A HISTORY OF ORU HEALING TEAMS

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Abstract

Healing teams were a revolutionary idea Oral Roberts began to formulate in the 1960s. The concept of the healing team developed from Roberts' healing ministry, the university, and a vision to continue his healing ministry beyond his lifetime. He hoped to raise up students from the academic colleges within Oral Roberts University to be healers within their respective disciplines. The general healing teams concept involved a team of professionals from various disciplines such as medicine, education, business, law, social work, theology, and others that minister to the whole person and all of his or her needs. This article traces the history of healing teams from the original development of the idea to its decline and finally to its recent reemergence.

Introduction

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be healers within their respective disciplines. The general healing teams concept involved a team of professionals from various disciplines such as medicine, education, business, law, social work, theology, and others that minister to the whole person and all of his or her needs.

The concept and vision for healing teams evolved over time to become what Roberts called God's "Miracle Plan" to bring Christ's healing power to the nations. He understood that success without a successor is failure, so he believed that healing teams were the ultimate succession plan to continue his global healing ministry. He also believed healing teams would have a significant impact on world missions and were essential for bringing the gospel into nations hostile to Christianity, resulting in fulfillment of the great commission.

The scope of the healing teams vision was so great that Roberts was planning to shift the major emphasis of the university and City of Faith to training, funding, and sending healing teams to every nation on earth. Further, the idea of cross-pollination at ORU occurred in tandem with the healing teams concept. Because cross-pollination involved interdisciplinary interactions between students and faculty from different disciplines, it was central to implementing the healing teams vision. The discussions at ORU regarding healing teams and theoretical development of the concept as a part of the cross-pollination task force culminated in the 1979 pilot at the Spafford Clinic in Jerusalem. The pilot was developed in preparation for implementation of the long-term healing teams vision, which included sending thousands of graduates by the turn of the century.

Although healing teams were at the forefront of Roberts' plans for the 1980s and 1990s and the concept was being developed internally among faculty and staff, the vision was never implemented. The healing teams concept continued to occur in archival documents from the mid-1970s through the mid-1980s, but the idea declined somewhere between 1984 and 1988. However, over thirty years after the original healing teams pilot, the concept reemerged again through discussions among faculty, deans, and the provost. This article traces the history of healing teams from the original development of the idea to its decline and finally to its recent reemergence.

The Healing Teams Concept

It is important to understand the broader definition of the concept Roberts called "healing teams." Although he was a healing evangelist who prayed for the sick, he had a vision that extended far beyond the supernatural manifestation of physical healing alone. He was pioneering the idea that God heals both miraculously and through medicine. During a time when there was little to no understanding that the physician's ability to heal through medicine and God's ability to heal miraculously might intersect, Roberts taught how to combine God's healing streams of prayer and medicine. The idea that God can heal through merging prayer and medicine was a revelation to many Christians, but at the same time, controversial to the secular world.¹

Revolutionary as it was, Roberts' vision for healing did not stop at the point of merging prayer and medicine. He believed in the idea of healing for the totality of human need. This means that healing is holistic in nature, and a person could receive healing in every area of his or her life, such as finances, legal matters, relationships, and mental or emotional health. This thinking led to the concept of the healing team. Although there was not an exact definition of the healing team, the concept was consistent throughout the archives. The healing team was a group of professionals from various disciplines, including medicine, dentistry, nursing, education, business, law, social work, theology, music, and others, that minister to the whole person and all of his or her needs.²

The most comprehensive definition of the concept came as a result of Mark Stern's 1980 thesis, which included interviews of Oral Roberts University personnel and a literature review within the Oral Roberts Evangelistic Association library. The subsequent definition was:

A healing team is a team of persons who have been, and are continually experiencing healing in their own lives, correctly related to the source of all healing. It is a team of professionals, who are skilled, capable, adaptable, unified, well-instructed individuals; all trained to bring harmony and restoration via their various disciplines such as business, medicine, dentistry, theology,

nursing, education, law; selected on the basis of the need of the situation, dictated by the circumstances, environment, culture, and condition of the people; and all dedicated to bringing total healing to the whole man, spirit, mind, and body.³

Roberts' Ulitmate Succession Plan

The direct purpose of the healing team was to minister healing to the totality of human need as articulated in the definition of the concept. However, Roberts had a much broader vision regarding the purpose of developing healing teams. God had called Roberts to bring healing to his generation, but he did not want to see the healing ministry end with his passing. Thus, Roberts was passionate about succession, and he viewed healing teams as his ultimate succession plan to continue the healing ministry far beyond his lifetime. He stated,

In the 1960s, God told me, "Success without a successor is failure. Build Me a university. Build it on My authority and on the Holy Spirit. Raise up your students to hear My voice; to go where My light is dim, My voice is heard small, My power is not known; even to the uttermost parts of the earth. And their work will exceed yours and in that I am well pleased At the end of this academic school year we will be able, for the first time, to graduate classes from all eight schools at Oral Roberts University, and will start sending healing teams to the nations with this healing ministry of Jesus Christ, our Lord.⁴

Because Roberts firmly believed in taking God's healing power to the uttermost parts of the earth, he realized that he, as one man, could not do this alone. He had also witnessed other healing ministers passing away without leaving a successor to continue the healing ministry. These were two significant factors that drove his thinking behind the healing teams concept. For instance, in a personal word from Roberts in the *Abundant Life* magazine, he was quoted as follows:

In 1969, as I stood on the soil of East Africa and preached to as many as 100,000 people a day, God began to give me a burden and vision for sending healing teams back there some day. Teams of young doctors, dentists, nurses, lawyers, business people, singers, and others could take God's healing power to the world in an even greater way than I, being one man, could ever do. Since that time, my soul has been on fire to do what God has called me to do. And, in faith, we at Oral Roberts University have been preparing in every way we know for the time when God would open the doors for the Healing Teams to go into all the nations of the world.⁵

Healing Teams, World Missions, and the Great Commission

Not only did Roberts view the healing teams as the ultimate succession plan for continuing his healing ministry, but he also believed healing teams would impact the future of world missions and were critical for fulfilling the great commission. He realized that fulfilling the great commission meant gaining access into nations that were hostile or closed to the gospel. He commented how missionaries were being driven out of certain nations or how many countries have simply closed their doors to traditional missionaries. As a result, he projected that healing teams would be the answer to bringing God's healing power to these closed countries. For instance, Roberts said, "With Marxism and Communism spreading and missionaries being driven out of countries, I can see God preparing the way for our healing teams consisting of young physicians, dentists, nurses, evangelists, singers and prayer partners. Their going will be God's way of getting His healing power into these nations."

This belief was echoed by others at the university, such as James Winslow and Oral's son Richard Roberts. Winslow stated, "We must seek God's will for how we're going to take God's healing power—and a part of this ministry, this university and this medical center—not just to Africa but to the uttermost parts of the earth. We must fulfill the great

commission that Christ gave us and the call that we have on our lives to take God's healing power to this generation." Richard Roberts also commented, "Without the teams coming out of ORU and the City of Faith, we will never be able to take the gospel into countries which have closed their doors to traditional missionaries."

Oral Roberts further felt that healing teams would not only grant access into closed countries, but that the concept would also have a worldwide impact on missions. His belief was that healing teams would cause world missions to take on a new meaning and structure, and that they would play a substantial role in fulfilling the great commission. Roberts predicted,

Missions will take on a new meaning. Missions will take on a new structure. Foreign missions in the future will be healing teams that will be acceptable by nations. And they'll not be driven out of nations as easily as just ordinary missionaries are as fine of people as they are. This signals a new beginning for the world's salvation and healing. And to me it signals in the most concrete way I know the beginning of the end of the Gospel reach. For when this Gospel of the kingdom is preached, is witnessed to all nations, then shall the end come. Without our healing teams being part of that, I don't think the end can come. Because only the healing team concept can truly minister to a whole nation. So we are part of the biggest thing on God's earth.

The Scope of the Healing Teams Vision

With such a significant mandate, the scope of Roberts' healing teams vision was massive. In the late 1970s, he began to envision training hundreds of healing teams. For instance, he stated, "God let me see 800 teams of about 12 members each, or almost 10,000 of our students going into all nations at the appointed times." Given the mandate to fulfill the great commission through sending hundreds of healing teams, Jimmy Buskirk echoed Roberts' vision and suggested ORU would play a pivotal role among sending agencies involved in world missions.

Buskirk stated the following during a baccalaureate speech in 1979: "Wait till you hear the president describe how many missionaries we're going to have by 1980. Wait until you hear him say that by the year 2000 we're going to have more missionaries through the healing teams going out to all the world than all the rest of the agencies shall send altogether. God may call you to be a member of one of those healing teams."¹¹

Later, as the vision continued to develop, the scope of the healing teams vision expanded. Roberts predicted in 1984, "By the year 2000, my goal is that 1,000 Healing Teams with not less than 21,000 young men and women will be in the nations—a new first for God!" Further, an announcement in 1984 that was picked up by newspapers around the U.S. read, "We are ready to release healing teams to the ends of the Earth,' Roberts said Sunday in his weekly TV show. There will be 12 to 30 skilled professionals on each team, and by the year 2000 and on into the 21st century, our goal is 1,000 healing teams from ORU (Oral Roberts University) at work around the world."

The healing teams vision was so significant to Roberts that he believed it was the biggest part of the ministry that he had been called by God to fulfill. This was his succession plan and the pinnacle of the vision for which the university had been founded. By the early 1980s, Roberts was explicitly shifting his focus from the main building program and establishment of the graduate schools to developing, funding, and sending healing teams. ¹⁴ For instance, he said,

It's taken all these years since the day I stood in that African village and heard God first talk to me about Healing Teams to get ready to send them to the nations. It's taken our crusades, radio and TV programs, putting literature in 80 languages, building Oral Roberts University and the City of Faith—all have played a major part in bringing me and you, my Partner, to this hour of our destiny. I'm told there are 210 nations and/or protectorates on earth. To train 1,000 teams at Oral Roberts University and the City of Faith by the end of this century to be in those nations and protectorates will take a miracle commitment by my faithful and steadfast Partners as well as new Partners.¹⁵

Roberts believed the fulfillment of God's mandate to send healing teams was inextricably linked to the City of Faith, and the size and scope of the vision was beyond what anyone could imagine. Thus, healing teams would be trained and sent out from the City of Faith to carry on his healing ministry beyond his lifetime. Due to the magnitude of what this mandate meant to Oral Roberts, he was willing to spend every last dollar, and even die, to see the fulfillment of this dream. Roberts proclaimed,

The City of Faith will merge medicine and prayer for our partners. But it will also be the final training place for our healing teams . . . people just can't understand how big this whole thing is. To send out hundreds of healing teams, who will keep the healing ministry going long after I'm gone, it takes large facilities, lots of workers, and many, many dollars. What am I going to do? Exactly what God told me. I'll build until the last dollar is used and if it's not finished I'll have to close down. But I will obey God! I'd rather die than fail to see this ministry become a whole so that the healing teams can do what I can't do with God's call to take His healing power into all the nations 16

Cross-Pollination and Healing Teams

While Roberts was communicating the magnitude of the healing teams vision that would take ORU into the next century, the idea of cross-pollination was being developed within ORU. The term "cross-pollination" was central to whole person education at the university. The idea was that a student's learning is enhanced through interdisciplinary instruction and projects. This meant that students should develop an understanding of various subjects beyond their own professional and personal perspectives. The purpose of cross-pollination at ORU was to ". . . facilitate, from a Christian perspective, the growth of the whole person through limited contact with the essence of other disciplines."¹⁷

Cross-pollination was promoted as the concept of interaction

through which the mission of graduating the whole person—mind, body, and spirit—is accomplished. The following definition and purpose of cross-pollination relating to whole person education was developed:

As a process, cross-pollination involves contact; exchange and transfer of knowledge; and development of relationships throughout the university, in both informal and academic settings. The student gains an appreciation and understanding of human experience reaching beyond professional specialization. So prepared, the graduate can interact in every person's world in a way reflective of Christ's concern for the totality of human need.¹⁹

The cross-pollination idea demonstrated ORU's commitment to a lifestyle of personal and professional wholeness. Thus, interdisciplinary interactions between students and faculty were encouraged in which they exchanged perspectives within a Christian environment.²⁰

The development of cross-pollination at ORU was central to the healing teams concept. For instance, in addition to developing and promoting cross-pollination across the university, the cross-pollination task force helped develop the theoretical framework of the healing teams concept. The work of the task force included creating a training course named "Cross-Pollination," which played a role in training healing teams to minister around the world. For instance, crosspollination research suggested that healing teams should conduct an environmental analysis in preparation for the trip, and that the starting point of the analysis should be a literature review. The healing team should also implement a needs assessment through collecting primary and secondary data in order to understand the context of the culture. The outcome of the initial research should be development of a thorough understanding of the people and their lifestyle. Preparation, feedback, and evaluation should all be part of training healing teams.21

The Healing Teams Pilot: Spafford Clinic

During the time when the healing team concept was discussed extensively within ORU, the idea was piloted in 1979 at the Spafford Clinic in Jerusalem. The clinic was started by Bertha Spafford Vester on Christmas day in 1925 when she took in a newborn baby after his mother died soon after birth. Within a week of agreeing to care for the child, she was asked to take in two more babies, which resulted in the birth of a "baby home." She later raised funds to convert the home into a hospital due to the lack of a children's hospital in Jerusalem. More than fifty years after Bertha Spafford Vester took in her first child, the Spafford Clinic grew to become a ministry in the Old City of Jerusalem that provided medical care to 25,000 women and children.²²

Oral Roberts originally heard about the clinic in 1975 from a guest on one of his television specials. An associate of ORU later visited the clinic and learned that Spafford was facing financial difficulties. As a result, Oral Roberts University assumed sponsorship of the clinic, and Spafford became a seed-faith outreach for the university. Students from business, dentistry, education, HPE, music, pre-med, social work, and theology participated in the 1979 healing teams pilot trip. The pilot healing team was broken into groups to conduct rotations at the Spafford Clinic and other cooperating institutions. Students were to observe and serve for one week in various institutions in order to study different styles of health care distribution in order to develop a program for utilization.²³

In preparation for the long-term vision of healing teams, which included sending graduates of Oral Roberts University, the pilot involved sending a short-term team of upper-level undergraduate and graduate students. There were several stated purposes of the pilot. First, the ORU Spafford outreach was created for students to provide assistance in their field of study to help people in the Middle East by providing health care, love, and concern. A second goal was for the healing team to foster an environment at Spafford promoting reconciliation between Christians, Muslims, and Jews. Third, it was hoped that the Spafford Clinic would provide a medical base station for the training of students for healing teams in a politically and religiously

charged environment. Finally, observation of the group was planned to assist in the future development of the Healing Teams Training Program.²⁴

A detailed outline of the program was created to ensure the experience included knowledge of the people and land, cultural immersion, and exposure to the health care sector. With the overarching goal of improving health care utilization, the team was broken into smaller groups to study the different styles of health care provision through rotations at Spafford and other participating institutions. Institutions included in the rotation were the Spafford House, Lutheran World Federation, Near East Council of Churches, hospitals, Catholic Relief Services, and Holy Land Christian Mission. The population served was Arab, but the composition of the area varied among urban, rural, and refugee groups. Thus, the various institutions and diverse population composition allowed the students to conduct a comparative study of the needs of the people served in each area.²⁵

Healing Teams: Failed, Forgotten, and Found Again

By the early 1980s, there was no question that healing teams topped Oral Roberts' agenda for the next two decades. The vision was being communicated to students, faculty, staff, partners, and the general public. The healing teams concept was being developed internally among administrative leadership as well as faculty and piloted externally through ORU students. Although there was strong institutional support from the president at the top to students across every major, the healing teams vision was never implemented. There are many theories why healing teams never made it past the pilot stage, but no explanation exists throughout the archival evidence. In fact, the healing teams concept disappears from archival evidence altogether after 1984.

The consensus among many students, faculty, and administration studying or working at ORU during this time period is that the City of Faith was the central reason why the healing teams concept failed. The reasoning is that the healing teams were inextricably tied to the City of Faith. Therefore, the healing teams vision vanished in the wake of the financial troubles facing the City of Faith. Roberts had been gearing up

to shift the major thrust of his fundraising campaigns toward healing teams. However, his fundraising campaigns were ultimately rerouted in attempts to rescue the City of Faith. The subsequent closure of the City of Faith sealed the fate of the healing teams vision before it was ever implemented. There may have been other factors involved, but the failure of the City of Faith appears to be the leading factor that led to the demise of the healing teams vision.

Consequently, the healing teams vision was not implemented as originally planned. The idea ultimately failed to maintain institutional support or play a role in the future planning of the university. However, the vision was not entirely forgotten. Many students, faculty, and administration impacted by Roberts' passion for healing teams have held the vision in their hearts for more than three decades. These alumni, faculty, and staff have maintained an excitement about healing teams just as they did several decades earlier. Thus, although the healing teams concept had been dormant at ORU and ceased as an initiative at the university, the vision and passion have remained alive over the last several decades.

Over thirty years after the original pilot, the healing teams vision suddenly reemerged at Oral Roberts University. God spoke to a junior member of the faculty who had never heard of the healing teams vision. During prayer regarding plans for the future, the faculty member felt he heard God say the words "healing teams" as the answer to seeking direction for the next stage of his life. The unfamiliar words led him to reach out to senior faculty members in efforts to understand what the term "healing teams" might mean. It was through conversations with these senior faculty members that the healing teams vision was reborn. Later, during meetings with academic deans and the provost, it was agreed that God was in fact directing leadership to relaunch the healing teams vision at ORU.

Healing Teams in the Twenty-first Century

With the healing teams vision resurrected at ORU, plans were made to attempt a new pilot healing teams trip over thirty-five years after the original pilot. The pilot was scheduled to launch in Carrilho, Brazil, during the summer of 2015, and plans were made to begin recruiting and training students to participate on the Brazil Healing Team. As described in the original concept, the healing team is based upon the needs of the situation. Thus, the first year of the pilot was designed as a needs assessment and projects were implemented over the subsequent three years. Using an interdisciplinary approach, a literature review was initially conducted by the various majors on the team, which included business, engineering, global environmental sustainability, nursing, pre-med, psychology, and social work. A needs assessment questionnaire was developed from the literature review and contextualized based upon the local situation. The Progress Out of Poverty Index (PPI) was also used to determine the level of poverty in the community.

In cooperation with leaders from the community, the ORU healing team members developed several projects based upon the needs assessment. For instance, the primary source of income for the village was cashew roasting and shelling. Middlemen would collect cashews in trucks from farms and drop the cashews off for the community members to roast and shell. They would later return to pick up the cashews to sell to market. A cashew cooperative existed in the community; the cooperative was able to purchase from farmers and sell directly to the market. The cooperative was struggling but had the potential to improve the livelihoods of its members. Thus, the business team focused its efforts on building capacity within the cooperative by developing marketing plans, training employees, and helping the company seek export markets.

The traditional method of roasting cashews includes cooking the cashew in its shell over an open fire. The cashew oil inside the shell is toxic and highly flammable. As soon as the cashew heats to a certain temperature, the entire shell ignites into flames emitting significant amounts of black smoke. As a result, the roasting huts are completely coated in black soot and community members are exposed to high levels of toxic smoke. Therefore, the engineering students endeavored to design a cook stove that would eliminate smoke emissions released during the roasting process. The students chose a simple, inexpensive design with locally available materials and worked alongside community members to test the stoves in the community with a goal

of empowering local community members to develop the idea into a business.

The needs assessment also revealed that community members faced poor quality and inadequate access to health care. To meet immediate health needs, nursing faculty and students along with pre-med students conducted a series of health clinics in the village focused on varying health needs, including diabetes, hypertension, and hygiene. The ORU medical team worked with the local Secretary of Health as well as local health workers to set up free community clinics to conduct health assessments, treat patients, and provide health education. As individuals moved through the stations conducting assessments, treatment, and education, each patient was prayed for by different members of the ORU healing team. The ultimate aim of the medical outreach was not only to treat immediate needs but attempt to impact long-term community health through education.

The education students discovered several important issues in the school in Carrilho needing improvement, such as student motivation, parent-teacher communication, and teacher training. In cooperation with the local Secretary of Education, the education students began to discuss potential ideas to address the needs. It was agreed upon that implementing a comprehensive teacher training program should be the central focus to address the primary needs. To develop this program, ORU College of Education faculty worked with the students to develop five sessions of training covering topics such as assessment and effective teaching, classroom management, organization and administration, educational leadership, supervision, and evaluation and curriculum design and instruction. The hope is that a highly effective certificate program will be developed to build capacity among teachers serving in the local schools.

Healing Teams: The Next Chapter

The Brazil Healing Team pilot proved to be an effective testing ground for implementing multidisciplinary projects based on the needs of a rural village in Brazil. Community members' lives were impacted, students grew professionally and spiritually, and much was learned about implementing the healing teams concept. For instance, key insights from the pilot included training and equipping the healing team, conducing the needs assessment, and implementing simultaneous interdisciplinary projects. While there is still a lot to learn about effectively implementing Oral Roberts' vision for healing teams, the pilot generated enough positive feedback to move beyond the pilot stage to begin rolling out a full healing teams program.

To roll out the program, the next location selected was back on the continent of Africa where God originally placed the healing teams vision on Oral Roberts' heart, but this time further south in Africa with Celebration Church in the country of Zimbabwe. With the needs assessment refined, the Zimbabwe Healing Team set out to conduct the literature search, develop questionnaires, and implement the needs assessment during the summer of 2017. The needs assessment revealed the situation was much more desperate compared to Brazil and could be described as grinding, hand-to-mouth poverty. The community chosen in Zimbabwe was a new peri-urban settlement comprised of families that were relocated from slums surrounding Harare. Thus, families relocated to the area came with almost nothing and had to build temporary housing out of whatever materials they could find, such as plastic, thatch, cardboard, and sheet metal.

Students from various disciplines, such as business, education, engineering, global environmental sustainability, international community development, media, nursing, pre-med, social work, and theology, have participated on the Zimbabwe Healing Team. After completing the needs assessment, the multidisciplinary team has been working with Celebration Church contacts and local community members to develop and implement sustainable solutions based on the needs assessment. Due to the interconnected dynamics of poverty, a significant amount of interdisciplinary work has been required to develop projects. For instance, families in the community are significantly malnourished. They eat about two meals per day comprised of tea, a local corn meal called sadza, and occasional vegetables grown in small gardens. Thus, families live almost entirely off of food handouts and food security is a critical issue. In addition, formal employment is nonexistent, and available jobs are informal and

provide an inconsistent source of income.

To address the pressing needs of poor nutrition and low income, students from business, environmental sustainability, and engineering have worked together to develop agribusiness projects that improve food security and generate income. In addition, theology students are working alongside the other majors to ensure the projects incorporate discipleship principles and connect individuals with the local church. The goal is to scale the agribusiness projects across the community with the possibility of developing cooperative growing and distribution methods to maximize profit potential within the community while continuing to strengthen food security. With the Zimbabwe Healing Team having completed its first year beyond the needs assessment, several initiatives similar to the agribusiness project are currently in the developmental stages.

Conclusion

The healing teams concept is once again taking hold at ORU, but important questions exist regarding the scope and purpose of the healing teams vision. For instance, Oral Roberts envisioned at least 1,000 healing teams ministering around the world by the twenty-first century, and he was positioning the main fundraising efforts at ORU to send these teams to influence world missions and play a role in fulfilling the great commission. However, the healing teams effort was initially launched with the anticipated success of the medical school in which healing teams would be trained and sent out of the City of Faith with a substantial donor base funding the vision. The plan was for the healing teams to be comprised of graduates that would move overseas upon graduation rather than a primarily student-led model with the involvement of a few faculty and professionals.

Although many questions remain concerning the future of healing teams, there is clear institutional support for the initiative, and students, faculty, and staff are energized by the return of Oral Roberts' vision at ORU. For instance, only a few years after the return of Roberts' healing teams vision to ORU, President William Wilson created the Office of Global Service. This new office provides support service to

the entire university as part of the globalization direction and effort at ORU, and the Office of Global Service is responsible for developing and implementing the healing teams vision. In addition, the Office of Global Service works closely with ORU Missions and Outreach to recruit, train, and prepare students for participation on healing teams. Thus, Oral Roberts' vision for healing teams is well-positioned for the future with the Brazil pilot recently concluded, a second location launched in Zimbabwe, and the healing teams program formalized under the Office of Global Service.

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