His ministry of service has spanned the globe in a career of more than forty years as a medical doctor and missionary. Dr. David Hilton’s work has combined faith and science to bring health and healing to the tropics. In his many years as a missionary doctor and consultant, he has lived out the motto, “Education for Service,” in a powerful and lasting way. Like his brothers, David Hilton stands as a living symbol of how the essential values of Indiana Central College have changed the world.

A graduate of the class of 1953, David was the second of the Hilton brothers. Born in Plymouth, Wisconsin, in 1931, Hilton spent most of his childhood in Minnesota, where his father served as a pastor in the United Brethren Church. Like his older brother, Bruce, David was much influenced by his father, who was a role model for a life of faith and ser-
vice. His passion for medicine was rooted in his admiration of a doctor who was a family friend, but this interest deepened when David ruptured his appendix at age fifteen. The crisis resulted in time spent at the Mayo Clinic, where he was much impressed by the dedication and expertise of the doctors he met.

In the Hilton family, college was simply a fact, and the Reverend Hilton made it clear that Indiana Central was the place to go. David found the transition to college life an easy process and was soon involved in campus life. He majored in chemistry and biology and, like his older brother, sang in the choir. Like so many others, including his brothers, David was destined to become a Graduate of the Heart, as he met his wife, Laveta, at the school. He credits the college with helping to prepare him for a life of service, pointing to the strong sense of dedication to that ideal that pervaded the campus climate. He also remembers the importance of the chapel services, where he learned much about giving to others and serving the Lord through the presentations of the many speakers. In his junior year at the college,

David felt a sense of calling to the medical field and decided to pursue it. Following his graduation from ICC in 1953, he went on to medical school at Indiana University. His interest lay in tropical medicine, and he prepared for a career in that field as well as in surgery. Upon his graduation from medical school in 1957, he served an internship at a hospital in the Panama Canal Zone and a surgery residency in Fort Worth, Texas.

In 1959, the young doctor went to Nigeria to practice as a missionary doctor at a Methodist hospital in the remote rural area. He remembers that he "had no idea what to expect," and it seemed that he was going "to the end of the world." His missionary training included studying the local language and being offered some insights into the culture, but the experience was still a "baptism by fire" for David. Living in a hut constructed of mud and grass, Hilton was quickly immersed in the world of tropical/Third World medicine. For ten years he worked in Nigeria, battling infectious diseases from his base at the 110-bed hospital. Much of the time he was the only doctor on the staff and found that his job included a lot of teaching with the aim of delegating responsibilities for medical care, as it was simply impossible for him to do it all. The missionary doctor trained nurses and pharmacists and midwives to help, but after ten years of work, he realized that "there were just as many sick people" as when he had started. "It dawned on me that there had to be a better way to deal with this," Hilton remembers, and he set his mind to coming up with ways to "change the conditions that cause illness" instead of only treating those suffering from the diseases after the fact.

His term of African service completed, Hilton returned in 1969 to the United States, where he worked in family practice in Wisconsin. But he continued to think of ways to implement his idea for a new direction in tropical medicine and, when an opportunity to go back to Africa came along, he took it. In 1975, he began working as a primary health care consultant in Nigeria for the Church of the Brethren. David served as part of a Health Promoters Team, a group that traveled through the remote areas of the country teaching the people basic health practices with the hope of creating more healthy living conditions. Here his experience as a missionary doctor helped tremendously. Diarrhea, often a symptom
of the infectious diseases that spread so rapidly through villages, ranked as the number one cause of death in the developing world at this time. By teaching simple treatment concepts such as hydration, the missionary doctors could greatly improve the chances for a sick person to recover. The second leading cause of death was malnutrition, especially among infants. The traditional practice of moving babies from milk directly to whole grain cereals at about age two contributed in part to malnourishment. While they often had plenty to eat, their bodies were unable to digest the food they were eating. Teaching mothers to offset this outcome by varying their children’s diets dramatically improved the situation.

Such work was the fulfillment of David Hilton’s dream to help people assume responsibility for their own health rather than being dependent on doctors. His vision was for the “empowerment of health” which involved education as well as treatment, improving conditions as well as curing particular diseases. Hilton took to heart the fact that, in many languages, “doctor means teacher.” And part of this teaching role becomes social as well as medical since health, in his view, often has more to do with socio-economics than anything else. Furthermore, he realized that matters of justice and spirituality were often as important to consider as traditional medical questions. His vision of medicine was rooted in a comprehensive compassion for humanity which he had first found in the church. As Hilton expresses it, “medicine is always necessary, health is more.”

Even today, the missionary doctor believes that “the church is the real World Health Organization,” and thinks that the teachings of Christianity can help create a social environment for true health. This view holds true for the United States as well as the Third World. Dr. Hilton reminds us that, here in America, “most causes of death are the result of lifestyle choices.” Thus, health is often an “issue of morality.” From tobacco to alcohol to overeating, our moral choices create the unhealthy conditions for disease. Pointing to “diet and sedentary lifestyles,” he asks, “Why do we do it to ourselves?” He believes that the answer lies in the spiritual and moral realm, and he hopes that Americans will move toward “true healthcare instead of only disease care.”

Hilton finds hope in initiatives such as the parish nursing movement, which connects medical care to the church in positive ways. One important preventative action that the church can take to allay the onset of illness is to create community. Dr. Hilton cites statistics that support the assertion that the “mortality rate is inversely proportionate to the number of friends”
that one has. This research points to the significance of being involved with others in a community. Churches play a critical role in the building of such networks of people in which individuals can find information, help, and spiritual support. He thinks that churches need to “be more intentional about creating small groups” in which community can be created. Doing so will not only help the churches grow stronger, but will also mean better health for those who participate in them.

Hilton’s career as a missionary doctor continued throughout the 1970s, as he moved into a position as a medical officer for the Gongola State Government in Nigeria in 1978-79 before returning once more to the United States in 1980. This time he did not enter family practice, but continued his missionary work by serving as clinical director for the Health Program of the Seminole Indian Tribe in Florida. From 1986-91, he served as associate director of the Christian Medical Commission of the World Council of Churches in Geneva, Switzerland. Since 1992, he has served as a consultant to international and congregation-based health programs for Ecumenical Health Ministries in Atlanta, Georgia. He also works as an assistant to the University Chaplain at Emory University and teaches as an adjunct professor in the International Health Program at Emory’s School of Public Health. His consulting career has taken him to dozens of countries and the influence of his work is felt worldwide. He continues to teach, ensuring that others will carry on his legacy long after his retirement.

Looking back over a career that has spanned more than four decades, David Hilton defines service as “a way of life.” Being a missionary doctor allowed him to travel all over the world. He has learned a lot and had “incredible experiences” as a result of his work. He urges today’s students to remember that “life doesn’t revolve around you” and to understand that they must learn to transcend themselves to “feel a part” of the greater world. He reminds them that sometimes “you have to give up what you want to get it” by way of emphasizing the importance of living a life of service to others. Hilton urges students to understand that the “best method of education is listening” and to glean knowledge from others by continuing to “ask them questions” and hearing what they say through “sincere, non-judgmental listening.” His own experience has taught him that listening allows one to learn invaluable knowledge that may allow that person to offer wisdom and help to others in the long run. Furthermore, his “experience has confirmed that by whatever means you give, you will receive.” In helping others, the missionary doctor has shared and found a true “sense of joy.”
I. BROTHERS & SISTERS

David Hilton ’53

A (p. 22) Dr. David Hilton beside airplane in Nigeria. “This is the airplane that I used to visit a dozen village dispensaries ranging from 30 to 100 miles from the hospital. There were no roads to the hospital, so in the six-month rainy season when rivers were up, it was not possible to drive, even in a jeep.” Personal photograph of Dr. David Hilton used with his permission.

B (p. 23) View from airplane of the area in Nigeria where Dr. David Hilton served—the complex of buildings included the 110-bed hospital and had a separate building for each ward: female and male medical, female and male surgical, maternity, pediatric, tuberculosis, and leprosy. It also included an outpatient clinic, surgery, administration, training school, and pharmacy. Personal photograph of Dr. David Hilton used with his permission.

C (p. 23) Dr. David Hilton and colleague doing surgery in Nigeria. “We averaged six operations a day, six days a week.” Personal photograph of Dr. David Hilton used with his permission.

D (p. 24) Dr. David Hilton with group of Nigerian males standing around him while he examines a patient during a “house call.” “Ours was the only medical facility for a quarter-million people, so everywhere that we went, we were asked to to prescribe.” Personal photograph of Dr. David Hilton used with his permission.

E (p. 24) Dr. Hilton with Korean officials in 1980s. Personal photograph of Dr. David Hilton used with his permission.

F (p. 25) Outpatient Clinic in Nigeria where Dr. David Hilton worked. Hilton notes: “an average of 300 outpatients a day were seen by medical assistants that we trained.” Personal photograph of Dr. David Hilton used with his permission.

G (p. 25) Dr. David Hilton with small child in his arms (Seminole Florida Reservations). Personal photograph of Dr. David Hilton used with his permission.