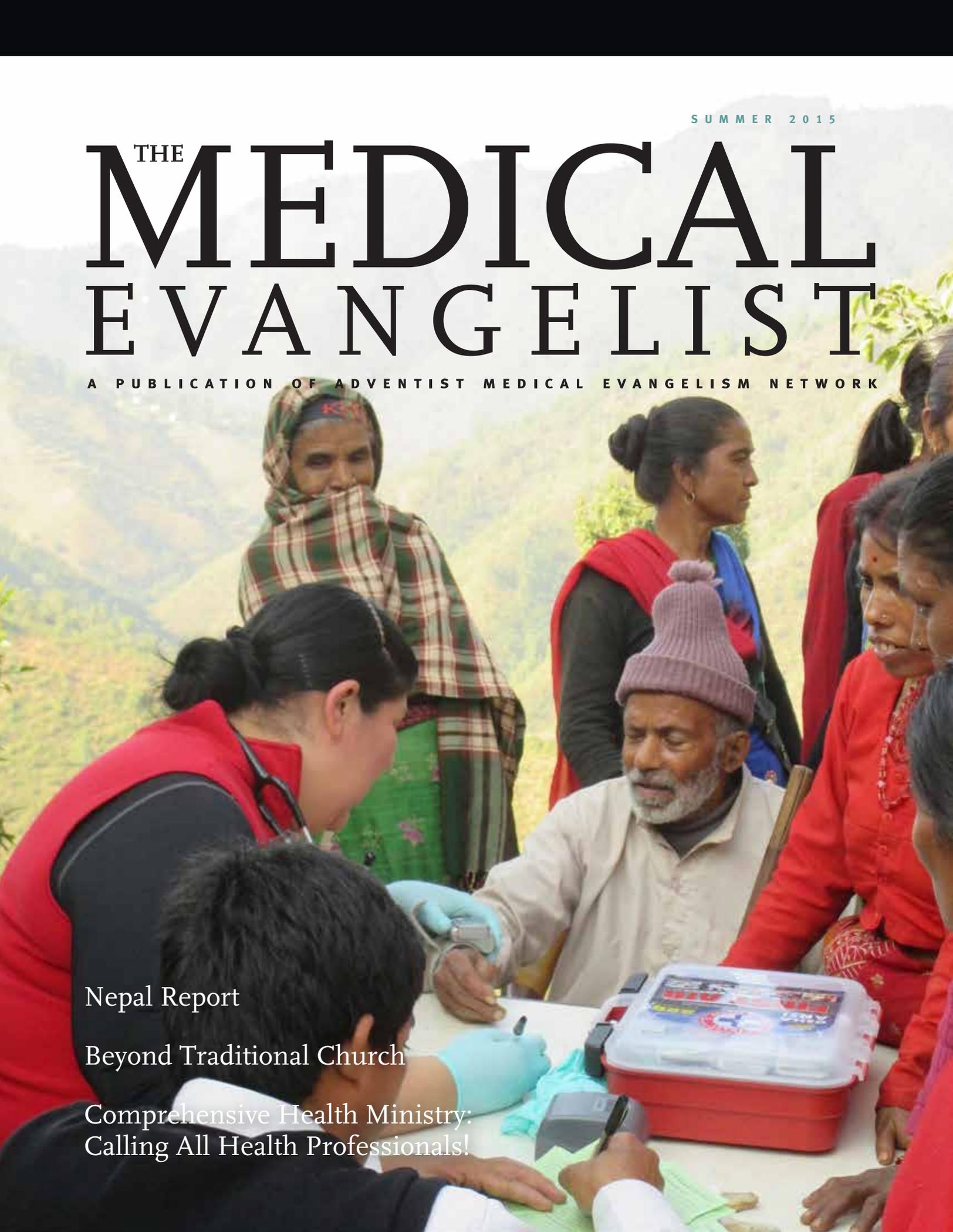


SUMMER 2015

# THE MEDICAL EVANGELIST

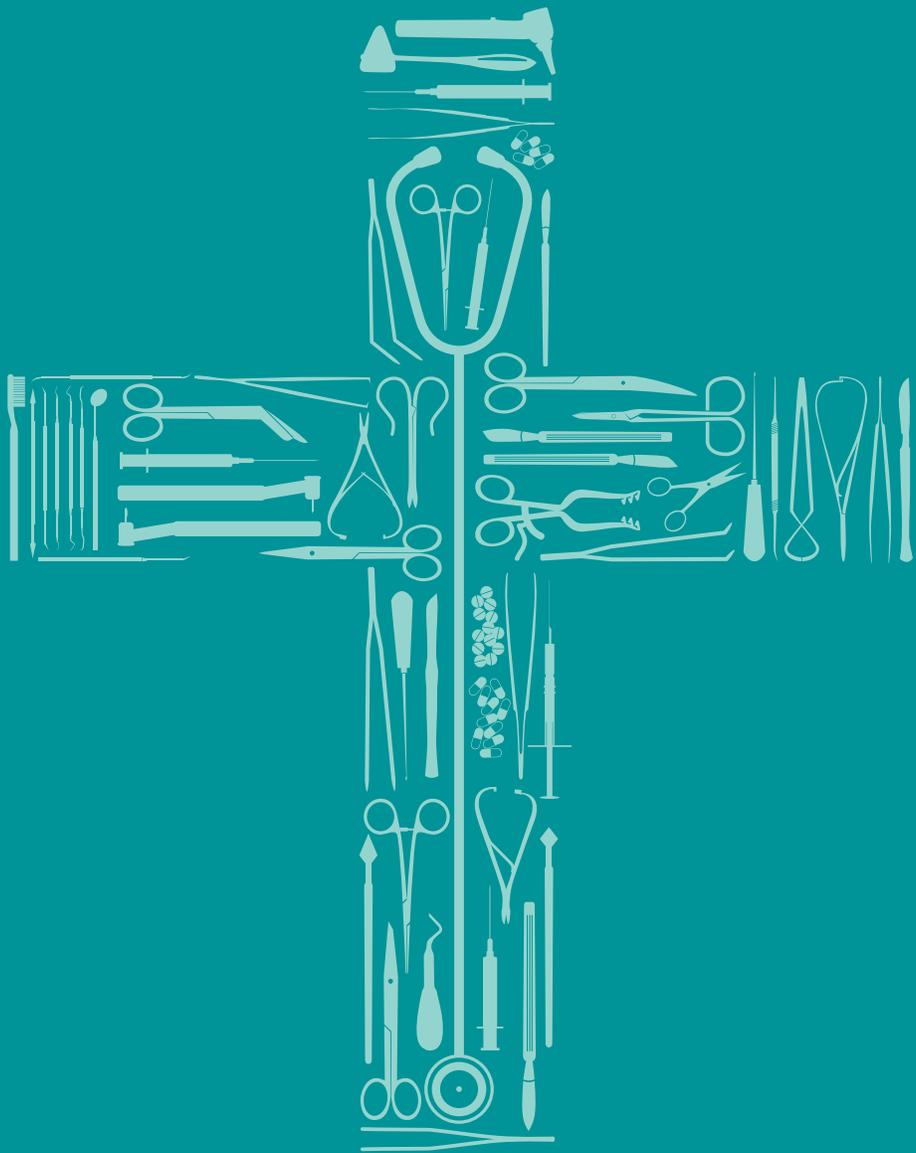
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# THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

The Medical Evangelist is the official publication of the Adventist Medical Evangelism Network. The purpose of the publication is to equip physicians and dentists to be effective medical evangelists.

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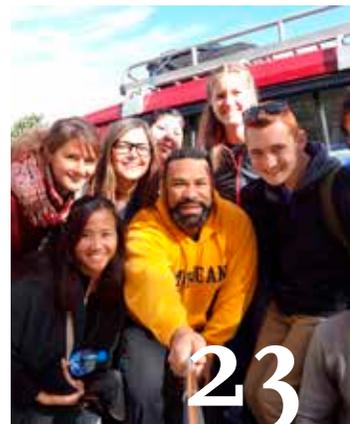
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# Sabbath Ministry

## Part 2



BRIAN SCHWARTZ, M.D.

In Jesus' day the physical need and suffering was overwhelming and compelling. With no good health care, the physical needs were great. Implied by the religious establishment of the day, was the sense that illness was the result of sin and that it brought with it the curse of God. Afflicted people were often outcasts. In Ancient Israel the priests served as healer, a responsibility they had little interest in. Hence Jesus was compelled to meet the need. Not just to relieve suffering, but to show that the whole premise that God rejected the outcast or infirmed was wrong. To do so on Sabbath especially made the case that God is not far off from the sinner. This presented an incredibly strong picture of what God was like for all who saw the healing. The Sabbath healings performed by Jesus, were not missed by the religious leaders who saw it as a direct attack on their whole paradigm – that they were righteous and therefore blessed. (See DA 287)

Jesus is our example, however we must keep a few things in mind as we study His ministry. 1. He prepared for his 3 year ministry his whole young adulthood. 2. He was totally dependent on God and totally connected. 3. He was not encumbered by distractions. No kids, no wife. This allowed Him to focus totally on His mission to humanity. 4. By the end of His ministry, He was drained, nearly spent and tested severely.

We, on other hand, are frail, not as well connected, and not as well prepared; easily exhausted from ministry and easily discouraged. Sabbath is our safeguard to draw near to God. It provides a time to be refreshed and sanctified and to be prepared for service just before and during the final crisis. Therefore, especially in these last days, we need Sabbath, and sometimes even longer periods, to 'come away and

rest awhile' (Mark 6:31) even though the need in the world is so great. Illness today is not perceived the same way and so the compelling reasons of Jesus' day do not apply the same way today. Although the need is just as great, it is not balanced for us to work every day and then on Sabbath to meet the need. We would burn out.

My Grandfather, whom I greatly admired, was a GP who, for 55 years as an SDA physician in practice, never once went to church because he rounded at the hospital every morning with no call coverage. He was disciplined and faithful to what he knew and even had a patient or two and his nurse become Seventh-day Adventist because of his witness. But the reality is that by the time he retired he was a spiritual dwarf. He had not grown in his understanding of scripture and had only a rudimentary understanding. He had a totally misguided prophetic view. He was tired all the time and easily irritable with his family. If there had been a revival in his day he would have missed it. While his personal sacrifice seems admirable on the surface I believe he lacked balance and his ministry suffered as a result. Certainly his family suffered, and bear the scars to this day.

"Those who, from whatever cause, are obliged to work on the Sabbath, are always in peril; they feel the loss, and from doing works of necessity they fall into the habit of doing things on the Sabbath that are not necessary. The sense of its sacredness is lost, and the holy commandment is of no effect. A special effort should be made to bring about a reform in regard to Sabbath observance." CH 422

'So', you ask, 'what's your point?' It is this...

We, as physicians and dentists who work

hard all week in ministry, especially need to protect the Sabbath. AMEN serves to protect and nurture our members spiritually so that we can transform our practices into ministry through the week, and if need be, on Sabbath. I do believe we grow by service and we have neglected the poor and needy far too long but our service need not be on Sabbath. Ellen White's council makes it clear that in our day we should avoid unnecessary work or procedures on Sabbath. I think this is important council. By ceasing our labors on the Sabbath and heeding God's instruction to 'remember the Sabbath day to keep it holy', our patients and community take notice and they begin to inquire as to why we do.

As the final conflict comes upon us we will be forced to become more and more dependent on God to sustain us. In the world around us security and health systems will be failing and at that point we may be much more compelled and prepared to work even on Sabbath.

So it's not an easy, black and white issue. There is room for personal conviction. Despite the need all around Him, Jesus didn't heal anyone until He formally started His ministry.

As far as possible in doing Sabbath work we should strive to maintain an atmosphere of worship and rest. The message should not be that we should all be out doing good deeds of health on Sabbath to be like Jesus. We should be ministering all week and coming apart like His disciples to worship, restore, and recharge; recognizing that sometimes there may be a compelling reason to give up personal rest on Sabbath but if done too often it comes at a price.

*Brian Schwartz, M.D.*

by Zeno Charles-Marcel, MD

# Be Thankful



## **DR. ZENO CHARLES-MARCEL**

*is board certified in internal medicine with an added qualification in geriatric medicine. A sought-after public speaker and health educator through personal appearances and media, his research and academic interests are in the areas of Nutrition, Lifestyle Medicine, Metabolic Syndrome, and Seventh-day Adventist health practices. Dr. Charles-Marcel served in Mexico from 2002-2012 as dean of the medical school and health sciences at Montemorelos University.*

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As I was telling my son, Austin, what I was writing about his ears perked up and he had that certain “thoughtful look” on his face. “What are you thinking?” I asked.

“It’s just that you’re reminding me of the story of Corrie Ten Boom and her sister, Betsie, when they were in prison camp in Germany...” He went on to remind me of the episode in the *Hiding Place* in which the sisters were placed in flea-infested barracks. To be certain of the details he retrieved the book and gave it to me with the story pages marked... (p. 194)

The sisters had read on the morning of their plight, 1 Thessalonians 5:18 which states “in all circumstances give thanks for this is the will of God concerning you in Christ Jesus.” Betsie led Corrie in prayer to acknowledge with thanksgiving all of the features of their circumstance: “‘give thanks in all circumstances’ she quoted. It doesn’t say ‘pleasant circumstances’, fleas are part of this place where God has put us.” Corrie later penned “and so we stood between piers and bunks and gave thanks for fleas. This time I was sure Betsie was wrong.” In those cramped quarters (Barracks 28) the sisters along with Christians of various faiths, held bible studies largely unimpeded by the prison guards or camp authorities; the place was described as a doorway to heaven as many women came to know Jesus on their death beds being boldly ministered to by the faithful women of the barracks. It was not

until months had passed that it was revealed why the prison guards and other authorities allowed this “freedom to associate and minister” in these quarters – no one wanted to enter because of the fleas! Corrie states in her book that upon learning this: “my mind rushed back to our first hour in this place. I remembered Betsie’s bowed head, remembered her thanks to God for creatures I could see no good use for.” (p. 204)

The Bible is full of great counsel; if only we would take heed and, by God’s grace, follow its advice! God has preserved the Holy Scriptures for our good and following its precepts and principles leads to a life in harmony with God and His desire for us. Take the simple advice of Paul to the Thessalonians: “Rejoice always, pray without ceasing, in everything give thanks; for this is the will of God in Christ Jesus for you.” 1 Thessalonians 5:16-18 (NKJV). This article will focus on the last of the three admonitions: in everything give thanks.

Over the past 25 years, there has been a surge of interest in “thanks” and “gratitude” by social scientists, psychologists, philosophers and other medical researchers. The underlying questions are: what is “thanks” (or gratitude) and does this confer any health benefit upon the individuals who express or possess this attribute?

So, what is “thanks”?

According to the Online Etymology

Dictionary' the English word "thanks" comes from the Old English noun *anc*, *onc*, originally "thought", but by c. 1000 morphed in meaning to "good thoughts, gratitude." Patricia T. O'Conner and Stewart Kellerman in *Grammarphobia*<sup>2</sup> state that the root was reconstructed as *thankaz*, which gave us the Old English words *thencan* (to think, to conceive in the mind), *thoht* (thought), *thanc* (meaning thought, good will, gratitude), *thancian* (to thank), and *thyncan* (to seem or appear). As I reviewed the current research, it appears to me that researchers prefer to use "gratitude" as the surrogate for thanks and thankfulness. So the terms will be used interchangeably from here forward. The Harvard Health Letter points out "the word gratitude is derived from the Latin word *gratia*, which means grace, graciousness, or gratefulness (depending on the context)... gratitude also helps people connect to something larger than themselves as individuals — whether to other people, nature, or a higher power."

One practical definition of gratitude is used by Randy and Lori Sansone at Kettering in a recent article *Gratitude and Well Being: The Benefits of Appreciation*.<sup>3</sup> They define gratitude as "the appreciation of what is valuable and meaningful to oneself and represents a general state of thankfulness and/or appreciation." Another definition proposed in 2004 has found wide acceptance.<sup>4</sup> In it, the researcher identified sufficient conditions for gratitude in terms of benefactor/recipient motives and benefits: A benevolent benefactor acts from a desire to help rather than a sense of duty, and the recipient receives a benefit and desires to express indebtedness and attachment to the benefactor. This latter definition is quite intriguing since it places gratitude in the context of benefactor-recipient interaction, one that is immediately applicable to the situation between a benevolent God (as benefactor)



and us, undeserving but infinitely loved children as recipients of His grace.

There are multiple theoretical relationships between gratitude and well-being. It is axiomatic that experiencing gratitude, thankfulness, and appreciation tends to foster positive feelings, which in turn, contribute to a nonspecific sense of well-being. But there is more. Thankfulness has been shown to lower the incidence of eating disorders, phobias and anxiety, and even drug, alcohol and nicotine dependency. One research team studied three groups of subjects who were required to journal either daily or weekly under experimental conditions. One group was asked to journal about negative events or hassles, a second group about the things for which they were grateful, and a third group about neutral life events.<sup>5</sup> The analysis of the results showed the 'gratitude group' consistently showed higher well-being in comparison to the other two study groups. Whether in adults or adolescents, the research shows the same positive relationship between

gratitude and well-being. Froh studied adolescents who counted their blessings vs those who counted their hassles vs a control group and found the blessings-counters to have greater life satisfaction so remarkable that counting blessings was recommended as an effective intervention for enhancing well-being in adolescents. Research has also found that high school students who are grateful have higher GPAs – as well as better social integration and satisfaction with life – than their non-grateful counterparts.

But life satisfaction, good grades, and subjective well-being are not the only benefits of showing thankfulness. Gratitude stimulates the release of dopamine in the brain. This enhances the sense of well-being emotionally and physically. The dopamine also improves sleep, lowers stress and anxiety, and reduces physical discomfort.

Here are some specific benefits of thankfulness:



## People who are more grateful to God are more hopeful about the future.

Of special interest to the reader should be the results of a, yet to be published in print, study which supports the sage notion that people who are more grateful to God are more hopeful about the future, and this greater hope is associated with better health. While there are many more studies and encouraging results of the effects of being thankful, the above should bring into focus the point that a short phrase, given by a God of Love, has widespread and profound implications for our total well-being – BODY, MIND AND SPIRIT. So, in all things – Give Thanks for God wishes nothing but the BEST for you!

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1. It promotes physical health – Gratitude is associated with lower blood pressure, a stronger immune system and even a greater desire to engage in health behaviors like better diet and more optimal physical activity.<sup>6</sup>
2. It stimulates prosocial behavior even at personal cost – In 2006, a review of 3 studies published in *Psychological Science* showed that thankfulness increased helping behavior and increased efforts to assist a benefactor even when such efforts were emotionally and otherwise “costly”.
3. It improves psychological health – Multiple studies by Robert Emmons and colleagues show that gratitude reduces “toxic” emotions such as envy, resentment, remorse, and frustration. Results indicate that for people who are highly grateful, both hopelessness and depressive symptoms are less likely to be associated with thoughts and intentions toward suicide.
4. It reduces aggression and enhances empathy – Grateful people are more likely to be kind, and less likely to retaliate or seek revenge even when others act unkindly.
5. It combats depression – In 2012, a review of eight studies involving 2,973 subjects showed that gratitude is related to fewer depressive symptoms as published in *Cognition and Emotion*.
6. It generates resilience – Gratitude was a major contributor to resilience as seen in persons surviving the events of September 11, 2001. According to a study reported in the *Journal of Personality and Social Psychology* published in 2003. Recognizing and acknowledging one’s blessings fosters resilience especially when they seem to not be blessings at all or during the worst times of life.
7. It promotes better sleep – In 2011, a study published in *Applied Psychology: Health and Well-Being* showed that keeping a gratitude journal (15 minutes spent writing down grateful sentiments) favored longer and more restful sleep.

# The Gratitude Questionnaire - Six Item Form (GQ-6)

Using the scale below as a guide, write a number beside each statement to indicate how much you agree with it.

1 = strongly disagree / 2 = disagree / 3 = slightly disagree / 4 = neutral / 5 = slightly agree / 6 = agree / 7 = strongly agree

- \_\_\_\_ 1. I have so much in life for which to be thankful.
- \_\_\_\_ 2. If I had to list everything that I felt grateful for, it would be a very long list.
- \_\_\_\_ 3. When I look at the world, I don't see much for which to be grateful.\*
- \_\_\_\_ 4. I am grateful to a wide variety of people.
- \_\_\_\_ 5. As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history.
- \_\_\_\_ 6. Long amounts of time can go by before I feel grateful to something or someone.\*

*\*reverse scored items. Reprinted with the permission of Dr. Emmons.*

## SCORING INSTRUCTIONS:

1. Add up your scores for items 1, 2, 4, and 5.
2. Reverse your scores for items 3 and 6. That is, if you scored a "7," give yourself a "1," if you scored a "6," give yourself a "2," etc.
3. Add the reversed scores for items 3 and 6 to the total from Step 1. This

is your total GQ-6 score. This number should be between 6 and 42.

**INTERPRETATION:**

- 25th Percentile: a score below 35 (bottom quartile)
- 50th Percentile: a score below 38 (bottom half)

## ALGORITHM

- 75th Percentile: a score of 41 (higher than 75%)
- Top 13%: a score of 42
- Total = 6-35 Low Gratitude
- Total = 36-40 Moderate Gratitude
- Total = 41-42 High Gratitude

# Three Ophthalmologic Cases in a “Double Blind” Study



**PHIL MILLS, MD** is a dermatologist in private practice. Throughout his time as a clinician, Dr. Mills has always found his greatest joy in soul winning. For him, nothing else compares. One of the founders of AMEN, Dr. Mills is convinced that God is using this organization to catalyze a revival of medical missionary work that will impact outreach on every level - family, church, clinic, and community. He prays for the descent of the Holy Spirit upon medical evangelists all over the world to empower them to do their part in the finishing of the gospel commission.

## 1. Congenital Blindness

### *Chief Complaint and History of Present Illness*

“Now as Jesus passed by, He saw a man who was blind from birth” (John 9:1).

It was the Sabbath and a blind man sat in the courtyard of the temple. He had come to church that morning to find Jesus and be healed.

### **Diagnostic Signs and Symptoms**

But as Jesus passed by the blind man could not see Him and did not know that Jesus was near. His one chance of healing—and he is unaware because all the people around him who should be able to help him were blind as well.

## 2. Acquired (Spiritual) Blindness

Jesus had been preaching in the temple and His message had not been well received. When He finished His sermon the church members “took up stones to throw at Him; but Jesus hid Himself and went out of the temple, going through the midst of them, and so passed by” (John 8:59).

Jesus passes by and the multitudes don’t know it and were not aware of their blindness. They did not see Jesus when He was close to them.

### **Diagnostic Signs and Symptoms of Acquired Blindness**

Those with acquired blindness are unable to see blessings all around. They cannot recognize or detect Christ’s presence. This blindness makes it impossible to see the good in righteousness or the harm in evil.

### **Clinical Description**

Isaiah and Jeremiah give the clinical description:

“Woe unto them that call evil good, and good evil; that put darkness for light, and light for darkness; that put bitter for sweet, and sweet for bitter!” (Isaiah 5:20).

“For he shall be like the heath in the desert, and shall not see when good cometh” (Jeremiah 17:6). The NET translates the passage, “They will be like a shrub in the desert. They will not experience good things even when they happen. It will be as though they were growing in the desert, in a salt land where no one can live.”

The story of the healing of the unnamed blind man, is an encouragement. He knew he was blind and went to find Jesus at church. He found Him and left seeing.

The story of the worshipers is a warning. They went to church feeling they could



The blind are reaching out for Christ. They can't see Him! All the while He is not far from any one of them.

see. But they didn't find Jesus and never learned they were blind.

How many people visit our church hoping to see Jesus, needing to see Jesus? How many people have been lonely, frustrated, unhappy, wondering 'where is Jesus'? How many of these people have left church, still wondering? Never comprehending that Jesus passed by!

"He has made from one blood every nation of men to dwell on all the face of the earth, and has determined their preappointed times and the boundaries of their dwellings, so that they should seek the Lord, in the hope that they might grope for Him and find Him, though He is not far from each one of us" (Acts 26:26, 27).

What a picture is in this verse. The blind are reaching out for Christ. They can't see Him! All the while He is not far from any one of them. He is near us today! He is passing by us today. Whether we see Him or not, He is close enough to touch! He is not playing a game of keep away or Marco Polo. He is not trying to hide. He is trying to be found!

"Now as Jesus passed by, He saw a man who was blind from birth."

This verse tells us of a blind man that couldn't see Jesus, but it tells about a Jesus Who could see the blind man! It tells us of a blind man who didn't know how to find Jesus—even in a church – but it tells us of a Jesus Who knew how to find a blind man lost among the crowd attending church! It tells about a blind man that couldn't go near to Jesus, but it tells about a Jesus Who went near the blind man!

Leaving the seeing multitudes willing to be blind, Jesus went to a blind man who wanted to see.

This man had never seen anything in his life! He couldn't imagine a color. He didn't know the simplest things about the world around him. He was uneducated. He was poor. He was a social outcast regarded as a sinner, under the judgment of God. There were so many things he didn't know. But there was one thing he did know—he was blind!

### 3. (Spiritual) Peripheral Vision Deficits

The disciples saw Jesus looking at this blind man, so they looked at him too. But how different their look was from Jesus' look. Instead of a look with sympathy and compassion, they gave him only a brief contemptuous glance.

Though the blind man couldn't see their look, he could hear the scorn in their voices as they asked Jesus, "Rabbi, who sinned, this man or his parents, that he was born blind?" (John 9:2).

### Diagnostic Signs and Symptoms

The disciples had a third visual defect: tunnel vision. They were unable to see a need. The man's blindness awakened their curiosity instead of their sympathy. They saw his suffering, not as a misfortune, but as punishment.

The disciple's belief was not too much different from the Hindu concept of karma.

Of course, there was a grain of truth to the disciples' belief. Suffering often is the consequence of our own actions. We do reap what we sow. But even when we have brought on our own suffering, Jesus will still save, for He saves the undeserving. "Fools, because of their transgression ... were afflicted. Their soul abhorred all manner of food, and they drew near to the

## What can we do so God's name is glorified in this man?

gates of death. Then they cried out to the LORD in their trouble, and He saved them out of their distresses" (Psalm 107:17-19).

Yet there is also much suffering that is not self-inflicted. "Jesus answered, "Neither this man nor his parents sinned, but that the works of God should be revealed in him" (John 9:3).

Jesus takes the question they shouldn't have asked and uses it to explain what they should have asked.

They should have asked, "What can we do so God's name is glorified in this man?"

### "Double Blind" Study

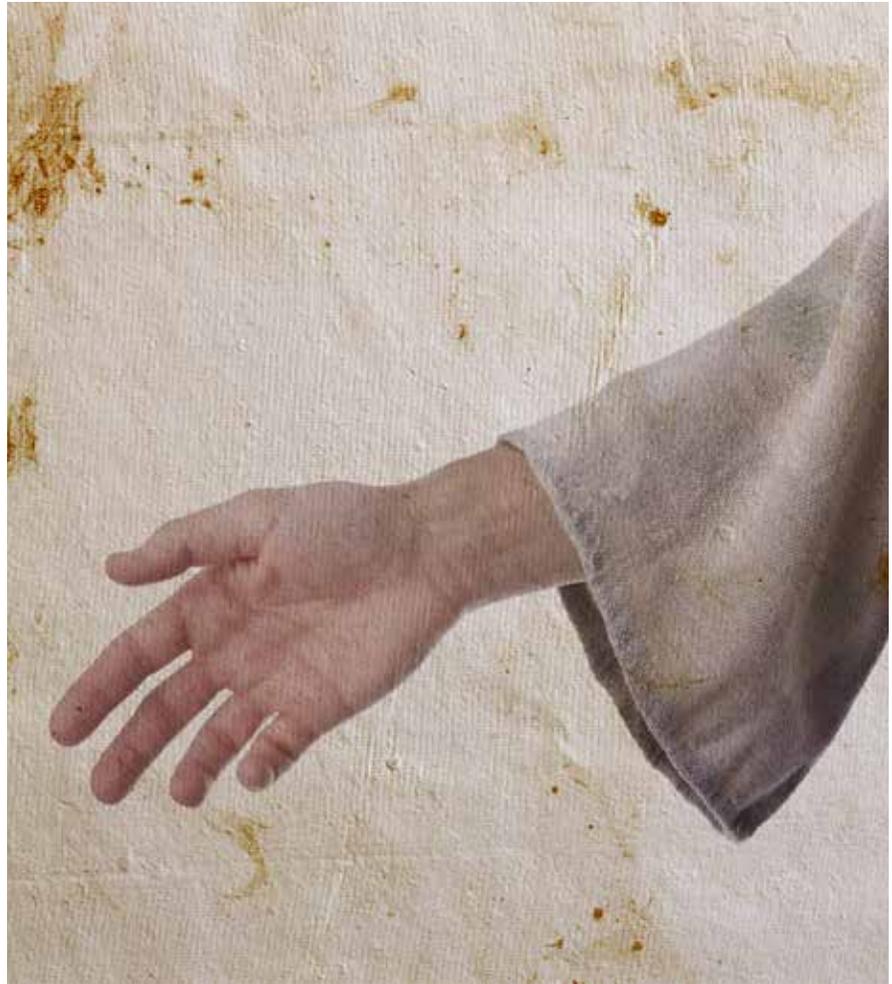
Jesus then gave an enacted parable. Spitting on the ground He made some mud and put it over the man's eyes making the man doubly blind, first congenitally, then acquired since the dirt of this world now also covered his eyes.

### Etiology

This is the cause of restricted spiritual vision—the world before our eyes! The temporal values of the world before us blind us to the eternal realities of life.

### Clinical Description

Those looking through the dirt of this world can see nothing but dirt in those around. The disciples had this type of blindness. They saw only the dirt of this blind man, he must be a sinner or his parents must be sinners. Their restricted vision made them blind to the potential he had in Christ.



### The Treatment

Jesus then gives the solution for this type of blindness. "He said to him, "Go, wash in the pool of Siloam" (which is translated, Sent). So he went and washed, and came back seeing" (John 9:7).

When dirt covers our eyes, everyone else appears dirty. Before we can see, the world must be washed off our eyes. To see others in a different way our eyes must be cleansed from its pollution.

The pool of Sent represented Jesus the Sent of God Who alone can break the spell of the world from our eyes. It represents the Scripture which was sent from God to cleanse us (Ps 119:9; Eph 5:26).

It represents true Christians who are sent, as was Jesus, to seek and to save that which was lost! We are not only called to wash the

saints' feet, but to wash the eyes of the blind as we set before their eyes the truths of God.

When the man washed He could see.

In some cases the first face a blind person saw was Jesus, but not this man. The first view he saw was the pool and curious bystanders who went with him to see what would happen. He was thrilled with his sight. Views that others simply took for granted were new to him. Looking at a sparrow was a thrill. He hadn't imagined the world to be as beautiful as it was! Light was so much superior to darkness.

But now the formerly blind man had a great fear. Would he recognize Jesus if he saw Him? Would he know the face of his Savior so he could thank Him?

He returns to the temple to find Jesus, his



## A miracle happens when we do what Jesus says!

him and asked him to do something for himself. And he did what Jesus ask him to do.

A miracle happens when we do what Jesus says!

The testimony of the beggar holds the secret, do what Jesus asks you to do. “Whatsoever He sayeth unto you, do it!” (John 2:5).

The beggar’s testimony touched the hearts of those who heard. “Then they said to him, ‘Where is He?’” (John 9:12)

They wanted to see Jesus too.

This man’s answer gives us the secret of soul winning success. It doesn’t take years of training in a theological institution. It takes simple trust in Jesus and obedience to His Word.

When we do what Jesus tells us to do we are changed. Others will recognize this change and ask us how we became so different.

We become soul winners as we share our testimony with others of the blessings we have received when Jesus passed by and changed our lives. This is true medical missionary work.

This is how our lives can attract others to Jesus. “Our confession of His faithfulness is Heaven’s chosen agency for revealing Christ to the world” (MH 100).

healer, but Jesus was no longer there. He had to be introduced to every person, even his parents. He recognized their voices, but did not know their faces.

### New Creatures

When we go from blind to sighted our face changes.

Although he couldn’t recognize the faces of others, they almost could not recognize him. “The neighbors and those who previously had seen that he was blind said, ‘Is not this he who sat and begged?’” (John 9:8).

No longer blankly staring, his face glowed and some were not sure it was the same man.

“Therefore if any man be in Christ, he is a new creature: old things are passed away; behold, all things are become new” (2 Cor

5:17). “Some said, ‘This is he.’ Others said, ‘He is like him’” (John 9:9).

He noticed something he had never been able to notice before—the stares of others looking at him. They didn’t know him. In the past they had hurried by the spot he begged trying to avoid him.

He heard their remarks and had a simple answer, “I am he” (John 9:9).

Amazed, they asked him, “How were your eyes opened?” (John 9:10).

So he gave his testimony, “A Man called Jesus made clay and anointed my eyes and said to me, ‘Go to the pool of Siloam and wash.’ So I went and washed, and I received sight” (John 9:11).

His testimony began with a Man called Jesus. This Man had done something for

## Dale's Tale: *A holistic approach to medical ministry*



**ANDREW ROQUIZ** is a family medicine physician learning medical ministry through mentoring in Hayden, Idaho. He is a recent graduate of Loma Linda School of Medicine and Kaiser Permanente Woodland Hills Family Medicine Residency.

When I first met him, Dale was a hefty 45-year-old, 5' 11" and 278 pounds—all accented with a mischievous smile. A type 1 diabetic diagnosed at age 12, he subsequently developed end stage renal disease. About 19 years later he received a donated kidney from his adopted sister. Two years later he had a pancreas transplant, which failed after 18 months. Unfortunately, an ugly divorce resulted in high stress, leading to the loss of his sole functioning kidney. That calamity put him on dialysis for the next six years.

In short, despite Dale having had two pancreases and three kidneys, none were now functional. His health, to put it mildly, was quite precarious.

When I saw Dale again, a year later, the situation was worsening. He was taken off the kidney transplant list because he could never control his obesity. Despite the prospect of being on dialysis the rest of his life, Dale didn't lose weight; in fact, he was gaining it. And, rather than struggle with losing weight, he consulted with a bariatric surgeon.

"We could do surgery on you," the doctor told him, "but you might not live through it."

This was the last option modern medicine

offered Dale, and it wasn't a viable one. Even the most specialized knowledge from his endocrinologist and nephrologist was fruitless. Due to the restrictions of end stage renal disease, Dale's life was constantly accompanied by hunger and thirst, not to mention exhaustion from his dialysis sessions.

"You know, Dr. Roquiz," he said to me, "there were moments when I was about to give up. I would have stopped going to dialysis if it weren't for my wife Gloria."

It was then that we decided to make a bold move.

On a Friday afternoon, crammed into an exam room, the entire office staff gathered around Dale and laid hands on him. Each person prayed that God would empower Dale and give him victory over his appetite.

This insulin-dependent diabetic was then placed on a three-day fast followed by a vegetable-only diet, in addition to the 32-ounce fluid restriction he was already on. His sugars would be monitored every two hours at home, with the result texted to his primary care physician. He was given the book *Victory through Christ* by Ellen White and encouraged to spend time in prayer and Scripture. The focus of the fast was not weight



One lesson from his story is that the physical conditions we often encounter actually have an underlying spiritual problem: a lack of self-control.

loss but to have the patient learn to rely on Jesus in order to overcome appetite.

The following day, Sabbath, was the first day of the water-only fast. Dale attended the church campout and shared his desire for God to deliver him. Church members surrounded Dale and his wife and prayed that he would have the power of Jesus to overcome appetite for another day. On Sunday, day two of the fast, I drove to his house. On the front porch, Dale slowly rocked back and forth in his chair, enjoying the warm, sunny Idaho weather. I checked his vital signs and blood sugar. After adjustments to his insulin, we opened up the book of Esther.

“Dale,” I said, looking him in the eye. “When the people of God were in danger, Queen Esther took it upon herself to fast for 3 days and 3 nights. It was a life and death situation. Her life was at stake and

the people of God were at risk of genocide. But Esther fasted and prayed for 3 days and God delivered her and her people. Dale, right now you are in a life or death situation. You are fasting for 3 days and 3 nights and just like Esther God can deliver you.”

Dale’s face seemed to soak in the encouragement. I closed our time together with prayer. On the final day of the fast he met with his primary care physician, had blood drawn for testing, and again Dale’s doctor prayed with him.

What we were doing with this man carried significant risk. From a medical standpoint, not much is known about fasting. Dramatic shifts in electrolyte abnormalities were expected. Indeed, during the fast, Dale’s blood work prior to hemodialysis revealed a potassium of 6.7, potentially lethal, but likely chronically

elevated given no history of symptoms. On another night of the fast Dale woke up in night sweats from an episode of hypoglycemia.

About one month later, I ran into Dale at the clinic. I learned he had lost 35 lbs. His wife, Gloria, who fasted with him and went on a vegetable diet, also lost about 20 lbs. His abdominal girth had gone from 40 to 36. During the weekend, we biked the Hiawatha trail, stretching 15 miles. To my pleasant surprise, Dale was able to keep up nicely.

Three months after the fast, Dale stood up in church and gave glory to God for giving him the power to overcome appetite. The transplant doctors had him perform a cardiac stress test, an echocardiogram, chest x-ray and blood tests; he passed all with flying colors.

Dale is soon to get a new kidney.

One lesson from his story is that the physical conditions we often encounter actually have an underlying spiritual problem: a lack of self-control. In Dale’s case, fasting and prayer allowed him to

## Only by trust and belief in the power of God was he able to overcome.

come face to face with the true problem: appetite. Only by trust and belief in the power of God was he able to overcome.

In treating patients this way, our medical ministry offers a significant benefit over conventional medicine because it approaches the whole person. When a patient can no longer find the answers in themselves, when the wonders of modern medicine fail, the patient will come to what seems like a hopeless situation—hopeless but for the Great Physician, who alone can provide ultimate healing.

This story drove home another important lesson not taught in medical school: the power of sacrificial love.

Medicine teaches the physician to be objective and in order to do so a certain distance must be maintained between the physician and patient. Medical ministry is counter-intuitive in this respect. It means drawing close to the patient, even tying his soul to your own. The deepening relationship between patient and physician exerts an influence beyond conventional medicine. Upon putting Dale on a 3-day water fast, my partner did something I have not seen any other physician do: he himself went on a 3-day water fast as well. As I talked to Dale about his success, he told me how meaningful and empowering it was for him to know his own physician cared enough to the point of giving up food for 3 days. The act of sacrifice carries tremendous influence on the patient



mirroring Christ's sacrifice toward us. "Surely He [Christ] took up our infirmities and carried our sorrows" (Isaiah 53:4). Medical ministry is a relentless pursuit of Christ's method in reaching people. In the case of Dale, it meant taking on the same suffering of the patient so he could be delivered.

When we understand and experience what was done on the cross, we are brought to repentance and compelled to change. This is the message patients need to hear in order for transformation to occur. But while a pastor may have the luxury of communicating this message through

a well developed sermon, the medical missionary does this in a different, but sometimes more powerful, medium: relationship. It is in the relationship with the patient we are given the unique opportunity to demonstrate sacrificial love. The physician embodies the message. The message is the messenger. When we achieve the highest calling of this special work, patients will see the cross of Christ manifested. At its best, the medical missionary work is the very glory of Christ revealed.

Just ask Dale.



# 11th Annual AMEN Conference

## CrossTraining

**LOCATION:**

Sonesta Resort – Hilton Head Island, SC

**DATES:**

October 29 – November 1, 2015

**THEME: CROSSTRAINING**

We often focus, and for good reason, on the healing ministry of Jesus. Many were drawn to Him as the Great Physician throughout His ministry on earth. But the most important aspect of His healing ministry was His willingness to become the cure for humanity’s sin problem. The cross is where He worked out the antidote to the destructive disease of self-interest. “He was wounded for our transgressions, He was bruised for our iniquities; The

chastisement for our peace was upon Him, and by His stripes we are healed.” Isaiah 53:5 NKJV.

**THEME TEXT:** John 12:32 – “And I, if I be lifted up...will draw all men unto me”.

This promise that Jesus gave in John 12:32 points us to the essence of our cross-training as students of the Great Physician. If we are to effectively incorporate His ministry into our practice, we must learn to focus our attention and the attention of our patients to God’s heart of love as revealed in the Cross of Christ.

As physicians and dentists apply the lessons learned here, they become cross-

trained as effective ministers of the gospel. As pastors and laity minister in health evangelism, they also are cross-trained, as the power of the “right arm” is revealed through a unique opportunity to introduce people to the Great Physician’s curative sacrifice for them.

**CME:** AMEN, in conjunction with Kettering Health Network, is pleased to offer up to 5 medical continuing education credits for our 2015 annual conference.

*The Kettering Health Network is accredited by the Ohio State Medical Association (OSMA) to provide continuing medical education for physicians. The Kettering Health Network designates this live activity for a maximum of 5 hours AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.*

**Speakers:**

- Todd Guthrie, MD
- Pastor Steven Grabiner
- Peter Landless, M.B., B.Ch., M.Med.
- Don Mackintosh, BSN, MDiv
- Kelly Kinsley, MD
- Berenice Cheng, DDS
- John Shin, MD
- Eric Walsh, MD
- Pastor Mark Finley



# Beyond Traditional Church



## **MARK FINLEY, DD**

*has served as a Vice-President for the General Conference of Seventh-day Adventists, Speaker-Director of It Is Written Television, medical evangelist and pastor. He is a renowned evangelist, having presented more than 150 evangelistic series around the world. Medical evangelism is near and dear to Finley's heart. He began integrating stress, smoking cessation, health expos, cooking schools and mini health talks into his evangelistic meetings early in his ministry. He routinely brings physicians and dentists as part of his team. Pastor Finley and his wife Teenie, have 3 grown children and 5 grandchildren.*

**A**s I sat behind the stage waiting to present one of my first health talks, I was nervous. My mind raced. I could feel my heart beating rapidly in my chest. I was afraid I would forget the lines that I worked so diligently to memorize and worse still when I anxiously looked through the small opening in the stage curtain into the two hundred seat auditorium it was nearly full. As a 23 year old ministerial intern, I knew I would really feel uncomfortable standing in front of an audience sharing with them how to stop smoking when I had never smoked.

Since I did not have the privilege of working with a physician in my first Five Day Plan to Stop Smoking, my senior pastor recommended that I show Dr. Wayne McFarland's medical presentation on film. Dr. McFarland was the co-founder of the Five Day Plan and an excellent lecturer who kept his audiences spell bound. As a doctor/minister team, Dr. McFarland and Pastor Elman Folkenberg blended their unique talents to create the world renowned Five Day Plan to Stop Smoking. Dr. McFarland and Pastor Folkenberg helped tens of thousands of people quit smoking in the 1960's shortly after the United States Surgeon General's Report on Smoking and Health was published.

I had carefully instructed the projectionist to turn off the movie right after Dr. McFarland's presentation before his associate, Pastor Elman Folkenberg presented the motivational talk. This was vitally important since I was presenting Pastor Folkenberg's talk. All week I had spent hours memorizing it word for word with inflections and all.

## **An Embarrassing Introduction**

As I sat behind the stage with my stomach in knots anxiously waiting for Dr. McFarland's filmed portion of the program to finish, I rehearsed my lines. I knew the exact moment I was to walk on stage and repeat Pastor Folkenberg's introductory remarks then launch into the lecture. There was only one problem. The projectionist forgot to turn off the projector and I almost fainted when I heard Pastor Folkenberg repeating my lines word for word. I walked onto the stage embarrassed not knowing where to begin or what to say. I honestly do not remember what I said that evening but I do remember this auspicious introduction to the blended ministry of doctors and ministers working together.

## **Christ's Ministry Today**

Early in my ministry I wondered how I could be involved in health ministry without a medical background. I sensed that Jesus



Picture courtesy of Melody Mason / Adventist Review

ministered to the whole person but I felt ill equipped to address issues of health. I was a pastor not a physician. As I pondered over the counsel of Ellen White, on every church being a medical evangelistic center and every member being a medical missionary it did not seem realistic to me. Her counsel on pastors and physicians working together seemed like an unreachable ideal. I pastored a three church district and my largest church was 28 members with no medical doctors or dentists, and only one nurse. How could I ever lead my church into comprehensive health ministry?

#### **A Godly Physician's Advice**

During those early years, Dr. McFarland became a close friend and mentor. His advice to a young preacher was invaluable. He taught me three critical things about medical evangelism.

1. **He encouraged me to begin where I was rather than being paralyzed by the thought of what I could not accomplish. He shared this important truth: *You learn by doing.*** Rather than do nothing and wait for some unusual opportunity, he encouraged me to begin where I was and do what I could. So, early in our ministry my wife and I conducted Five Day Plans to Stop Smoking, Vegetarian Cooking classes, Stress Control programs and a host of other assignments. We made mistakes. Some programs went extremely well and others left a lot to be desired. Our materials and presentations were elementary but in each program we were growing, learning and striving by God's grace to do better the next time. I am reminded of Ellen White's encouraging counsel to medical missionary workers in her day. "Skill in this work, as in every other, is gained in the work itself. It is by training in the common duties of life and in ministry to the afflicted and suffering,

that efficiency is assured. Without this the most sincere purposes and efforts are often useless, and even harmful. It is in the water, not on the land, that men learn to swim. (GCB, July 1, 1902 par. 11)

When you start where you are, in a small humble way, God will expand your influence and at the right time the Holy Spirit will lead Godly physicians into your life to make a significant difference for the kingdom of God. The same is true of physicians. If you have a heart for God and long to unite your ministry with a pastor but have not found the right "teammate", do what you can where you are. Your speaking skills and ability to communicate effectively with your audience will improve as you are actively involved in community outreach programs. As you pray that the Holy Spirit will lead you to blend your talents with someone of likeminded interest, you will be surprised who the

# How could I ever lead my church into comprehensive health ministry?

Holy Spirit will bring into your life.

2. **He urged me to launch out in faith and “hide” behind the medical authorities.** In other words, begin small, do thorough research and do not make radical statements that are not backed up by good science. I was concerned that as a preacher, I might make major errors in my health presentations. His counsel was, “Do your research well. Document what you say and never chase medical fads.” For over forty-five years I have followed that counsel and have never had any serious challenges in my health presentations. Today we have the benefit of carefully prepared, well documented, fully illustrated health presentations by medical professionals. As busy pastors or medical professionals we have available to us top quality materials and do not need to “reinvent the wheel” for originalities sake.

3. **He reminded me to keep the big picture in mind – to be a person of large minded vision.** Vision is the ability to look beyond the challenges of today to the triumphs of tomorrow. People of vision take their eyes off the mud below and place them on the heavens above. They are not crippled by the problems they face. They are amazed that there are so many opportunities.

The best preparation for success tomorrow is the challenge of today. When my wife Teenie and I conducted health programs in those early years to relatively small groups we had no idea that we would travel the world teaming up with Godly medical

professionals speaking to hundreds of thousands. We did not know that medical evangelism would play a major part in opening doors in many former Communist countries for the preaching of the gospel. We had no thought of coordinating nearly one hundred medical professionals in Moscow’s Olympic Stadium in a huge health Expo for over 15,000 people. Dr. McFarland shared with me this invaluable principle. “There is no limit to the usefulness of one who, by putting self aside, makes room for the working of the Holy Spirit upon his heart, and lives a life wholly consecrated to God. (Desire of Ages page 250,251)

There are scores of physicians and pastors who could really do something significant for God but they are paralyzed by inaction because they are waiting for better opportunities. God’s vision for your life and your church is much larger, much broader, much greater than you can possibly imagine. There is no limit to what God can accomplish through you but you have to get started – take that risk.

## Thought Provoking Questions

Has God given you gifts that possibly are lying dormant waiting to be activated in service for Him? Are there opportunities for ministering like Jesus to people all around you that in the busyness of life you may be missing? Is there someone, a pastor or a physician that you could blend your ministry with to make a major difference for God’s Kingdom? Could your church become a medical missionary center of God’s redemptive grace to impact your community for Christ in ways you do not yet imagine?

## What God Has Joined Together

In Christ, the physical, mental, and spiritual dimensions of ministry were united. Matthew’s gospel describes the essence of Christ’s ministry this way, “And

Jesus went about all the cities and villages, teaching in their synagogues, preaching the gospel of the kingdom, and healing every sickness and disease among the people.” (Matthew 9:35) Jesus’ ministry consisted of teaching the principles of the kingdom, preaching the divine truths of the Word and ministering to the total needs of people. He invites His church to do the same. He calls His body to do His ministry His way.

Ellen White puts it this way, “Medical missionary work is in no case to be divorced from the gospel ministry. The Lord has specified that the two shall be as closely connected as the arm is with the body. Without this union neither part of the work is complete. The medical missionary work is the gospel in illustration (CH 524.2). Heaven’s divine plan of action is a blended ministry.

When medical professionals, pastors, and each church member unite in using their God-given gifts to lovingly minister to their communities the special blessing of God attends their labors. “From the light that has been given me, I know that an intimate relationship should ever exist between the medical missionary work and the gospel ministry. They are bound together in sacred union as one work, and are never to be divorced...Christ gave a perfect representation of true godliness by combining the work of a physician and a minister, ministering to the needs of both body and soul, healing physical disease, and then speaking words that brought peace to the troubled heart. . . . (CH 528)

God’s ideal for your patients is much more than just physical healing; just as His ideal for a pastor’s congregation is much more than a church building where members come to worship each Sabbath and then return to their “secular” employment during the week. The church is us, the



Picture courtesy of Melody Mason / Adventist Review

body of Christ, equipped to serve lovingly meeting needs everywhere in Jesus' name.

The church is not a building. A building is where the church meets. Describing Christ's church, the apostle Paul puts it this way, "Now you are the body of Christ and members individually" (1 Corinthians 12:27). Christ is present in the world today through a body of believers called His church. His healing touch is still felt through His people as they lovingly minister to a needy world. We do not become the church when we go to worship on Sabbath, as important as that is, we become the true body of Christ when we minister like Jesus did to bruised, broken, hurting people in His Name.

#### **An Adventure in Faith**

Five years ago, my wife and I moved into a new community of about twenty thousand people in Northern Virginia with no Seventh-day Adventist church. We could

not escape the growing conviction that God had placed us there for a purpose. The closest Adventist church is in Warrenton, Va. about 25 minutes from our home. At the time, the Warrenton church was a small but loving group of believers committed to the mission of Christ. After months of earnest prayer, multiple discussions with local church and Conference leaders, we decided to partner with the Warrenton church members and build a new church, an evangelistic training center and a community health outreach center in our community of Haymarket, Va.

The story of God's working is nothing more than miraculous. We have purchased a prime piece of property in the town center and are in the midst of building an 18,400 square ft. facility. Although we still have significant financial needs, God has done some amazing things in providing the funding for the project so far.

We are committed to being a Bible-

based, Christ-centered congregation sharing God's last day message with our community by lovingly meeting their needs in Jesus' name. We will reach out through personal witness and public proclamation. We are praying that God will move upon the hearts of Godly physicians to move into our area and unite with us in reaching people for the kingdom.

The lights of our church will be on and our church doors open for the community multiple evenings each week. In this Christ-centered comprehensive ministry, we will conduct Natural lifestyle Cooking Schools, Wellness and Weight Control seminars, Stress Management programs, Smoking Cessation Seminars, Exercise Classes, and a host of other Bible-based classes on everything from the gospels to Bible doctrines to the prophecies of Daniel and Revelation.

Members will be equipped and trained to



It is not really how many people we bring into the church that counts. It is how many we send out into the community to impact it for Christ and His kingdom.

use their gifts in service and share their faith with others. We will also conduct four to eight day workshops on how local congregations can minister as Jesus to their communities. There will be seminars for physicians and dentists who desire to be more effective in witness in their practices, local churches and communities.

We long to be spirit filled believers making a difference for Christ and His kingdom. We long to make a difference in Northern Virginia through a blended ministry meeting the physical, mental, and spiritual needs of our community ministering like Christ.

#### **Beyond Traditional Church**

God's vision for your life is far beyond what you can imagine. His vision for your congregation is much more than "traditional church." God's vision for your church is larger than you have thought. Yours is to be a church on a mission,

a church with a purpose, a church that follows in the footsteps of its Master ministering to the heart needs of its community.

Someone has well said, "It is not really how many people we bring into the church that counts. It is how many we send out into the community to impact it for Christ and His kingdom." Traditional churches focus on bringing people in and holding what they have.

Churches following Christ's model of ministry focus on equipping and training their members to serve and sending them out to make a radical difference for the kingdom of God in their communities.

Elton Trueblood, the renowned Quaker scholar once observed, "The church of the future will become a mini-seminary." Dr. Trueblood was right. The church that is training its members to minister like Jesus

will explode in growth. The church that is reaching out to its community in Jesus' name meeting needs everywhere will make an impact on its community. The church whose members unite in comprehensive, multi-faceted ministry to meet community needs like Jesus will not be irrelevant in today's sophisticated postmodern society. It will make a remarkable difference.

The church whose doors are open, whose lights are on, that is serving its community in the spirit of Christ is much more than a church. It is the body of Christ ministering in the 21st century to touch lost people with Heaven's love. It longs to bring lonely people in out of the cold to the warmth of Christian fellowship and the joy of knowing Christ. This is God's dream for your church. May your church reach its' divinely appointed destiny and fill its God-given mandate in a blended ministry to reach its community for Christ and His Kingdom.

# Reflections on the “Joined Together” AMEN Conference

February 28, 2015

Dear Brian,

It was my privilege to attend the “Joined Together” AMEN Conference in San Diego this last October. It was a real blessing. Thanks to all those who labor to organize these events and make them all God wants them to be. We have come a long ways, and yet we still have far to go.

I deeply appreciated the messages and the call to a more active and systematic engagement with patients on a spiritual level. Lyndi Schwartz’ Sabbath message particularly spoke to me personally. Why should I not be more deliberate, purposeful and fully-engaged as a medical evangelist?! What is it that should hold me back from doing it? After all, have we not come to the kingdom for such a time as this?!

Deeper study has led me to a remarkable realization—while we are, indeed, to find ways to make prayer with patients part of our care, God’s plan for our practice of medicine is greater still. While we are often occupied with the details of modern medicine and the myriad of things one must do to provide care that will receive reimbursement, Christ the Great Physician tells us it is much simpler

when we follow His example and use His ordained methods.

In studying to understand Christ’s plan for me to practice more as He did, I read this statement, “For this reason the Lord has marked out a way in which His people are to carry forward a work of physical healing, combined with the teaching of the Word. Sanitariums are to be established, and with these institutions are to be connected workers who will carry forward genuine medical missionary work.” (2SM 54.3) More than just praying for our patients is comprehended here. I was struck with the idea that God has “marked out a way” we are to work. It reminded me of another statement with a similar message, “There are many ways of practicing the healing art, but there is only one way that Heaven approves.” (5T 443.1) Taking these thoughts together I cannot but confess to God that I have not been working the one way He has marked out, nor am I yet sure I know how. Teach me Thy ways, oh Lord.

As a Lifestyle Medicine specialist my practice is almost entirely about educating patients, and yet the following counsel calls me to higher ground. “There is now positive need even with physicians, reformers in the line of treatment of

disease, that greater painstaking effort be made to carry forward and upward the work for themselves, and to interestedly instruct those who look to them for medical skill to ascertain the cause of their infirmities. They should call their attention in a special manner to the laws which God has established, which cannot be violated with impunity. They dwell much on the working of disease, but do not, as a general rule, arouse the attention to the laws which must be sacredly and intelligently obeyed to prevent disease.” (MM 223.2) Here I see that it is God’s plan for me to call my patients’ attention “in a special manner” to His laws and not merely treat their disease. “God’s ideal for His children is higher than the highest human thought can reach.” (DA 311.2) It is good that we learn to pray with and for our patients, but God’s ideal is much grander than that! If we allow Him, He promises to do far more with our medical practices—He will open the way for us to combine physical healing with the teaching of the Word, consistently sharing His law and His Grace. Amen!

Sincerely,



John Kelly, MD, MPH (LLUSM 2000)

# Nepal Report

In a land known for the breathtaking Himalayas, for extreme mountain trekking, and for Buddhist prayer flags, Nepal knows little about Christ. Surrounded by China and India, this once closed country is now open for a potentially short period of time where the Gospel can be spread.

This past December, AMEN partnered with Amazing Facts Center of Evangelism (AFCOE) to share the gospel through both spiritual and physical healing in this largely Hindu and Buddhist country. Each day the medical team went out to a remote village where evangelistic meetings were taking place. God blessed: crowds grew, resistant villagers became receptive and appreciative of the work, hearts were softened and lives impacted.

Stanton Rolle, an AFCOE graduate, hadn't realized the great physical needs in his village until the medical team arrived. Utilizing the right arm of the gospel helped him to gain the trust of the people. "I believe it helped them to understand that we care about their physical, spiritual and emotional well-being. Later that evening I spoke against one of their closely held beliefs and the Lord truly blessed. They didn't feel attacked. Instead they saw that we had their best interests at heart. Eleven people made a decision for baptism."

One sunny day the team headed up mountain roads, to that day's clinic location. We had nearly reached our destination

when we rounded the mountain corner only to discover that ahead of us lay a perfect example of an infamous Nepali road. The sharply descending, narrow, dirt road full of ruts with its sharp drop-off was a solemn reminder that sharing the Gospel knows no limits. We go where we need to go. There is an Adventist church in this village, but it had previously been divided; half of the members had returned to the Pentecostal belief. However, after the clinic and prophecy meetings, these members decided to rejoin the Seventh-day Adventist Church. How glad we were that we didn't let that narrow dangerous road keep us from going where we need to be!

A young woman had come to the clinic at Koshidekha. She had just entered her eighth month of pregnancy, but had not felt the baby move for quite a while. She said that the baby felt like a heavy brick in her stomach. One of our medical volunteers, Bridgette Yanez, took her to a private examining area and began to palpate her abdominal region. Upon palpation, the baby jumped! The woman's face lit up! She left the clinic with a glow of happiness and a deep confidence in the Adventist volunteers associated with the AMEN clinic.

Meanwhile, in the entire village of Melamchi, there was only one Adventist. However, some of his Adventist relatives from a couple hours away had been studying with the pastor of the town's Non-

denominational Church. Their request to hold the prophecy meetings at his church had been granted. Wyatt Allen, the AFCOE graduate stationed in that village, said: "The pastor told me that because of the medical work, the village of Melamchi has changed their whole attitude toward Christians." The church, along with three others that they oversee, have expressed an interest in joining the Seventh-day Adventist Church and have been connected with the local Adventist conference.

The country of Nepal, although deeply religious, is currently secular. Nevertheless the Christians there still face persecution. In one village, the meetings had to be postponed because of the stabbing of a Christian by a Hindu. In that same village the meetings were threatened. In another village, new members were baptized in the chilly river early one Sabbath morning to avoid creating unnecessary tension in their village – the village where the Adventist church had been blown up just 6 years before (with no one hurt).

Though the doors to Nepal are now open, there is a push to return to Hinduism, which could close the doors and foment persecution against Christians greater than Nepal has ever seen.

The experience of our time in Nepal is well summed up by Dr. Eugen Schiopu, a volunteer dentist from Germany: "The planter lives by faith, knowing that the seed is not scattered in vain. The reaper



has to stay humble knowing that someone before him scattered the seed and that God developed its growing. But both of them have something in common: they are happy that they were called to co-labor with God, the time spent becomes precious and that is a unique experience for them.”

Since AMEN’s initial mission to Nepal last December, two devastating earthquakes have struck the country. On April 25, a 7.8 magnitude earthquake killed over 8,000 people and injured 14,000. Just two weeks later, and after many aftershocks, a second earthquake (magnitude 7.3) struck closer to Everest, killing at least 70 more people and injuring more than 2,000.

For over a year, AMEN has been partnering with a group named Reach Nepal. Some of the Reach Nepal team were ending a mission trip in Nepal when the earthquake struck. Since then, AMEN and Reach Nepal have been partnering in fundraising. Based at Scheer Memorial (Adventist) Hospital, the Reach Nepal team has been going into remote villages bringing food, water, shelter and other basic necessities. Many of these villages had not received aid prior to the Reach Nepal team arriving. In addition to death and injuries, thousands of Nepali families have lost their home and are now living outdoors or in inadequate shelters.

What a privilege to be given this window in time when Nepal is open to the sharing of the gospel. Now is the perfect opportunity to show them Christ’s love through service and sacrifice!

Now is the perfect opportunity to show them Christ’s love through service and sacrifice!

# Comprehensive Health Ministry

## *Calling All Health Professionals!*



**DR. PETER LANDLESS,**  
*a cardiologist from South Africa, is the Director of the General Conference Health Ministries Department and the Executive Director of the International Commission for the Prevention of Alcoholism and Drug Dependency (ICPA). His passion is the blended ministry—the recognition and practice of spirituality in health.*

**D**octor, I chose to enlist as a patient in your practice because I have been told that you care for the whole person and pray with your patients.” From my early years as a medical student, my fascination with the wonders of complex physiology and divinely designed anatomical architecture has been eclipsed only by the joy and wonder of an individual coming to know Jesus and accept Him as their personal Savior. This is all the more exciting when such a conversion experience is catalyzed by a grace-filled encounter with a caring health professional. Many of you reading these words can identify with such encounters. Thank you to each of you for being dedicated workers in the blended ministry, extending the healing ministry of Jesus.

Many dedicated health professionals are responding to the call to engage in Comprehensive Health Ministry (CHM). What is it? This is a term used to reflect and embrace in modern terminology, the meaning of “medical missionary work,” a term used by Ellen G. White when urging the Church to engage in wholistic caring and healing. CHM includes not just health workers but also pastors, teachers, administrators, and every church member. When CHM is incorporated into the “Mission to the Cities” initiatives, the result could be “the setting in operation

of a mighty movement such as we have not yet witnessed.” (Medical Ministry, p. 304) CHM’s goal, by God’s grace, is to promote physical, mental, and spiritual well-being. It strives to model the self-sacrificial ministry of Christ in a broken world.

“No line is to be drawn between the genuine medical missionary work and the gospel ministry. These two must blend. They are not to stand apart as separate lines of work. They are to be joined in an inseparable union, even as the hand is joined to the body ... A solemn dignity is to characterize genuine medical missionaries. They are to be men who understand and know God and the power of His grace.” (Letter 102, 1900.)

The writings of the Spirit of Prophecy are replete with such injunctions, encouragement and blueprints. Ellen White’s qualifiers are significant: we are to...“understand and know God and the power of His grace.” We would do well to take stock here. Instead of highlighting just programs and plans, we must also focus on our own relationship with Jesus; to know Him, to experience His love and grace, and then become the conduit of these characteristics.

### **Blended Ministry**

I believe in the blended ministry; it is God-designed and God-ordained—and it works!



But it requires buy-in, collaboration, the sacrifice of egos, the willingness to learn from each other, and most importantly—that we follow Christ’s method of mingling, caring, ministering to needs, winning confidence and then encouraging others (by precept and example) to follow Him. A primary objective is to keep Jesus as our “Pattern Man” and to follow Christ’s method, ministry, and mission alone.

Medical missionary work in its older and broadest sense has been done in our church for more than a century. However, we have been challenged to have a comprehensive, concerted Christ-centered approach taking what has been “Good” to what can be “Great”! Could it be that the Church readying itself and the world, in which it finds itself, for the soon return of the Lord Jesus Christ, has such a wonderful opportunity? The opportunity of implementing comprehensive health ministry done with intentionality and with energy not witnessed until now?

### Comprehensive Health Ministry in Action

What does Comprehensive Health Ministry really look like? There are four basic markers of this special initiative.

1. When put into practice, it appears as if Jesus is amongst us! The sick are being cared for, the hungry are fed, the naked

are clothed, sympathy, love and inclusivity abound.

2. It is not merely a method – it is much more a ministry and a mission – extending the healing ministry of Jesus Christ “to make men whole.”

3. It is concerned with wellness and wholeness, not just the treatment of disease. Preventive lifestyle initiatives are vitally needed.

4. The continuum of care addresses the wholistic being in every aspect including physical, social, mental and spiritual.

### Every Church a Community Health Center

As every church member embraces Comprehensive Health Ministry, every church becomes a Health Center for health promotion in every community where we find ourselves. We maintain relevance in our communities by practicing Christ’s method of mingling, sympathizing, meeting needs, winning confidence and then sharing timeless spiritual truths of salvation and eternal life.

There are many practical areas where this “commodity” of health, a common goal desired by all, can make the difference in our various ministries and endeavors – youth, children, adults of all ages, in our education systems, chaplaincy, and development and relief initiatives. CHM does not belong to the Health Ministry

Department – it is a ministry and mission for every Church worker and every Church member. Our churches can become community health centers sharing instruction in balanced healthful living, cooking and nutrition, smoking cessation (Breathe-Free 2), recovery ministry, and run seminars that destigmatize mental health problems helping people to better cope with depression and anxiety. The Adventist Health Message when practiced with balance has as many mental and emotional benefits as it does physical. Another example of CHM being done by the Seventh-day Adventist church are the mega health events treating disease, and also providing dental and ophthalmic care. Successful events have been run in San Francisco, San Antonio (USA), and Harare (Zimbabwe) with the recipients viewing the gracious love of Jesus through the lens of His servants’ practice of selfless CHM.

### Our Calling

No single ministry in the church is sufficient to the task. But we are called to work together, regardless of our roles, to reach out to our broken planet. We have been blessed with a message, not just about eternal life sometime in the future, but having a more abundant life now. We must live this message, practice neighborliness and reach outside of the church and into the lives of other people. We, and those to whom we minister, can even enjoy wholeness in our brokenness! Jesus summarizes Comprehensive Health Ministry: “I have come that you may have life and have it to the full”, John 10:10 (NIV). We can be the ones God will use to help give people, even now, the more abundant life that Jesus has promised.

We have the opportunity to work together on this vital aspect of our calling. Through the grace of God, we can—and will—make a difference, now and for eternity.

# Your Best Pathway to Health

## San Antonio Report



**DR. KINSLEY** practices Dermatology at North Pacific Dermatology. He and his wife Beverly live in McKinleyville, CA. The couple has twins, Micah and Anya, who have completed their second year of college at Southern Adventist University.

Sometimes anticipation is greater than reality.

I knew it was going to be big but somehow the scale of what was going to be offered didn't hit me until I stepped into the Alamo Dome and saw the sprawl of dividers and equipment. From my vantage point, I could see that one fourth of the dome was covered with dental chairs and equipment. Another fourth of the dome was set up for eye evaluations. Another fourth was set up for medical and surgical care and the final fourth was set up for triage, health education, psychiatric care, and pastoral care.

One thousand seven hundred national and international volunteers joined together to meet and treat the healthcare needs of 6,193 San Antonio residents over the course of three days. The city sat up and took notice as daily news coverage helped get the word out to the city. Mayor Ivy Taylor visited one day and toured the event, greeting guests and volunteers alike. Much appreciation was expressed by all.

Each day I had opportunity to see a variety of skin related problems. One particular encounter, however, has stood out prominently in my heart.

She had been standing in lines for over six

hours, plagued with a large lesion on her chin. "That is so gross!", she had been told. "Get it fixed and maybe we will hire you," others had said. It had cost her three jobs and she found it difficult to look people in the eyes; she knew what they were thinking.

"Are you the dermatologist?", she quietly asked. "Yes I am. How may I help you?", I replied. For three years, a draining cyst festered on her chin. She had seen multiple doctors and was told it would cost her a thousand dollars to have it removed. She didn't have the money, no one would help.

"Let's get that off."

"Today?" she asked.

"Right now," I said.

Her eyes widened, filling with tears, her hands covering her mouth in disbelief.

We laid her down on a camping cot. Crouching down next to her, I adjusted the very small light and prepped her chin. With excitement and disbelief she kept saying over and over again, "This is going to change my life...because of you my life will never be the same..." All the while, I was trying to remove the cyst from her chin. I gently requested she pause for a moment while I did the portion



of the procedure that required a non-moving mandible. She stopped but was still smiling...really big.

The cyst came out easily and intact. "Thank you Lord.", I said to myself. After placing the last suture, I removed the surgical drape that covered her face. She knew we were done and, once again, began to repeat how this was going to change her life.

After bandaging her chin and giving her instructions on how to care for the wound, I knew it was time to say what God had been pressing upon my heart. So I said, "I know that having this cyst gone will change your life and open up opportunities and I am so thankful to have had the privilege to help you today. But there is something I need to tell you. It is not because of me that your life will be different. It is because of God. He is the one that made it possible for me to be here and He is the one that brought you here. So you see it is because

of God that your cyst is gone. What we did here today will make a difference, but the only one who can really change a life is Jesus. He has changed my heart and life and I know He can do the same for you." Her eyes got big and moist with tears again. "May I pray with you?" I asked.

"Yes," she said. And we did.

For me the reality of those few days far exceeded all that I had anticipated. Many encountered Jesus in His "church" over the course of those three days and the efforts put forth by all who participated will have results that will carry on into eternity.

"Give and it shall be given to you; good measure, pressed down, shaken together, and running over will be put in your bosom. For with what measure that you use, it will be measured back to you" Luke 6:38.

We often look at this verse from our

perspective so as to be reassured that whatever we give to God we will see it back multiplied over and over. And while that is definitely true I so want this verse to be true for Jesus as the giver who gave Himself, without measure, for His church. I pray that His giving without measure would be given back to Him in good measure, pressed down, shaken together, and running over and put in His bosom. I pray that this would be so by the fuller and fuller manifestation of Himself in His church as we arise and shine making Him manifest in more events like this, both large and small, throughout this planet. Will you join me in this prayer and in participating in more events like this?

**TO GET INVOLVED WITH PATHWAYS TO HEALTH AND AMEN FREE CLINICS GO TO: [AMENSDA.ORG/MISSIONS/FREE](http://AMENSDA.ORG/MISSIONS/FREE)**

# AMEN In Action:

## *Free Clinics & Other Mission Opportunities*

“It is only by an unselfish interest in those in need of help that we can give a practical demonstration of the truths of the gospel.” —Ellen White, *Welfare Ministry* p. 32

You’ve heard testimonies. You’ve heard sermons. You’ve even given funds to support mission trips. Now we encourage you to take the next step – it’s your turn to act. Whether you think you have no time, or whether you’re retired and have lots of time,

whether you’re a mission trip veteran, or have never gone before, God has an AMEN mission experience just for you. You only have to make the choice to go.



### **Volunteers Needed!**

#### **Nepal Relief Mission, Now – July 31, 2015**

Due to the earthquakes and early monsoon season Nepal is great need of primary care physicians/physician assistants and nurses. Volunteers need to be willing to ‘rough it’; they will be going out to remote villages that have been hit hard with the recent disasters. For more information visit: [amensda.org/mission/info/Nepal-relief-mission](http://amensda.org/mission/info/Nepal-relief-mission)

#### **Free D.O.M. Clinic – Ocala, Florida July 21 – 24, 2015**

AMEN is teaming with Free D.O.M. Clinic USA, Inc. (a subsidiary of United Hands, Inc) to provide care to the indigent, homeless, uninsured and under-insured residents of Ocala, FL (approx.. 1 hour northwest of Orlando). Dentists, dental assistants, and hygienists are needed. For more information visit: [freedomclinicusa.org/events.html](http://freedomclinicusa.org/events.html)

#### **Pathway to Health: Spokane, WA – August 3 – 4, 2015**

Your best Pathway to Health Spokane will take place just prior to the ASI National Convention in Spokane, Washington. We will provide free medical, dental & vision care at the Spokane Fairgrounds. For more information visit: [bigcitybenevolence.org/upcoming-events.html](http://bigcitybenevolence.org/upcoming-events.html)

#### **AMEN Free Clinic: Orangevale, CA – August 23, 2015**

The Orangevale Seventh-day Adventist Church will be hosting a one-day dental clinic in their church. Dentists, dental assistants and hygienists are needed. More information:

#### **Impact Your Health: Eugene, OR September 26 – 27, 2015**

Local churches, AMEN, Lightbearers and ARISE will collaborate to reach the community of Eugene with a comprehensive clinic. Dentists, dental assistants, hygienists, optometrists and health educators are encouraged to join this two-day outreach.

#### **Impact Your Health: Chattanooga, TN – October 3 – 4, 2015**

AMEN, along with the local church community of Chattanooga, Southern Adventist University, and It Is Written are coming together for wholistic evangelistic impact in the greater Chattanooga community. Join other dentists, dental assistants, hygienists and medical professionals for this southern clinic-mission opportunity

**For more information:** Visit: [amensda.org/missions](http://amensda.org/missions)  
Email: [admin@amensda.org](mailto:admin@amensda.org) Call: (530) 883-8061

by Todd Guthrie, MD

# Making Sense



**DR. TODD GUTHRIE** is a board certified orthopedic surgeon, practicing in Mt. Shasta, California. Dr. Guthrie sees AMEN as a catalyst to further facilitate the bringing together of the everlasting gospel of Revelation 14:6–12 and the Adventist health message. He firmly believes that medical missionary evangelism will open hearts in preparation for and in conjunction with the outpouring of God's Spirit in the final days of earth's history. Dr. Guthrie, his wife Patti, and their four children have a passion for ministry and are active in their local church and abroad.

I entered the next exam room; waiting for me was an older couple who presented a communication challenge: my patient (the husband) was nearly deaf, and his wife suffered from Alzheimer's dementia.

"Hello," I shouted in his ear. "I'm Dr. Guthrie. How can I help you?"

He had tenosynovitis of the wrist, which is fairly easy to diagnosis and treat. However, treatment proved more challenging than usual as his wife, though pleasant enough, provided some distraction with her Alzheimer's dementia. She kept trying to get him to roll up his sleeve over the area I needed to examine so I couldn't even see it, much less access it. Nevertheless, through loud talking, gesturing, and persistence, I explained the issue and was able to give him an injection.

Recent research indicates that one of the first signs of Alzheimer's dementia is loss of the ability to smell; it first affects the left side of the brain. This made me think more deeply about how important our senses are, and how communication and cognition are integral to proper functioning of these channels.

As we try to communicate the love of God in a way that will win the hearts of our patients, I wonder if our own clarity of thought about His love and our ability to truly hear His voice might also need His healing touch. Every day I spend with patients, I sense that I fall short in communicating God's love.

I often wonder, "Does what I share even make sense to them?"

It was in the region of Decapolis, where the former demoniac had been evangelizing, that the new believers brought to Jesus "one who was deaf and had an impediment in his speech, and they begged Him to put His hand on him. And He took him aside from the multitude, and put His fingers in his ears, and He spat and touched his tongue. Then, looking up to heaven, He sighed, and said to him, 'Ephphatha,' that is, 'Be opened.' Immediately his ears were opened, and the impediment of his tongue was loosed, and he spoke plainly....And they were astonished beyond measure, saying, 'He has done all things well. He makes both the deaf to hear and the mute to speak.'" Mark 7:32-37, NKJV.

The deaf often have a hard time speaking properly because they have not heard normal elocution and volume. I suspect that Jesus was sighing because of sorrow for the spiritual deafness and speech impediments of His hearers. Revelation 3 reveals that His response to our Laodicean state is even more visceral.

What, then, is the solution to our cognitive and sensory deficits? According to this story in Mark, both the word of Jesus and His personal touch will open our understanding and give power to our ministry as we speak His words to others.

*Incline your ear and hear the words of the wise,  
And apply your heart to my knowledge;*

*For it is a pleasant thing if you keep them within you;  
Let them all be fixed upon your lips,*

*So that your trust may be in the LORD;  
I have instructed you today, even you.*

*Have I not written to you excellent things  
Of counsels and knowledge,*

*That I may make you know the certainty  
of the words of truth, That you may answer  
words of truth To those who send to you?  
- Proverbs 22:17-22, NKJV.*

This is not to be a one-time healing affair, but an ongoing treatment plan for which we are completely dependent on the Great Physician:

*Man's great danger is in being self-deceived, indulging self-sufficiency, and thus separating from God, the source of his strength. Our natural tendencies, unless corrected by the Holy Spirit of God, have in them the seeds of moral death. Unless we become vitally connected with God, we cannot resist the unhallowed effects of self-indulgence, self-love, and temptation to sin.*

*In order to receive help from Christ, we must realize our need. We must have a true knowledge of ourselves. It is only he who knows himself to be a sinner that Christ can save. Only as we see our utter helplessness and renounce all self-trust, shall we lay hold on divine power.*

*It is not only at the beginning of the Christian life that this renunciation of self is to be made. At every advance step heavenward it is to be renewed. All our good works are dependent on a power outside of ourselves; therefore there needs to be a continual reaching out of the heart after God, a constant, earnest confession of sin and humbling of the soul before Him. Perils surround us; and we are safe only as we feel our weakness and cling with the grasp of faith to our mighty Deliverer. MH 455.*

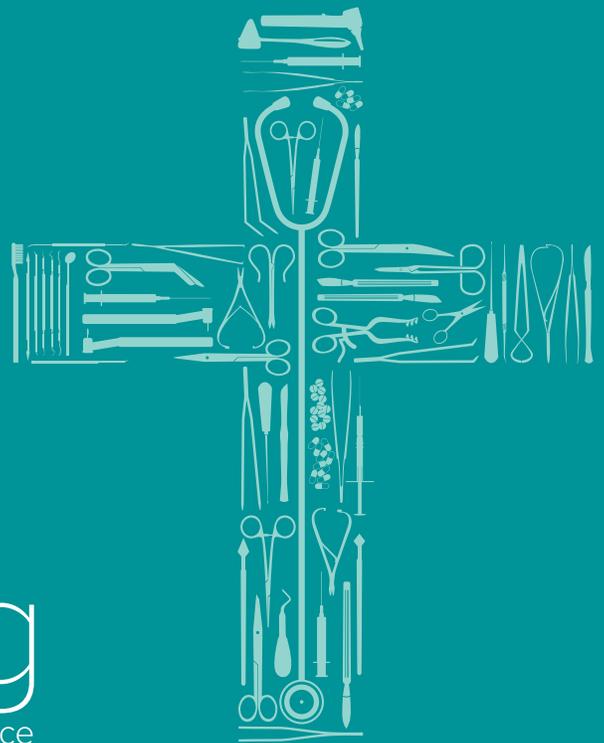
My prayer is that we will sense our great need of the One who "does all things well," so that we can exercise the "faith of Jesus" as He dwells in us and speaks to us through His word. Then our efforts to share Him with others will begin making more sense, even to the deaf, spiritually or otherwise.



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# CrossTraining

Adventist Medical Evangelism Network Annual Conference

Oct. 29 - Nov. 1, 2015

Sonesta Resort, Hilton Head Island, SC

**“And I, if I be lifted up...will draw all men unto Me”**

This promise that Jesus gave in John 12:32 points us to the essence of our cross-training as students of the Great Physician. If we are to effectively incorporate His ministry into our practice, we must learn to focus our attention and the attention of our patients to God's heart of love as revealed in the Cross of Christ.

To learn more and register visit  
[amensda.org](http://amensda.org) or call (530)-883-8061



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