... well, I was born in an Adventist family. I am a fifth generation Adventist, Gran Milla (great-great grandmother) was one of the first Adventists in Haiti. I grew up typically attending large churches. The first church that I can remember as being my church was the University of Haiti church. After moving to Florida, I've attended different international medium-sized churches. The same can be said of the churches I've attended here in Maryland, where there are a number of churches.

We're very happy to have you here with us in ASTR, but you've spent time in other places. Where are they, and what other work experiences have you had?

Before working in ASTR, I've worked as a scanning technician, a secretary, as IT support and as a Digital Records Director. All of my work experience, over 10 years—outside of a summer jobs or freelance work—has previously taken place for the Inter-American Division. Incidentally, I'm a third-generation Adventist worker.

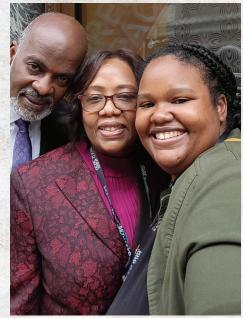
So, when did you join ASTR, and what are your special duties here? What do you enjoy most about being here, and what are you most looking forward to in the future?

I joined ASTR in 2020, at the start of the Covid-19 pandemic. My responsibilities include overseeing the digitization process, record management, maintaining the various ASTR websites, responding to material requests, and acting as the department's IT liaison. I enjoy records management and look forward to improving the processes we have here in ASTR to better faciliate the needs of researchers.

Anything else you'd like to share with us, such as any favorite hobbies?

Sure, I love art. In my free time, I enjoy making art journals, cards, and memory books.

That's wonderful, Elizabeth, nice to know you have an artist's touch for our website and ASTR projects, too! We're so glad to introduce you to our readers, and welcome again into the ASTR family!



Elizabeth with her parents

Contact us at archives@gc.adventist.org

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As always, remember to help us Tell the Story!

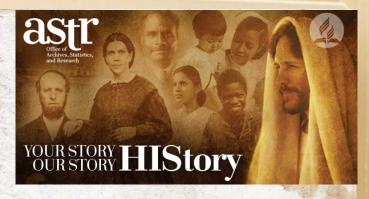
As a reminder, our purpose here at ASTR is to tell the Adventist story. We want to inform and inspire church members toward a renewed commitment to the mission of the Seventh-day Adventist Church by sharing our history.

You can help us to tell the story in two ways:

First, help us to preserve the story: your stories and the Church's story! Letters and other documents, memoirs, photographs, tape recordings, audio and video cassettes, films, and historic books and magazines: all enable us to recover the story of how, in the words of Ellen White, "the Lord has led us . . . in our past history" and of how God has worked in the lives of individual church members. They are the raw materials from which Adventist history can be researched by scholars and without which parts of that history will be lost. So please, contact us about sending your family's documents, photographs, and other historic materials to us so that they can be preserved and used to help the great Second Advent Movement fulfill its prophetic mission.

Second, help us to conserve and to share the story—to pass it on to the next generation. Historic Adventist photographs and movies allow us to connect with our past in a way nothing else can, because we look into the eyes of those who sacrificed to make this Church. We want to digitize those precious resources, scanning them electronically so they can be accessed by everyone. We especially want to connect with young' people. By digitizing photos and movies, we can help them to understand "the way the Lord has led us and His teaching in our past history"—we can help them to connect with our pioneers and be inspired to service.

Haven't received your Newsletter? Sign up HERE. For previous issues visit our website.



Your gift of at least \$25 could:

- Digitize 100 feet of film = five minutes viewing time, or
- Conserve, digitize, and publicize one historic Adventist photograph from our collection of thousands, or
- Contribute to our continuing effort to preserve and digitize rare Adventist books, pamphlets, and magazines

Two ways to Donate:

- Mail your remittance to: GC Office of Archives, Statistics, and Research 12501 Old Columbia Pike, Silver Spring, MD 20904
- 2) Donate Online by visiting: www.adventistarchives.org/tellthestory and click the "Donate" link.

