

Institute of Christian Teaching  
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**BIBLICO-HISTORICAL FOUNDATIONS OF PUBLIC HEALTH: AN  
ADVENTIST PERSPECTIVE**

by  
Godwin Nwadibia Aja  
Babcock University, Ilishan-Remo  
Nigeria

**460-00 Institute for Christian Teaching  
12501 Old Columbia Pike  
Silver Spring, MD 20904 USA**

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**Introduction**

History of public health can be said to be as old as the Bible. Yet, it is often taught at different tertiary levels, at different times, places and by different authorities without due reference to this significant historical source. From my personal experience as a public health student in a secular higher institution, the teaching of this very important subject was based purely on “rational speculation, a scientific study of the [recent] past, or simply [an] experience of the passage of time....”<sup>1</sup> Historical perspectives focused mainly on classical, traditional conventions, modern or community health statutes/laws, and contemporary or primary health care declarations.

The purpose of this paper, therefore, is to pinpoint an existing gap in the teaching of history of public health and to build a bridge between contemporary historical perspectives and biblical history of public health. How this is integrated in the teaching of History of Public Health at Babcock University (a Seventh-day Adventist institution of higher learning) is presented.

**Brief Contemporary Historical Perspectives**

“No health system ever emerges in a vacuum.”<sup>2</sup> History of public health as it is taught in many secular institutions, is closely tied to the culture of the people: traditional, ancient, medieval, oriental cultures etc. For example, as far back as 2500-1500 BC, the Mohenjodaro and Harrappa in Northern India had organized community health action. Middle Kingdom Egypt had public toilet facilities between 2300-1800 BC; Cretan Knossos had central baths, running water and sewers; and Ancient Rome had integrated public health

system.<sup>3</sup> Invariably, in Ancient, Medieval and Early Modern eras, public health practice was in place. Reasons for the emergence of health systems in these periods and ever since were based on prevailing socio-cultural situations of the people, influenced by science, technology, education, religion etc. The biblical foundation is rarely mentioned in contemporary historical discussions.

In Nigeria, for example, history of health care development started midway through the centuries in a similar pattern. It could be traced from the pre-colonial period: an era of traditional medicine in its full course. Health care was basically provided by the traditional bonesetters, traditional surgeons, traditional birth attendants, diviners, koranic healers etc. And during the colonial period, the colonial authorities provided health care to colonial administrators and their families only. A vast majority of the people had no access to orthodox health care. They depended largely on traditional medicine. But the postcolonial period witnessed an era of independence and strategic development plans that culminated in the provision of basic health facilities and services, especially in urban centres.<sup>4</sup> This is a major landmark in the history of health care development in Nigeria. However, it had major pitfalls. For example, the entire health system depicted the British model of care that was patient-oriented, hospital-based, doctor-centered and curative in nature. Health manpower was limited; coverage and access to care was inadequate; management of health facilities was inefficient; and there was obvious imbalance between curative and preventive care. Generally, rural communities lacked access to care and, therefore, community participation and involvement was virtually absent.<sup>5</sup>

The above example illustrates history of health development “in the middle of [the beginning].”<sup>6</sup> It shows how public health evolved in the recent past, at different stages in history, but not how it all began. In other words, history of public health in Nigeria is usually presented without due reference to biblical records. As a result, a wide gulf is created and a very weak foundation is laid for public health students being trained to serve as health educators and promoters in the communities. Bridging the gap is essential.

In 1978, global history of public health changed gear at Alma-Ata, Kazakh Republic, former USSR, when primary health care (PHC) was universally adopted as the strategy for achieving Health for All (defined as a level of health that guarantees socially and economically productive lives). Primary health care<sup>7</sup> by definition means:

*Essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost the community and country can afford to maintain at every stage of their development, in the spirit of self-reliance and self-determination.*

PHC is made up of key elements or components:

1. Education concerning prevailing health problems and the methods of preventing and controlling them involves helping people to freely and wisely change their personal and social behavior to prevent and control diseases. Students of public health, and community health workers play a major role in accomplishing this.
2. Provision of food supply and proper nutrition is geared towards helping people to learn how to improve the quality of food served to the family. Effective and systematic combination of various food groups to achieve balanced diet is

emphasized. Proteins, carbohydrates, fats/oil, fruits, vegetables and water are essential for the healthy growth of children and adults. Breast-milk, which contains all the essential nutrients a baby needs during the first four months of life, is promoted.

3. Adequate supply of safe water and basic sanitation is an essential need of humans. Protected wells and pipe borne water help control water-related diseases. And proper disposal of refuse and other wastes are necessary for effective vector control. Overall, personal and community hygiene is very important in disease prevention and control.
4. Prevention and control of locally endemic diseases such as flies, rats, snails, mosquitoes and others can help prevent sickness and death. Keeping the environment clean and personal hygiene such as hand washing before meals is highly encouraged.
5. Immunization against the major infectious diseases: For example, the six childhood diseases (diphtheria, measles, pertussis, poliomyelitis, tuberculosis, and tetanus) plaguing the lives of children in developing countries are preventable. DPT, measles, polio, BCG vaccines and tetanus toxoid are helpful.
6. Appropriate treatment of common diseases and injuries require early diagnosis. Prompt treatment helps to avoid complications. For example, early treatment of diarrhea with oral rehydration therapy (ORT) saves the child from becoming severely

dehydrated. Recognizing early signs and symptoms of malaria helps prevent the onset of cerebral malaria.

7. Maternal and child healthcare, including family planning promotes the health of the mother and the child. Adequate provision for prenatal care, safe and hygienic deliveries, postnatal care, child-care and family planning are essential. Women need to be taught simple health practices to help save the lives of their children and the family. The traditional birth attendants need to be taught how to practice clean and sanitary birthing procedures.
8. Provision of essential drugs is needed to treat more common diseases and injuries. They should be available at all times and at a reasonable cost. For example, drugs for malaria should be readily available to those who need them.

#### **Adventist Health Ministries**

Long before Alma-Ata Declaration, Seventh-day Adventists (SDAs), through her renowned health reformer, Mrs. Ellen G. White, had maintained (as early as 1863) that one of the social responsibilities of the church should include a system of health care that would help members lead a socially satisfying and spiritually uplifting life<sup>8</sup>. This idea was conceived 115 years before PHC was universally adopted and christened “Health for All”<sup>9</sup>. There is a very strong emphasis on the close relationship between physical, social and spiritual health: a legacy consistent with biblical standards.

The General Conference of Seventh-day Adventists Working Policy clearly reaffirms the obvious fact that:<sup>10</sup>

*The Seventh-day Adventist Church has, since its inception promoted a philosophy of health and healing. While developing a system of health care institutions which belt the globe, a health-promoting way of life has been taught to the church membership. Teachings based on broad principles found in the sacred Scriptures, and more explicitly expressed in the counsels given by Ellen G White, have in recent years been increasingly substantiated by the findings of scientific research. These findings have clearly demonstrated the health superiority of Seventh-day Adventists, especially of those who more closely adhere to the health philosophy of the church.*

The concept of PHC, therefore, is not new to SDAs. The components or elements (outlined earlier) are closely related to what Mrs. Ellen White and indeed the Seventh-day Adventist Church call natural remedies - "Pure air, sunlight, abstemiousness, rest, exercise, proper diet, the use of water, trust in divine power."<sup>11</sup> The acronym that is often used to summarize this is NEWSTART:

N = Nutrition  
 E = Exercise  
 W = Water  
 S = Sunlight  
 T = Temperance  
 A = Air  
 R = Rest  
 T = Trust in God

NUTRITION: Seventh-day Adventists promote the use of plant-based foods such as vegetables and fruits, legumes, nuts and others. These constitute the original diet God recommended to man. They are known to contain the required vitamins, minerals, proteins, carbohydrates and fats and oil. However, adequate preparation and effective combination of these foods require great care and skills. Less emphasis is placed on the use of animal foods because the "practice of eating largely of meat is causing diseases of

all kinds, - cancers, tumors, scrofula, tuberculosis.”<sup>12</sup> To the SDAs, what you eat and how, when and where you eat what you eat is of great importance.

**EXERCISE:** Overeating and inactivity are often the major causes of some diseases. Clearly put, “Continued inactivity is one of the greatest causes of debility of body and feebleness of mind.”<sup>13</sup> A well-planned regular exercise program that lasts for not less than 20 minutes, and for a minimum of three days per week is healthful.<sup>14</sup>

**WATER:** Regular use of clean water to replenish what is discharged through urine, sweat, etc is very vital to ensure good health.

*In health and sickness, pure water is one of Heaven’s choicest blessings. Its proper use promotes health. It is the beverage which God provided to quench the thirst of animals and man. Drunk freely, it helps to supply the necessities of the system, and assists nature to resist disease.*<sup>15</sup>

**SUNLIGHT:** Exposure to mild sunlight provides the body with the Vitamin D it needs to function effectively. According to Mrs. White, “...plenty of sunlight...[is] essential ...to the cheerfulness and vigor of the inmates of the home.”<sup>16</sup>

**TEMPERANCE:** Avoiding the use of dangerous substances and judicious use of non-harmful foods is essential for healthful living. SDAs believe, “In healthful living by moderate use of that which is good and total abstinence from harmful, unclean foods, alcoholic beverages, tobacco, narcotics or other drugs”<sup>17</sup>. In other words:

*The human family [has] brought upon themselves diseases of various forms by their own wrong habits. They have not studied how to live healthfully, and their transgression of the laws of their being has produced a deplorable state of things. The people have seldom accredited their sufferings to the true cause – their own*



*wrong course of action. They have indulged in intemperance in eating, and made a god of their appetite.*<sup>18</sup>

AIR: Pure air provides oxygen that the body needs for proper functioning. Lack of it could cause the following health problems:

*The system becomes weak and unhealthy, the circulation is depressed, the blood moves sluggishly through the system because it is not purified and ventilated by the pure, invigorating air of heaven. The mind becomes depressed and gloomy, while the whole system is enervated, and fevers and other acute diseases are liable to be generated.*<sup>19</sup>

REST: The human body needs adequate rest each day. About 8 hours of sleep is good for effective living. Summarily:

*Those who make great exertions to accomplish just so much work in a given time, and continued to labor when their judgement tells them they should rest, are never gainers. They are living on borrowed capital. They are expending the vital force which they will need at a future time. And when the energy they have so recklessly used is demanded, they fail for want of it...*<sup>20</sup>

TRUST IN GOD: Absolute confidence in the Holy One that formed man is the key to health. As the Designer, God has given prescriptions on how man may use his potentials to the fullest. Constant dependence upon Him who designed the body and man's environment is a sure way to a life of health and wealth.

The overall goal of Seventh-day Adventists health message is to bring complete physical, social and spiritual restoration to all - "health for all". It originated from the Scriptures and it is community oriented and eternity directed.

### **Biblical Perspectives**

There is always a beginning. No wonder the first book of the Bible, Genesis, started with the words “in the beginning.”<sup>21</sup> Indeed, the beginning is very significant in many ways. It states how it all began, the major actor(s) in the event and appropriate solutions applied (Gen.1-3).

The Bible describes the human condition. In brief, God created a perfect universe and a perfect man, with specific instructions, including diet. It was not long before man rebelled and brought upon himself sickness/ill-health and death. Obviously, the consequences were apparent. Human choice was put to the test and the result was devastating. Even though God is all knowing, He could not stop Adam and Eve from making a very important public health decision. That choice had a dramatic impact on the entire human race. However, man was not left to his fate. God had a plan to restore him back to Himself. So Christ came to teach us how to live harmoniously in a hostile world.

This is the beginning of all history and indeed the beginning of public health. Mrs. White notes:

*Before the entrance of evil, there was peace and joy throughout the universe. All was in perfect harmony with the Creator’s will.... Had [man] remained obedient to God, he would have lived forever. But when he sinned... he became subject to death.*<sup>22</sup>

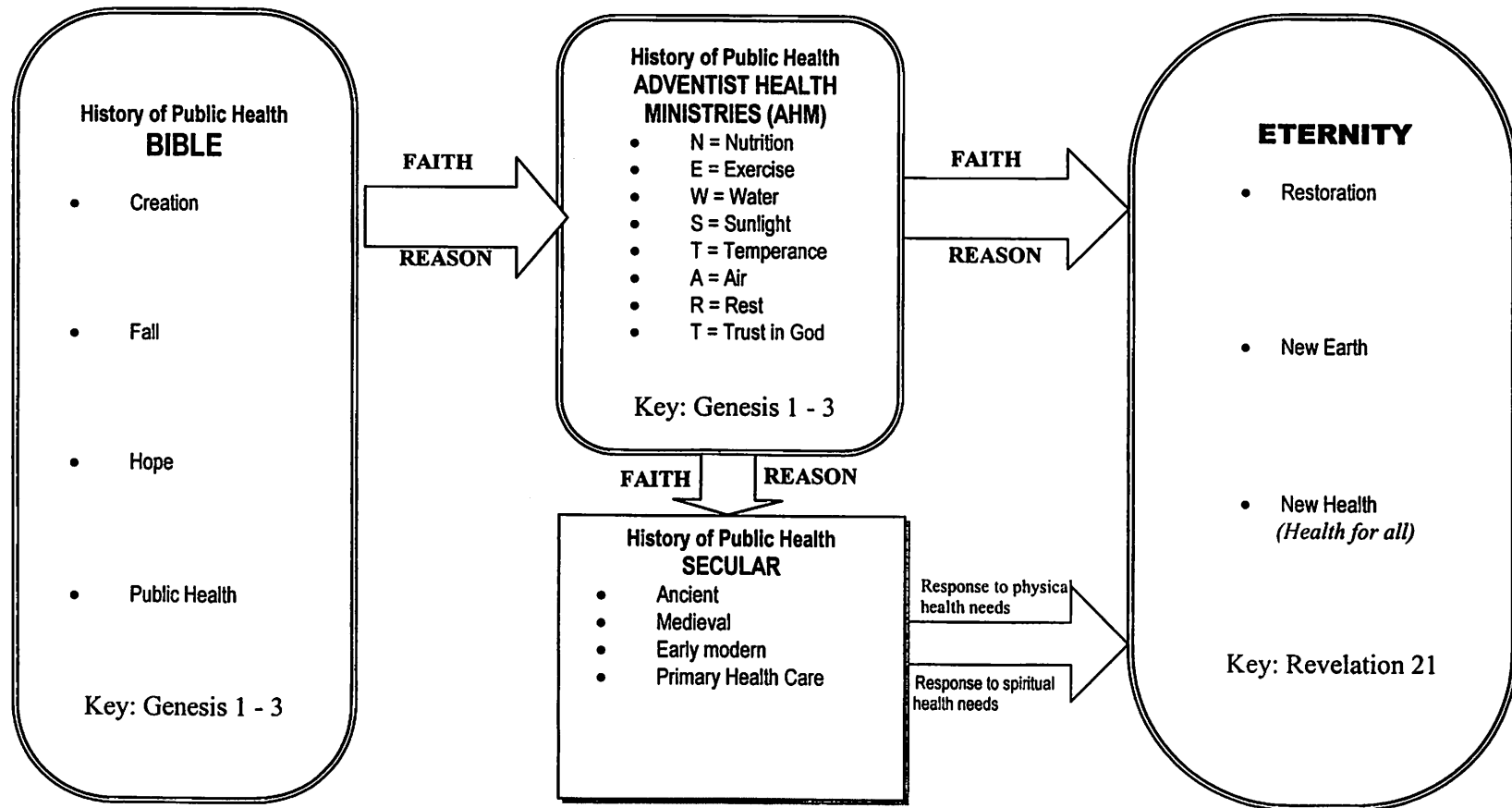
The Bible story is not a fairy tale. “It is rather the unfolding story of God’s creation, our rebellion, His redemption and our future glory with Him.”<sup>23</sup> It is, therefore, moral to let the student understand this in the teaching of history of public health.

### **Progressive Link**

Governments and organizations are making frantic efforts to address public health questions at the local, national and international levels. Yet, “over a billion ... [in] the 21<sup>st</sup> century [are] without having benefited from the health revolution: their lives remain short and scarred by disease”<sup>24</sup> An integration of biblical history of public health, including how health principles were applied in biblical times could be a very useful tool for an action-oriented community program designed to enable the student to develop a culture of health education/promotion that is Kingdom-directed. The student needs to be equipped to show concern for not only man’s physical well being but also for spiritual healing that comes through Jesus Christ.

Figure 1 illustrates how faith and learning can be integrated in the teaching of public health. Three historical sources relevant to public health are presented – *Bible*, *Adventist Health Ministries* and *Secular*. The *Bible* relates the beginning (Creation, Fall, Hope and Public health) to man’s present social and physical health needs, as espoused by the *Adventist Health Ministries*. The *Secular*, historically connected to the *Bible* via *Adventist Health Ministries* provides a focus and a clearer direction to *Eternity* (Restoration, New earth and New health (*Health for all*)).

**Fig. I:** *Integrating Faith and Learning in the Teaching of History of Public Health: An Adventist Perspective*



There should be a progressive link between the beginning, the present and the future. Therefore, a clear perspective on the foundation of public health based on ‘The Beginning’<sup>25</sup> is vital in teaching history of public health in our schools. Sire (1990) identifies the period of history in which we are now as the “interim period”.<sup>26</sup>

*... all of history, as seen by the Bible is interim between beginning and end. The beginning is in a garden where humankind began in harmony with God. The end is in a city lit solely by the glory of God where God’s people again will live in peace. The middle is the middle that began with the Fall and the expulsion from the Garden and ends only when the Lord returns in triumph over sin and death ...*<sup>27</sup>

Sire (1990) quoting Karl Lowith further asserts:

*Man’s sin and God’s saving purpose- they alone require and justify history as such, and historical time. Without original sin and final redemption the historical interim would be unnecessary and unintelligible.*<sup>28</sup>

The Christian philosophy of history, rooted in the Bible and essential for a balanced curriculum in the teaching of public health, begins from the Bible and precedes contemporary historical thought. We cannot continue to remain “in the middle of things, in the middle of history”<sup>29</sup> Educated Christian minds need to understand history from the biblical beginning. They must also firmly maintain the progressive link with the past and adequately address the global health needs of the community in a sustainable manner. A deliberate, consistent and systematic link of biblical history of public health to contemporary historical perspectives is important in helping the student to comprehend eternal truth.

### **Integrating Faith and Learning in the Teaching of History of Public Health: A Case Study**

History of Public Health is one of the core topics on the public health program of the Health Sciences Department of Babcock University. One of the objectives, among others, is to help the

student understand current historical perspectives of public health and how they tie with biblical history. The approaches used to ensure that this objective is achieved include:

- a. Presenting popular definitions;
- b. Raising questions from the definitions;
- c. Project: Students to discover Bible references to public health;
- d. Project: Students to discover Mrs. White's counsels on health; and
- e. Allowing the student to reflect on both the historical and biblical viewpoints as the foundational basis for addressing public health problems.

**a. Defining public health:**

It is a common practice to elicit class discussion by defining a subject or topic. The three definitions presented below illustrate how definitions and “matters arising” from such definitions can become a building block for integrating faith in the study of history of public health.

Winslow (1920), defines public health as:

*a science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort for (a) the sanitation of the environment; (b) the control of communicable infections; (c) the education of the individual in personal hygiene; (d) the organization of the medical and nursing services for the early diagnosis and preventive treatment of diseases; and (e) the development of the social machinery to insure everyone a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birth-right of health and longevity.<sup>30</sup>*

**Fundamental question 1: when did this “science and art of preventing disease...” begin?**

WHO (1948) defines health as, “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”<sup>31</sup> This definition suggests that there was an occurrence or event, may be physical, spiritual or both, that caused imbalance or disharmony in human health.

**Fundamental question 2: What is this event? When did the state of “incompleteness” begin?**

According to McGrew (1985), public health is:

*an interdisciplinary field which uses scientific medicine, engineering specialties, and the social sciences to study the effect of various environments on human health and to mobilize the technologies necessary to protect and promote community well-being.*<sup>32</sup>

**Fundamental question 3: What is the actual CAUSE of these “various environments on human health...?”**

Common to the definitions above is the obvious fact that at a point in history, something went wrong with the health of the people and public health, as a discipline, was designed to attempt to address the problem. Posing probing questions “foster a safe class environment that encourages...discussions in the context of mutual trust.”<sup>33</sup> Answers to these questions are very pertinent for the student to understand the origin of public health and how health issues can affect life here on this planet and hereafter.

**b. Bible answers to the questions raised above:**

Genesis 1:1: There was a beginning; the beginning of all created things, including the beginning of human history and indeed the history of public health. The seal of the Creator God was placed on all created things as He pronounced them “good”<sup>34</sup>.

The whole of Gen. 1 depicts, very clearly, the state of man and the natural world at creation - PERFECT.

Genesis 2: A specific instruction concerning the knowledge of good and evil was given.

Genesis 3: Events took a dramatic turn (Gen. 3:6, 7) when Adam and Eve disobeyed the Creator. This singular event, therefore, changed the history of humankind and of course the history of public health. The impact was and is still so drastic and indeed traumatic that the whole creation was directly affected (Romans 8:22, 23). Sire (1990) states that “Jesus [is] the key to human

history – not just as the center point of history where God redeems His people for their sins but as the key to what history is all about”.<sup>35</sup>

The above perspective helps the student to reflect on how Divine history impacts on his own life and the health of others. Seventh-day Adventist philosophy of health could be said to be second to none. It is Christ-centered and Bible-based. According to Land (1998):

*The Bible does not present a philosophy of history as such, however. Instead it tells stories of the past. We work with these stories in an effort to analyze the understanding of history that lies behind them.... As we move from the concrete descriptions of historical events to the abstractions of the philosophy of history, we need to be careful that we do not lose sight of the fact that history is the story of people and, in the Biblical view, their encounter with God.*<sup>36</sup>

There is no doubt that the study of recent or contemporary history of public health is invaluable. But a wider understanding of the underlying issues from biblical records is very important. Lessons learned from teaching history of public health reveals that, in addition to the student having a balanced viewpoint about the subject, he looks forward to a time in history when “there shall be no more death, neither sorrow, nor crying, neither shall there be any more pain...” (Revelation 21:4). Understanding the total framework helps the student to discover and examine the underlying presuppositions of the subject. Disintegration of secular or contemporary and Bible history, which is the situation in many tertiary schools where public health is taught, denies the student the opportunity of having this vital background story of human existence. Public health training anchored on Bible history is relevant not only in preparing the student for life now but also for life hereafter.

WHO (1999) observed:



*It is urgently necessary to recognize and acknowledge that many of the most serious health problems remain largely untouched by development efforts. These residual problems, which contribute so heavily to the human burden of death and disability, sound an insistent call for careful assessment and most vigorous application of current approaches, as well as for new approaches - new mechanisms, new partnerships (intersectoral collaboration), new researches- in order that these problems may be overcome.<sup>37</sup>*

Integration of faith into our public health curriculum could be a model for addressing lingering public health questions. It may be the new approach, new mechanism, or new partnership that the World Health organization (WHO) is looking for. The foundation is Bible based and can be used to make a difference in the global health care arena.

Our students should not only learn contemporary history, but also biblical history. One side of the entire picture is not enough. What is required is to offer students an ample opportunity to see the entire picture clearly. He should be given all the information needed to make informed decisions and to develop strategies to address physical, social, mental and spiritual well being. A bridge between contemporary history of public health and biblical history points the way forward.

### **Conclusion**

A missing link exists in the teaching of history of public health. To bridge this gap, the student of public health needs to know that there is a beginning (the beginning of all things). Public health definitions and perspectives raise important questions. Answers to the questions provide a smooth link for building a biblical foundation needed to discuss current historical perspectives on public health. A biblico-historical flavor linked to the current middle-of-the-road

contemporary history of public health provides a balanced worldview that points the student to ETERNITY (new life, new health – *Health for All*).

### Endnotes

- <sup>1</sup> Land, Gary (1998). *A Biblical-Christian Approach to the study of History*, IFL Seminar, Schloss Bogenhofen, Austria, August 9-21, Vol. 21, p.455.
- <sup>2</sup> Egwu, IN (1996). *PHC System in Nigeria: Theory, Practice and Perspectives*. Lagos: Elmore Press, p.18.
- <sup>3</sup> McGrew, RE (1985). *Encyclopedia of Medical History*. New York: McGraw-Hill Book Company, 284-288.
- <sup>4</sup> Egwu, IN (1996). *PHC System in Nigeria: Theory, Practice and Perspectives*. Lagos: Elmore Press, pp.18, 19.
- <sup>5</sup> Federal Ministry of Health (1986). *National Health Policy*. Federal Government of Nigeria, Lagos, p.4, 5.
- <sup>6</sup> Sire, JW (1990). *Discipleship of the Mind*. Illinois: InterVarsity Press, p. 187.
- <sup>7</sup> WHO/UNICEF (1978). *Conference on Primary Health Care, Alma-Ata Declaration*. WHO, Geneva, p.3.
- <sup>8</sup> Robinson, DE (1965). *The Story of our Health Message*. Nashville: Southern Publication Association, p.75-81.
- <sup>9</sup> WHO/UNICEF (1978). *Conference on Primary Health Care, Alma-Ata Declaration*. WHO, Geneva, p.5.
- <sup>10</sup> GC Working Policy, 1995-96 Edition, p.251.
- <sup>11</sup> White, EG (1942). *Ministry of Healing*. California: Pacific Press, p.127
- <sup>12</sup> White, EG. *Healthful Living*, p.67.
- <sup>13</sup> White, EG (1946). *Counsels on Diet and Foods*. Wasington, DC: Review and Herald Publishing Association, p.524.
- <sup>14</sup> Hockey, RV (1989). *Physical Fitness: The Pathway to Healthful Living*. St. Louis: Times Mirror/Mosby, p.8.
- <sup>15</sup> White, EG (1946). *Counsels on Diet and Foods*. Washington, DC: Review and Herald Publishing Association, p.419.
- <sup>16</sup> White, EG (1942). *Ministry of Healing*. California: Pacific Press, p.276.
- <sup>17</sup> Church Bulletin: Fundamental Beliefs of Seventh-day Adventists
- <sup>18</sup> White, EG (1946). *Counsels on Diet and Foods*. Washington, DC: Review and Herald Publishing Association, p.121.
- <sup>19</sup> White, EG (1946). *Counsels on Diet and Foods, Vol.1*. Washington, DC: Review and Herald Publishing Association, pp. 702, 703.
- <sup>20</sup> White, EG (1890). *Christian Temperance and Bible Hygiene*. Battle Creek: NorthWestern Publishing Association, pp. 64, 65.
- <sup>21</sup> Genesis 1:1 - KJV
- <sup>22</sup> White, EG (1990). *The Great Controversy*. Arizona: Inspiration Books, p.419.
- <sup>23</sup> Sire, JW (1990). *Discipleship of the Mind*. Illinois: InterVarsity Press, p. 187.
- <sup>24</sup> WHO (1999). *The World Health Report: Making a Difference*. Geneva, p. ix
- <sup>25</sup> Genesis 1:1 - KJV
- <sup>26</sup> Sire, JW (1990). *Discipleship of the Mind*. Illinois: InterVarsity Press, p.185.
- <sup>27</sup> Ibid
- <sup>28</sup> Sire, JW (1990). *Discipleship of the Mind*. Illinois: InterVarsity Press, p.186.
- <sup>29</sup> Ibid, p.187.
- <sup>30</sup> Winslow (1920). In: Egwu, IN (1996). *PHC System in Nigeria: Theory, Practice and Perspectives*. Lagos: Elmore Press, p.3.
- <sup>31</sup> World Health Organization Constitution, 1948.
- <sup>32</sup> McGrew, RE (1985). *Encyclopedia of Medical History*. New York: McGraw-Hill Book Company, p.284.
- <sup>33</sup> Rasi, H (2001). *Basic strategies for Integrating Faith and Learning in your Courses*. IFL Seminar, Babcock University, Nigeria, June 26 (Unpublished).
- <sup>34</sup> Genesis 1:31 - KJV
- <sup>35</sup> Sire, JW (1990). *Discipleship of the Mind*. Illinois: InterVarsity Press, p.191.
- <sup>36</sup> Land, Gary (1998). *A Biblical-Christian Approach to the study of History*, IFL Seminar, Schloss Bogenhofen, Austria, August 9-21, Vol. 21, p.455.
- <sup>37</sup> WHO (1999). *The World Health Report: Making a Difference*. Geneva.

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