

WINTER / SPRING 2016

THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK



What Type of Healing?

Thailand Mission Trip 2015

The Attributes of a Small, Church Based Clinic

2016 AMEN CONFERENCE



Location: Renaissance Indian Wells Resort & Spa
44400 Indian Wells Lane, Indian Wells, CA 92210

Dates: Thursday October 27 – Sunday October 30, 2016

Radical – derived from radix in Latin, meaning root, stem, base, springing directly from – defines our calling. Health ministry has always been at the root of God's experience with His people: "And when Jesus went out He saw a great multitude; and He was moved with compassion for them, and healed their sick." Matthew 14:14

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Jesus is coming soon - let's prepare ourselves, our patients, and our colleagues!

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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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contents

4 / Editorial

5 / Do Good Things Happen
to "Good" People

7 / Not I, But Christ

10 / What Type of Healing

14 / Life Balance: Being
a Physician/Dentist & a Mom

17 / Cross Training: The
Life-Changing Impact
of the 2015 AMEN Conference

20 / Impact Your Health Chattanooga

22 / Thailand Mission Trip 2015

24 / Romanian Health Workers
Congress

27 / The Attributes to a Small, Church
Based Clinic

29 / Australia AMEN Report

30 / The Jumping Jewish Doctor

33 / AMEN Studen Conference

35 / President's Report



Feeding Upon Christ



BRIAN SCHWARTZ, MD

First responders are taught that before jumping into a rescue situation they should first survey the scene and be certain it is safe for the rescuers. They cannot effectively save others if they take undue risk to themselves. In extreme cases it may be necessary to jeopardize their own lives, but in general it is best to determine the best rescue method to meet the goal while keeping rescuers and others safe.

As physicians and dentists it is easy to justify forgoing our own needs to be of service to others. Frequently the needs are so great and we are rewarded for self-sacrifice. It is often expected by society (and perhaps even our own expectations) that we will forgo meals, sleep, exercise, our own spiritual quiet time, and the needs of our families in order to meet some pressing need. Although this may be necessary on occasion, without proper balance this is not sustainable and may lead to spiritual and physical burnout, preventable disease, and problems with our home life. Seeking proper balance is crucial in order to be able to serve and minister effectively for the long haul.

“Of all men the physician should, as far as possible, take regular hours for rest. This will give him power of endurance to

bear the taxing burdens of his work. In his busy life the physician will find that the searching of the Scriptures and earnest prayer will give vigor of mind and stability of character.” — Manuscript 53, 1907

No one size fits all, as some may be able to handle harder schedules than others. Each of us has a breaking point where we become tired, irritable, and frustrated. When we reach that point medical ministry ceases to be ministry and becomes drudgery.

“There are those who can successfully carry a certain amount of work, but who become over wearied, fractious, and impatient when there is crowded upon them a larger amount of work than they have physical or mental strength to perform. They lose the love of God out of the heart, and then they lose courage and faith, and the blessing of God is not with them. There are physicians who have lost their spiritual power because they have done double the work that they ought to have done. When men are asked or tempted to take more work than they can do, let them say firmly, I cannot consent to do this. I cannot safely do more than I am doing.” — Manuscript 44, 1903

“The more urgent his duties and the greater his responsibilities, the greater the physician’s need of divine power. Time

must be redeemed from things temporal, for meditation upon things eternal. He must resist an encroaching world, which would so press upon him as to separate him from the Source of strength. Above all other men should he, by prayer and the study of the Scriptures, place himself under the protecting shield of God. He is to live in hourly contact and conscious communion with the principles of truth, righteousness, and mercy that reveal God’s attributes within the soul.” MH 136

By taking the time each day to feast on God’s word we will be far more equipped to deal with the inevitable trials and difficulties that are sure to arise. We should consciously take time to reflect on whether our professional lives are in balance with the rest of our life so we can effectively minister for Him in ALL facets of our lives.

“And He saith unto them, Come ye yourselves apart into a desert place, and rest a while. For there were many coming and going, and they had no leisure so much as to eat.” - Mark 6:31 (ASV)

Brian Schwartz, MD

“And He saith unto them, Come ye yourselves apart into a desert place, and rest a while. For there were many coming and going, and they had no leisure so much as to eat.” - Mark 6:31 (ASV)

by Robert Hunsaker, MD

Do Good Things Happen to “Good” People?

Altruism and Health – Part 3



ROBERT HUNSAKER, MD

A graduate of Loma Linda University, Dr. Hunsaker specializes in cardiac anesthesiology. He is currently living in the Boston area with his lovely wife Andi.

In previous science and inspiration articles, we have looked at recent research that supports the biblical premise that love (“altruism”) is a significant promoter of longevity and quality of life. Though secularism says that pure altruism doesn’t actually exist, but is merely a veiled form of self-preservation—this continued research makes it more difficult for humanists to construct a paradigm of love as merely a form of selfishness.

Scripture teaches that two basic principles are at work in our universe, principles as real as the law of gravity and electromagnetism. One is the law of sin and death, which Paul speaks of in Romans 8:2. “For the law of the Spirit of life in Christ Jesus has made me free from the law of sin and death.” The other is the law of righteousness and life, which the wise man Solomon speaks of in Proverbs 21:21. “He that followeth after righteousness and mercy findeth life.”

In Romans 8:6, Paul contrasts these two principles: “For to be carnally minded is death; but to be spiritually minded is life and peace.” Carnal mindedness is “anti-altruism,” and this leads to death; in contrast, spiritual-mindedness leads to life. Paul is not describing abstract philosophy or psychology; nor is he describing an arbitrary system of imposed rewards and punishments set up by God to coerce our behaviors. Paul is, instead, describing the most basic biological reality of our lives in this universe. Love or altruism is life-sustaining and life-restoring, while selfishness, sin, self-preservation is life-destroying.

E.G. White articulates it this way: “the law of self-renouncing love is the law of life for earth and heaven” (DA21). Speaking in regards to the unjust steward she says: “In living for self he has rejected that divine love which would have flowed out in mercy to his fellow men. Thus he has rejected life. For God is love, and love is life.” (COL 258.3). Speaking about the rich young ruler she wrote that “he wanted eternal life, but would not receive into the soul that unselfish love which alone is life, and with a sorrowful heart he turned away from Christ.” (COL 393.2).

True self-sacrificing love can never be understood, or, even more importantly, experienced apart from the direct influence of God. New age spiritualism would have us believe that love is life. Yes, but that love originates and has existence within ourselves, separate from the life and influence of God. Inspiration though, never presents the relationship between life and altruism in this way. The relationship between life and love, apart from God, is merely sentimentalism and emotionalism.

“In the Savior’s life the principles of God’s law—love to God and man—were perfectly exemplified. Benevolence, unselfish love, was the life of His soul.” (SC28.2). Both the Bible and Ellen White remind us that altruism (love) is woven into the fabric of the way that God designed us to live as beings made in His image.

And we can find scientific evidence that supports this premise.

Last month, research in PNAS has begun elucidating the genetic mechanisms whereby social isolation (i.e. individuals not experiencing or giving altruism) probably affect immune cell function and, thus, is linked to more disease via increased inflammation and decreased immunity: “Perceived social isolation (PSI) (loneliness) is linked to increased risk of chronic disease and mortality, and previous research has implicated up-regulated inflammation and down-regulated antiviral gene expression (the conserved transcriptional response to adversity; CTSA) as a potential mechanism for such effects. The present studies used integrative analyses of transcriptome regulation in high-PSI humans and rhesus macaques to define the basis for such effects in neuroendocrine-related alterations in myeloid immune cell population dynamics. CTSA up-regulation also preceded increases in PSI, suggesting a reciprocal mechanism by which CTSA gene expression may both propagate PSI and contribute to its related disease risks.”¹

In short, living in an environment where you perceive yourself to be isolated or lonely – without love or altruism – has been associated with genetic regulatory changes in myeloid (white-cell) cells that relate to various disease states. Not only that, but the genetic changes also tend to promote (propagate) the individual continuing in a socially isolated circumstance. In other words, social isolation (without love and altruism) affects your health and causes genetic changes in white cells. In addition, these genetic changes in your white cells have a reciprocal effect and influence you to continue to live in social isolation.

Several different mechanisms have been proposed for the link between health and altruism (sometimes studied in terms of “volunteerism” in many articles). One

mechanism is that volunteers tend to be more physically active, and this physical activity alone would be beneficial to health. While most certainly a contributing factor, the health benefits of volunteerism and altruism are present even for those volunteering behind a desk!

Another hypothesized mechanism is enhanced social support and positive psychological states (mental health), both have been widely shown to promote physical health. Benefits of social support would include better access to health information, better access to tangible supports such as childcare, food, money, etc., and being exposed to social pressure for better lifestyle choices.

Improved mental health or psychological states may also translate into better physical health in several ways. Less dependence on maladaptive behaviors, such as substance abuse or other high-risk behaviors, would be one benefit. Also, improved mental health relating to physical health could occur through what is called less “allostatic load,” or less wear and tear on the body through psychoneuroimmunologic mechanisms.²

Though causation is always hard to infer from epidemiologic and survey/questionnaire based research, the multiple associations across many studies over time indicate that volunteerism/altruism is likely a highly causative factor in improved physical health.

A representative study of nearly 2,000 Californians over the age of 55 demonstrated that multiple chronic illnesses improved as the individuals were involved in more organizations and more hours per week of volunteerism. Mortality also decreased with more volunteerism.³

A similar study of over 7,000 Americans over the age of 70 showed a similar benefit to longevity in those who had been involved in volunteerism in the last 12 months.⁴

Both of these studies had participants actively involved in religious organizations and/or religious services. The authors noted: “Causal health benefits from volunteering in general, and from altruistic volunteering in particular, are quite plausible when viewed in light of the large amount of evidence and theory. . . For laypersons who need to decide today how they will lead their lives, such evidence may be sufficient to further confirm them in personal belief systems that have celebrated altruism and love through the ages. . . Longevity enhancements for older adults as large as those observed here merit serious social attention and individual reflection. Adolescents, too, the evidence suggest, may reap large benefits from appropriate volunteering.”⁵

Could it be more clear? God’s design for a life of sharing, giving, distribution, relationship, etc., is the best way to live. After all, who doesn’t just feel better when giving as opposed to just getting? I feel better when I’m giving. We all feel better when giving. And we are all just following in the footsteps of The Great Giver Himself – God and His Son, Jesus. May we renew our energies in light of inspiration and science to continue to represent the goodness of God as we give of our time, money, and energy to tell others about the law of life for the universe and its’ wonderful author Jesus Christ.

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Not I, But Christ



DR. DAVID OTIS is a 1985 graduate of Loma Linda University School of Dentistry. Dr. Otis has a passion for medical evangelism. He is dedicated to ministering to his patients' spiritual needs while treating their dental needs. He does this by praying with his patients, not only in general but asking them specifically what they need him to pray for. He also makes sure his waiting room is full of good Christian literature. Otis has been in private practice as a general dentist for 31 years. He and his wife have four married children and reside near Collegedale, TN.

About ten years ago my wife and I knelt down in the quiet, empty waiting room of the dental practice we had just acquired. Starting over is always difficult and in truth, we had no reason to believe that we would succeed here, except for one thing: God plainly showed us, through a series of incredible providences, this is where He wanted us. So we'd left Pennsylvania and moved to Tennessee. And then we bowed together and prayed, committing our new practice, and ourselves to God.

From my first day in dental school, I wanted to let the Lord be in charge of my work. I was blessed to be raised in a Christian home. My father, who died near the end of my first year at Loma Linda, gave us an excellent example of faithfulness to God and to his family. He spent his entire life sharing the good news of salvation through Literature Evangelism, and in every other way he could. Because of his example, I earnestly desired to have a positive impact on my patients, even though I did not feel qualified to lead anyone to Jesus. Thankfully, as I once heard Elder Robert Folkenberg say, "God does not need our ability—He needs our availability." Sharing Christ in the workplace isn't about me. It's about believing in His ability to perform His work through me. The burden is on His shoulders, not mine.

Despite feelings of inadequacy in my ability to witness in a way that I felt would rightly represent Jesus, I decided I wanted to try so I put the Lord to the test. Each morning on the way to work I prayed a prayer something like this: "Lord, if there is someone that needs to know You a little bit better today, then bring them into the office and make me a blessing to them in some way."

Don't pray that prayer unless you expect it to be answered! The Lord loves to answer such prayers! He is teaching me to watch the faces of my patients, just as Jesus watched the faces of the people who came to hear Him speak. As we pray and observe, the Holy Spirit teaches us when and how to speak a word that meets the needs of the person before us.

Just a few weeks ago, I was once again really feeling inadequate as a witnessing tool for God. However, I went ahead and prayed my usual prayer in the morning then watched and waited to see what the Lord might bring to my attention. But all day long there was nothing. As I finished treating the last patient of the day, I scooted my chair around to face the patient and felt a deep impression to ask her if I could have prayer with her. She said, "Oh, please do!"

I had only met this woman one other time in my office, and that was about a year and a half earlier. I could not recall anything about her



life. I perceived that she did not share my church affiliation. I bowed my head and asked God to be with her, and her family—and that He would give them hope and peace and courage. I finished my prayer and looked up to see that she was weeping.

That opened the door and she began to share. She told me she had thought about her first visit to my office every day for more than a year. She said, “You were preparing to leave on a mission trip to Africa, and I had a set of blue Bible story books that I thought you could share with kids who would like them. When I was a child, these books meant so much to me. My father bought them from a salesman who came to our door. Dad read them to me, and I loved them. Sadly, my children do not have an interest in God right now. You

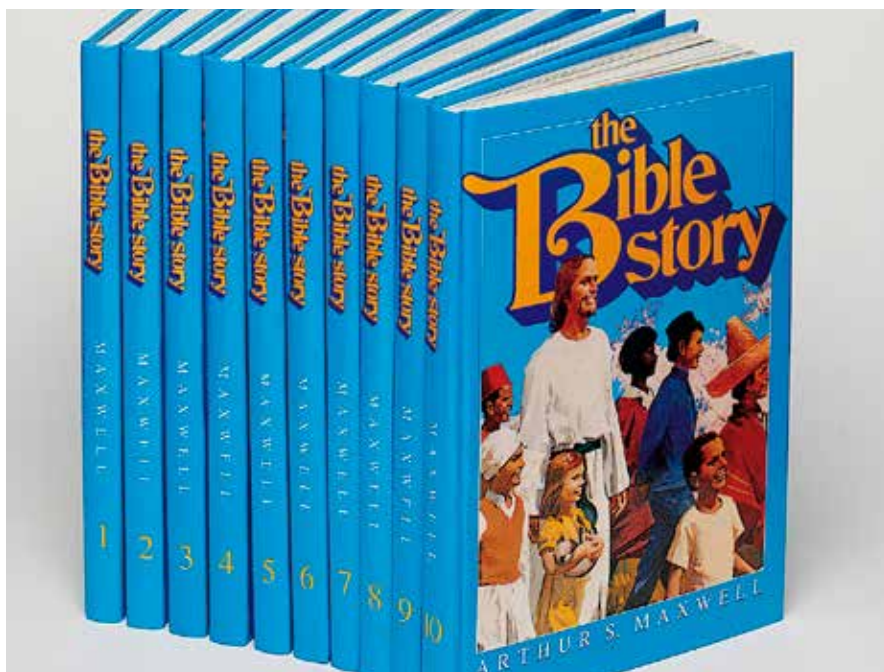
may not remember, but you fixed my daughter’s teeth at a health fair at the Samaritan center a few years ago. Drugs and alcohol have since taken over her life, and I am raising her children. My son just told me yesterday that he is gay, and does not have an interest in God. My brother was in a car accident a few months back, and was in a coma for a long time. Then he died. My father went to the hospital every day to be with my brother, but the stress was too much for him. He had a heart attack and died. So thank you for praying for me and my family. It means so much to me!”

By the time my patient had finished her story, I had tears in my eyes. Nothing could have cheered my heart more than hearing her affirmation of the value she gained from the old blue Bible Story books like the ones my father had placed in homes for so many years while I was growing up. God was also reminding me that He is still willing to use my availability, even when I did not feel that I had anything to share. I do not know the end of the story in this woman’s life. Maybe I will never know. But I do know that God brought her into my office that day, and not for her sake alone. It was for my growth and encouragement too. She made me realize that the Lord is able to bless others through me even when I don’t see the results. It is truly more blessed to give than to receive. God will use and bless everyone who will pray for His guidance and be available for His use.

She made me realize that the Lord is able to bless others through me even when I don’t see the results.

I’m a firm believer in Literature Evangelism through a well-stocked literature rack. There is a good variety of reading material in the waiting room of my practice. Some of it is on health, and some of it is about God’s way of dealing with human beings. The “silent witnesses” in those racks need to be readily available to our patients and staff.

Different parts of the country tend to require different kinds of missionary work in some respects. But the well-stocked literature rack should be a staple wherever we work. Back in Pennsylvania, where I practiced for the first twenty years, there were fewer SDA’s per capita than there are in India. It was a real mission field, and the literature rack was a very important resource. After the Lord moved us to Tennessee ten years ago, I did not know what to expect. I was apprehensive about living in an “Adventist Ghetto” (as some people refer to towns with a high SDA concentration like Collegedale, TN, Berrien Springs, MI or Loma Linda, CA). However, the Lord provides an opportunity to witness wherever He places us. Over the years I have learned that there are thousands of former Seventh-day Adventists in this new mission field. And once again, the literature rack is proving to be a valuable witnessing tool.



As medical professionals, we need to remember that our outreach is as much about our staff as about the patients who come in. Staff members need to see the love of Jesus reflected in us every day. This is another reason for my daily prayer on the way to the office. Some of my office workers are not Seventh-day Adventists, but all of them are real Christians. Every day, patients who come in are dealing with numerous crises in their lives. The workers often share appropriate witnessing literature from the racks with those who are discouraged, who have lost loved ones, or who are simply wanting to understand who God is. Besides this, they are in tune with the needs of the patients, and often encourage them by kind words and a helpful demeanor. In this way they support and expand upon my efforts to share God's love.

Time has shown us many of the blessings God placed in our path when He called us to Collegedale. Those blessings are too many to list here. But the greatest blessing of all is a deeper understanding of the ways God wants to work in my life. I am just a sinner, saved by grace. I can identify with everyone who sits in my dental chair. When I work for the Lord, I'm just one beggar telling another beggar where to

find bread. It is the simple witness that counts for the most. I want nothing more than to be true to the One who has done so much for me. I have nothing better to offer than Jesus. My patients and staff need to know that there is hope beyond today, and that this hope is so real to me that I will make all of my life's decisions based upon my faith in God. When Jesus is really in charge of every area of my life, then His Holy Spirit can work through me in ways I could never manage on my own.

God has more than answered that first prayer my wife and I prayed in the waiting room of our newly acquired practice in Collegedale. Today I can truly say, "I know whom I have believed, and am persuaded that He is able to keep that which I have committed unto Him against that day" (2 Timothy 1:12). This is what makes life worthwhile.

This is what
makes life
worthwhile.



Waiting Room Literature Suggestions:

Topics:

- Addictions (smoking, alcohol, etc)
- Dealing with Loss
- Depression, Stress & Loneliness
- End-time Living & Events
- Gospel literature & books
- Health/Lifestyle issues, Cooking
- Marriage & Family
- Parenting
- Sabbath Rest

Specific Examples:

Magazines:

- Signs of the Times Magazine
- Vibrant Life Magazine

Small books:

- From Stress to Joy – Gillian Bethel \$1.25*
- The Only Hope - Alejandro Bullón \$4
- Four Winds of Revelation – Kenneth Cox \$2
- End-Time Hope – Mark Finley \$2
- Health & Wellness – Mark Finley & Dr. Peter Landless \$2
- What Happy Couples Know – Mark Finley & Steven Mosley \$3
- When God Said Remember – Mark Finley \$2
- You Can Kick the Habit – Walter E. Kloss \$1.30
- Tobacco You Can Be Free – Loma Linda University \$2
- I Will Give You Rest – Elizabeth Talbot \$3
- Mad About Marriage – Mike & Gayle Tucker \$3
- Help in Daily Living – Ellen White \$2
- Real Peace, Real Answers – Ellen White \$1.39
- Steps to Christ/Happiness Digest – Ellen White \$0.80 - \$1.30 (various versions available)
- The Great Hope – Ellen White \$0.40

All books & magazines are available at: <http://www.adventistbookcenter.com/> unless otherwise noted. This is not a comprehensive list but rather to provide examples of sharing books that have worked well in physicians and dentists offices. Note: prices may vary.

*Available through Amazing Facts: www.afbookstore.com.

What Type of Healing?



DOUGLAS TILSTRA is a professor at Southern Adventist University, where, for the past 15 years he has trained future pastors and teachers in leadership, spiritual development, and how to connect students with God through nature and scripture. He and his wife, Lorraine, are the happy parents of three adult children (and 1 daughter-in-law) who constantly deepen their gratitude and appreciation for what a family can be.

The battle between David and Goliath—was it spiritual or literal? The question from Dr. Hans LaRondelle hung motionless in the air for several seconds as 80 seminarians, I among them, tried to determine whether or not our eschatology professor was asking us a trick question or not. Finally Dr. LaRondelle broke the silence, “Both, of course.” His point in that particular lecture was to prod us to a deeper understanding of the Battle of Armageddon.

The truth, however, applies far beyond the field of eschatology. As a Seventh-day Adventist health care provider, is the healing you facilitate spiritual or literal? No doubt you have been asked a variant of this question before, perhaps even asked it of yourself. For the next few minutes would you be willing to consider it once again, probing just a bit deeper, challenging yourself with possibly a few new insights from Scripture, and potentially embarking on a new phase of your healing ministry by embracing a fresh practice and approach?

Can you recall any recent interaction with a patient during which you delivered some sobering news, some serious test results, some announcement of needed surgery or extensive treatment, or perhaps a warning of

harmful effects if the patient made no lifestyle changes? Do you remember the patient’s reaction? Perhaps it was dismissive, or perhaps fear-ridden, or cautiously optimistic, or curious, or stoic. In many cases, it is likely that such a patient would turn to you with a question, or more likely a stream of questions. “So what’s next, Doc? What am I supposed to do? Where do I go from here? What do you recommend? What are my options? What are my chances?”

Such a string of questions is not that different from a question that a frightened man asked Paul and Silas in a similar crisis situation. Most of us have read his story (found in Acts 16:22-34) and heard his question dozens of times with little real consideration of the question itself. In our eagerness to emphasize the answer, we’ve rushed by the question. Perhaps lingering on the question of the terrified jailer will instruct us as we ponder the questions of our patients and prepare to give them a life-giving answer as Paul and Silas did the Philippian Jailer.

The question of course is, “Sirs, what must I do to be saved?” (Acts 16:30, NIV). We’ve usually made the assumption, and with good reason, that the jailer is asking Paul and Silas to give him instructions on repentance, conversion, and belief in Jesus as Savior from



eternal death. After all, their answer is, “Believe in the Lord Jesus, and you will be saved.” (Acts 16:31, NIV). However, the question, and even Paul and Silas’ answer, may contain far more than appears on the surface. Questions are often like that.

When the jailer blurted out his panic stricken query, he had just experienced five or ten minutes of adrenaline-pumping action. “About midnight Paul and Silas were praying and singing hymns to God, and the other prisoners were listening to them. Suddenly there was such a violent earthquake that the foundations of the prison were shaken. At once all the prison doors flew open, and everyone’s chains came loose. The jailer woke up, and when he saw the prison doors open, he drew his sword and was about to kill himself because he thought the prisoners had escaped. But Paul shouted, ‘Don’t harm yourself! We are all here!’ The jailer called for lights, rushed in and fell trembling before Paul and Silas. He then brought them out and asked, ‘Sirs, what must I do to be saved?’” (Acts 16:25-30, NIV).

The jailer’s question, like that of some of your patients, is spontaneous, unstudied, blunt, and motivated by more than a little fear. The jailer expresses a desire for safety. In the moment there is plenty that seems to threaten his safety. And in the future, who knows what else may loom darkly ahead to rob him and his family of well-being and safety. We catch a glimpse of his desperation in his attempted suicide—no doubt an attempt to avoid the pain and shame that would come to him and his family if he were executed for dereliction of duty. Paul’s plea for the jailer not to hurt himself appears to be the trigger to the desperate man’s question, “If not suicide, then what better solution do you have?”

The evidence for this perspective on the jailer’s question goes beyond mere imaginative speculation. When the jailer demanded of Paul and Silas help in finding safety and security he used common language and terminology from everyday life—not the language and terminology of theologians. It is true that the word he used (sozo in the original language)

is the word that Paul and subsequent theologians use to describe salvation from sin and eternal death. But it was not always so. Paul and the theologians did not invent that term. They borrowed it from the everyday vocabulary of working men and women who spoke in common words of the fears and anxieties of life and the needed deliverance and safety from them. Put simply, the word we translate as “saved” (sozo) was not even a religious term. In the mouth of the jailer, it had less to do with eternal destiny and much more to do with provision for his family, economic stability, job security, emotional well-being, avoiding pain and disgrace in the community, and overall quality of life. Given the jailhouse events that night, his question makes good sense.

Sozo had carried this meaning for several hundred years before it surfaced in the jailer’s desperate cry for help. Plato, 400 years earlier, described sozo as the effect from forces of goodness that preserve and strengthen against all the destruction of evil. He gives examples of such destructive forces—sickness for the body, rot for wood, and rust for iron. Homer, two centuries before Plato, used the word sozo to denote rescue and deliverance in time of war or danger on the sea. And Plutarch, a contemporary of Paul, Silas, and the Philippian Jailer, used sozo to describe “safe return home.”

The word sozo is used even in the New Testament in this common, non-theological way many times. Luke uses it in Acts 27:20 describing the shipwreck he and Paul experience together on their trip to Rome, “When neither sun nor stars appeared for many days and the storm continued raging, we finally gave up all hope of being saved (sozo).” Later during that same storm, Paul used the word sozo to speak, not of salvation from sin, but salvation from the terrible storm, “In

The writers employ *sozo* not as a theological term to describe salvation from sin, but as an ordinary expression about finding safety from some imminent danger.



an attempt to escape from the ship, the sailors let the lifeboat down into the sea, pretending they were going to lower some anchors from the bow. Then Paul said to the centurion and the soldiers, ‘Unless these men stay with the ship, you cannot be saved (*sozo*)’” (Acts 27:30-31, NIV).

Similarly, Matthew uses *sozo* to report the panic-stricken cry of the disciples as they wake Jesus in the storm on Galilee, “Lord, save us! We’re going to drown!” (Matthew 8:25, NIV); to report Peter’s desperate cry for help as he sank into the raging billows, “...when he saw the wind, he was afraid and, beginning to sink, cried out, ‘Lord, save me!’” (Matthew 14:30, NIV); and to report the taunts of Jesus’ enemies while He suffered on the cross, “Those who passed by hurled insults at him, shaking their heads and saying, ‘You who are going to destroy the temple and build it in three days, save yourself! Come down from the cross, if you are the Son of God!’” (Matthew 27:39-40; also Mark 15:30 and Luke 23:37, 39, NIV). In each of these stories (and more than a dozen others) in the Gospels, the writers employ *sozo* not as a theological term to describe salvation from sin, but as an ordinary expression

about finding safety from some imminent danger – much as the Philippian Jailer seemed to use it.

There is another “non-theological” use of *sozo* in the Gospel accounts. It is used repeatedly to describe physical healing. The woman suffering twelve years of bleeding says to herself, “If I just touch his clothes, I will be healed (*sozo*).” (Mark 5:28, NIV). Jesus assures Jairus regarding his dead daughter, “Don’t be afraid; just believe, and she will be healed” (Luke 8:50, NIV). Jesus says to both a cleansed leper and formerly blind Bartimaeus, “Your faith has healed you” (Luke 17:19; Mark 10:52; and Luke 18:42, NIV). The disciples mistakenly think Lazarus is napping and thus recovering when they say, “Lord, if he sleeps, he will get better (*sozo*)” (John 11:12, NIV). The word *sozo* is also used to describe physical healing in Mark 6:56 to report that all who touched Jesus were healed; in Luke 8:36 to report the demoniac’s healing, and in Luke 6:9 as Jesus is about to restore a man’s withered hand.

With these “non-theological” uses of *sozo* scattered throughout the Gospels, what might be the implications for our

understanding of salvation from sin when it too is described with the term *sozo*? Consider a few passages. “She will give birth to a son, and you are to give him the name Jesus, because he will save (*sozo*) his people from their sins” (Matthew 1:21, NIV). “For the Son of Man came to seek and to save the lost” (Luke 19:10, NIV). “For God did not send his Son into the world to condemn the world, but to save the world through him” (John 3:17, NIV). “I am the gate; whoever enters through me will be saved” (John 10:9, NIV). These passages, and others like them, appear in the Gospels alongside those which employ *sozo* in its’ more mundane and common usage. What is the point? What did it mean to Paul, the Gospel writers, and the early Christians to seize upon such a commonly used word and elevate it to describe the profound experience of salvation from sin? What does that tell us about their understanding of salvation? What might it tell us about hearing the questions and apparently “non-theological” requests of patients?

Could it be, that like the Philippian Jailer, your patients are speaking from a spot of human desperation and need? Could it be, that like the jailer, they unwittingly



cry out for eternal safety they don't yet even comprehend? Could their cries possibly be the desperate longing for something eternally better that God has planted in every human heart? Put another way, might they be longing for salvation from sin and not even know it? Without realizing it, they confess that all disease, death, disability, dysfunction, decay, and every sort of destruction, are all the domain of the devil. In crying out against these evils, they unwittingly appeal to God, "Thy Kingdom Come..." Like the Philippian Jailer, your patients, and others around us, may be crying out for salvation and never realize it.

Unbelievers are not the only ones to dimly comprehend God's gift. The salvation from sin that Jesus offers is so much more than many of us as believers even realize. Too often we envision salvation as some sort of fire insurance policy or cosmic "get-out-of-jail-free" card that miraculously (magically even) sweeps us away to heaven at the second coming, possibly even by the skin of our teeth! With the use of the word *sozo* the Bible writers seem to brush aside such foolish notions of salvation. For them, salvation is far more than mere escape from crisis. It is total

healing, restoration, and wholeness. It does include a "mansion in heaven" but is certainly not limited to that. Rather, *sozo*-salvation is like a new lease on life after twelve years of uncontrollable bleeding. It is like the restoration to family and friends after the isolation of leprosy. It is sight and sanity restored. It is a new life of wholeness and continued healing that creates greater peace and safety even in the midst of storms.

More than that, *sozo*-salvation is indeed rescue from drowning in a deadly storm or sinking in angry waves. It is God's response to Philippian Jailers who say, "The chaos and crisis in my life are so overwhelming, I might just kill myself unless You have something better to offer me!" And the good news is, God does have something better—much better—to offer. Do we hear those cries for something better? Or do we only hear requests for pain management or symptom control in the here and now? Do we hear the deeper longings that even they may not recognize—the longings for life as God intended it; life as Jesus offers it; life as given in *sozo*-salvation?

When the Philippian Jailer asked Paul and Silas, "Sirs, what must I do to be saved?" he may well have been voicing something closer to, "What am I going to do about this mess my life is suddenly in?!" Similarly, our patients may voice questions about coping with diagnoses, treatment plans, disabilities, disfigurements, terminal illnesses, loss of loved ones, changes in expectations, or any number of anxieties. Are we prepared to hear their questions as Paul seemed to hear the jailer's? Notice that before Paul spoke to the jailer about Jesus, he first addressed the jailer's most immediate threat to well-being, "Don't harm yourself! We are all here!" (Acts 16:28, NIV). Only after the suicide attempt was averted did Paul say, "Believe in the

Believe in the Lord Jesus, and you will be saved.

Lord Jesus, and you will be saved—you and your household" (Acts 16:31, NIV). Paul heard the cry for help, addressed the immediate felt need, then responded to the deeper cry that lay just below the surface.

As an Adventist health care provider, is the healing you facilitate spiritual or literal? As an Adventist health care provider, do you hear your patients' questions and requests as spiritual or literal? The answer, ideally, of course, is both. We cannot afford to miss either the literal or the spiritual. Like Paul and Silas, we dare not address only one and not the other. When we do recognize and address both spiritual and literal we offer salvation in its fullness and totality. We offer not merely a "religious solution" on the one hand, or merely a "medical solution" on the other. We offer *sozo*-salvation, total healing, restoration, and wholeness.

The next time a patient asks you an "Acts 16:31" question, how will you hear it? How will you answer it? When they ask, "So what am I supposed to do with this crisis?!" will a certain Philippian jailer come to your mind? Will you hear, "What must I do to be safe...now and forever?" Will you ponder their question, answer the immediate need, and look for an opening to address their ultimate needs?

Is the healing you facilitate as an Adventist health care provider spiritual or literal? That, my friends, all depends on you – your experience with Jesus, your willingness to listen to your patients and the Holy Spirit's prompting, and your readiness to answer, "Here's a way to safety in the moment, and here's a way to safety for eternity. Believe in the Lord Jesus, and you will be saved."

Life Balance - Being a physician/dentist & a mom

While this article speaks specifically to women in medicine, undoubtedly its principles apply to any working mother. And truth be known, there are probably many men out there who would benefit from the same tune-up of priorities.



DR. LYNDA NELSON graduated from Loma Linda University in 1973, along with her husband, Harry. After completing residencies, they spent 10 years working at Bella Vista Hospital, Puerto Rico. Since that time, her primary focus has been health education and she has been privileged to teach around the world on the effects of nutrition on health. Health ministry is also important to her in her local Greeneville, TN home where she has been a local director for CHIP (Complete Health Improvement Program) for the last 10 years. Just as important to her is her role as mother to two children, who are both now married. This has given Lynda the opportunity to enter that very special realm of 'grandparenting'.

How long has it been since you took a good look at the Proverbs 31 woman? Have you ever evaluated all the tasks to which she applied herself? In the home she takes good care of her husband, and because of her good works, he enjoys a good reputation in the city. For the family, she provides good, nutritious food and makes sure the clothing for each individual is adequate for all weather. All these tasks demand that she rise early to organize the household. But her work reaches further than the home circle. She runs a clothing business, invests in land from her own earnings, and is always helping the poor.

Sounds like a daunting balancing act, doesn't it? A type A personality. And all of that occurred before the age of household conveniences. One has to wonder whether she was the Old Testament Martha. So I have to ask – how many physicians/dentists who are also wives and mothers (ie Dr. Moms) have found themselves in the same balancing act? Caught on the horns of the two competing ideas seen above.

Most female professionals admit to being type A personalities – driven to excel, and masters at managing their time. This is what gave them the perseverance to get through medical school in the first place. And Mistress Medicine became a driving force in life's priorities. Then along comes a husband – and suddenly there are extra meals to

prepare and shirts to wash as well as the extra communication time to keep a relationship strong. And finally come the children – and suddenly the neat little package of life, where one controlled her time and enjoyed the mental stimulation and challenges that came with caring for patients, explodes into smithereens.

How's a woman to respond? I asked several good friends* about their experience, collecting ideas and stories to see how they have handled life when priorities seem to clash. The survey was not meant to have statistical significance, but rather be a tool to share a few ideas. What quickly became apparent is that this clash was very real for all of them and was the cause of some of their greatest angst.

When I am juggling my various roles and appear to barely stay afloat, I feel dissatisfied with a constant push to want to accomplish more. My biggest challenge is contentment in my role and my identity.

It's hard to keep up with changes in medicine AND feel like I'm there for my children. Sometimes when I'm with the children I feel like I'm just wasting my time but then when I'm away from them I feel guilty because I know they need me.. It's hard to leave work at work, but necessary to not just be physically present with my kids but mentally there as well.

Reading Adventist Home and Child Guidance

“We should have more women physicians than we have...Many more sensible, thoroughly converted women should become intelligent physicians.... A man and his wife who are both physicians can accomplish great good by laboring together.” (MM140)

“The king upon his throne has no higher work than the mother... if she works for the best interest of her family, ...the recording angel writes her name as one of the greatest missionaries in the world.” (AH, 231, 235)



between residency and beginning a job, I was convicted that my job as a mother was just as important as the king on his throne, so I took it VERY seriously.

If children were in the picture during professional training, life was particularly challenging.

I guess I can say good time management has been helpful, but maybe I have taken it to the extreme. . . For example while driving on the beltway to and from the hospital I would simultaneously: eat breakfast / supper, study with note cards for USMLE exams, and breast pump with a hands-free electric pump!

After 24 hours of call, I would try to go with my family to the zoo and find myself sleeping and walking at the same time.

While some women have chosen to have a full-time medical/dental practice, most found that they could not “do it all.” This means they are generally more creative in how they approach professional careers – something that is much easier to do in today’s climate than it was in the past. It usually means “part-time” of some sort so that more time was available for the children.

What is clear is that everyone had stress worrying about childcare issues during work hours. How they attempted to handle it takes varied forms. Some have shared a full-time position with their spouse. Others have worked evenings when the spouse

could be home to take care of the children. Still others are fortunate enough to have committed grandparents or other family members willing to watch the children or in some cases be a live-in nanny. The unfortunate are forced to scramble week by week for adequate child-care. And finally, some have laid down the stethoscopes and dental drills during child-rearing years. Even if care was stellar, most experienced guilt on some level at not being there for their children, of having divided loyalties and focus.

Besides the childcare issues, women face some other unique challenges in balancing career and family.

Maintaining my choice of putting “mother” first was difficult.

I think some of the biggest challenges have been keeping up and doing the reading I should. Of course, I did CME, often online as we didn’t want to go to conferences and leave the girls home.

My biggest challenge balancing work with motherhood was the emergencies where I was needed both at home and in the hospital.

When “mothering” is seen as a REAL JOB, taken as seriously as the career, it becomes easier to balance life. But developing strategies to make that happen is crucial. Here is a collection of ideas from the women who I talked to...

1. **Plan devotional time** – something all mothers found crucial.
 - . *My main coping mechanism was PRAYER and tears!*
 - . *My best tool in keeping my priorities in line is the reassurance found in inspired writings.*
 - . *Having faithful devotional time, even if a little person colored or looked at Bible story books doing their “God time” alongside, or even if it was reading short snippets while I nursed a baby, was essential.*
2. **Formulate ahead of time your parenting strategies.**
 - . *I wish that we had known the God-given principles of parenting prior to the birth of our first child so we could have prepared ourselves to be the parents that we are called to be....*
 - . *My advice would be to take time early on in your marriage to study the responsibilities of motherhood, and decide ahead of time whether you are going to “buck” the worldly system and put motherhood first or your career first. Then, follow your convictions and you won’t regret your choice, because it was a deliberate one, not one by default.*
3. **Have understanding husbands who aren’t afraid to have a professional woman at his side as well as share home and child-rearing tasks.**
 - . *My husband has been extremely supportive. Many times I’ve been tempted*

to just throw in the towel and quit working all together. Talking with him has been the best resource for helping me keep things in perspective.

4. Involve your children in your work and train them to carry age-appropriate responsibilities.

- I enlisted my family to all help with breakfast prep and delegated lunch prep for my children when they reached an accountable age. Having them do their homeschool work at the kitchen table while I baked was also helpful. Sticking to a routine with morning worship at the breakfast table kept the day moving better.

- Family always has come first as much as possible. Apart from work, we never did activities or travel that didn't include the whole family.

5. Engage with Christian friends who share common problems to help keep priorities straight.

- While mentally understanding the challenges set out in *Adventist Home*, it took the observation of a physician mother and friend to really shape my perspective on balance between home and career.

6. Consider mission service – it often allows for much more flexibility. Sometimes that comes in the form of more flexible hours, but often it comes in the flexibility of the environment. However, there are some caveats!

- Raising our children in the mission field had the advantage of fewer media and peer distractions and less rigid boundaries between home and hospital. Our kids could come talk with us through the operating “theater” screen window. But the mission hospital was demanding of our time and attention.

- One thing that really saved us is that we



lived overseas for several years where in-home help was affordable and we lived on a compound close to the hospital so could run home if we had to.

- There were some work tasks our children could share - our pre-teen daughter often did her homeschool in the medical library while I taught or interviewed residents.

- I still distinctly remember handling a difficult delivery while my children tumbled with each other at 2 AM in an adjoining labor room, having been roused from their sleep to accompany Mom to labor & delivery.

7. Don't judge – yourself or others who don't fit your ideas of ideal. Understanding life situations (such as a Dr. Mom who is the only breadwinner in the family) is crucial. There is NO RIGHT WAY. The important thing is that each woman remain true to her dual calling in the manner in which the Lord reveals to her, and then to find peace in heeding that call.

Some final snippets of wisdom that the interviewed Dr. Moms would like to offer to fellow travelers:

We have only 1-2 decades to devote to our children and many other decades for mission work and careers. Treasure every moment

with your kids. Saturate them with God, His love, and your love!!

While there are many other docs out there [usually], our children have only ONE Mommy.

I'm glad that I was both a professional AND a mother. Because of that, I appreciated the value of each and had no regrets. Whatever I did, I did because I had decided ahead of time what my priorities were and I have NEVER regretted it! God blessed me in both areas of my life.

Back to the Proverbs 31 woman - careful reading makes it seem that she was somehow able to be the perfect blend of Mary and Martha – submitting plans to God, but never idle. The chapter indicates she feared God, and approached each detail of her life with wisdom. It is my prayer that each of us as Dr. Moms will find that perfect blend – putting God first. He then becomes responsible for guiding us in planning and fitting His priorities into our lives, to allow us to live our lives under His control in serving both our families and mankind.

**Thanks to Drs. Bobetta Berthelsen, Tania Diaz, Jane Lee, Heather Mancebo, Rachel Nelson, Sherry Shrestha, and Melinda Skau for taking time to share their thoughts and lives. Italicized paragraphs are their words.*

by Brock Arms, DDS

CrossTraining:

The Life-Changing Impact of the 2015 AMEN Conference



DR. BROCK ARMS is a graduate of the University of Michigan School of Dentistry. Dr. Arms has practiced dentistry for 22 years. Currently he has a dental practice in Cadillac, Michigan. He has a passion for giving back through mission dentistry both locally & abroad. He and his wife Heidi live in the country, have horses and many other animals. They have been married for 14 years and have three children: Brockton(12), Weston(10) and Gabriele(5).

This year was my first AMEN conference; it was outstanding. My wife and I attended AMEN's 11th annual session, on Hilton Head Island, SC. There were 434 people for church on Sabbath, more than ninety being first time attendees. AMEN sponsored 15 medical/dental students & their spouses. There were also sixty children in attendance who gave the event great energy. Participants spanned the globe--from the USA, Bermuda, Canada, Germany, Guam, India, Ireland, Palau, Brazil, Lebanon, Honduras and the Cayman Islands.

The theme of the 2015 AMEN conference was CrossTraining. The speakers' presentations focused on the comprehensive medical ministry of Jesus and how we can make that the daily focus in our own practices. When examining Jesus' ministry many medical evangelists concentrate (for good reason) on the healing ministry of Jesus. Many were drawn to Him as the Great Physician. However, 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.

"And I, if I be lifted up...will draw all men unto me," John 12:32. This promise points to the essence of our cross-training as students of the Great Physician. If we are to effectively incorporate His ministry into our practices, we must focus our attention and the attention of our patients on God's heart of love as revealed in the Cross. As health professionals apply the lessons learned here, they become cross-trained as effective ministers of the gospel. As pastors and laity work in health evangelism, they are also cross-trained. And the power of the "right arm" is revealed through a unique medical/spiritual opportunity to introduce people to the Great Physician's curative sacrifice for them.

One of the AMEN leaders has been inviting me to attend the AMEN conference for several years but there had always been scheduling conflicts. This year I was determined to make it work. My wife and I left our three children with their grandparents and took a combined "anniversary/spiritual refreshment" trip to Hilton Head and we are very glad we did! AMEN, outperformed all our expectations.



The blessings were many at our first AMEN conference. One, however, stands out above the rest. The impact of fellowship with other medical professionals, seeking and sharing solutions to the same challenges I encounter as a Seventh-day Adventist professional was life changing.

A brief window into my personal history will help give some context as to why that was so meaningful to me...

I entered dental school in 1990 at the University of Michigan because I had a love for science and a passion to serve others. Though I had chosen dentistry, I knew little about it. It was a step in faith. Soon, however, I realized God had led me into this field because I found that I loved dentistry. Over the last 20 years of seeing patients, I have wanted to excel. I focused on improving my skills, products, and efficiency to provide outstanding dental care to my patients. I also have a desire to give back, both globally and locally, through overseas mission trips, and offering (through different venues) free dentistry to needy patients.

Yet I still felt some emptiness. I then realized that—in the very area of my life where I was attempting to carry the banner of the cross most boldly—self-interest was raising its ugly head. I could not escape the fact that the reason I enjoyed overseas missions was, somewhat, selfish. I could go to another country for a few weeks, talk about Christ and serve others in a non-threatening environment. I could even break out my camera and indulge in another passion, photography. Then I could come home and feel good about what I did. It was a case of doing my service with no long term commitment, then coming home and checking that off my list. Overseas and local missions are admirable but I was convicted I needed to do more. I had not been actively and consistently introducing Christ to my personal patients in my home practice. This had been nagging my conscience for a while but I had done little about it.

Yes, pursuing a godly life and setting a good example in my practice is an important witness in itself. But in order for my patients to be saved by the gospel, I must eventually share it; otherwise, the

Jesus had a missionary heart. He had compassion and that compassion moved Him to labor for lost souls.

Lord will have to use someone else to reach them. *Desire of Ages*, p. 142 says; “In order to enter into His joy, the joy of seeing souls redeemed by His sacrifice, we must participate in His labors for their redemption”.

Jesus had a missionary heart. He had compassion and that compassion moved Him to labor for lost souls. “The harvest truly is plentiful, but the laborers are few. Therefore pray the Lord of the harvest to send out laborers into His harvest”. Matthew 9:37-38. I am part of God’s



family, which makes me His laborer. He is on hand delivering His harvest to me every day in the way of patients receiving dental care. They put tremendous trust in me to provide for their physical needs; I am convicted that Jesus has called me to leverage that trust to address their spiritual needs as well.

Throughout the AMEN conference, hearing how Seventh-day Adventist dentists and other health care practitioners share Christ in their practices was

powerful. The information I learned has helped tremendously to fill the void in my heart. This is the very thing I have longed for: methods, insight, and a game plan for sharing Christ. In particular, I am inspired and encouraged to introduce Christ through prayer with more of my patients. In my personal devotions, I am now praying that through the power of intercessory prayer the Lord will begin to soften my patients' hearts before they come for their dental visit so they will be open to spiritual things.

The thought of sharing Christ and praying more with my patients still causes me anxiety. Yet I know it is the right, and necessary, thing to do, and I believe that, as I step out in faith, God will break down the barriers both in my own heart and in the hearts of those I seek to serve.

As my wife and I were talking on our flight home about the many blessings we had received at the AMEN conference another one came to light. We were struck by the impact this could have on our children – particularly the ministry potential of medical/dental practitioners. With three young and eager missionaries rapidly growing up around us at home, we were excited to have more concrete answers to their nearly weekly questions about what profession they should choose as their missionary platform. (They are already determined to be missionaries!) We feel confident now to encourage our children to consider something in the health care field, knowing it will be the final arm of the gospel reaching out at the end of time. Rather than have grandma and grandpa watch our children during the next AMEN conference, we plan to bring them with us, so they can experience first-hand what it is like to be surrounded by a group of godly health professionals. We trust that they too will be inspired by the possibilities to share the love of Jesus through health ministry.

What greater work could any of us have than to lift up Jesus, not only for our patients but for ourselves, our staff, our families, and all within our sphere of influence? I am committed to confidently sharing Christ with my patients, knowing that I am not alone, but rather am one of a great band of laborers in Christ's harvest field who are faithfully and consistently carrying the cross in their practices.

Impact Your Health Chattanooga

“**A**nd the King will say, ‘I tell you the truth, when you did it to one of the least of these my brothers and sisters, you were doing it to me!’”

No truer motivation to serve others exists. As we minister to the needs of those among us who are without resources and hope, Jesus assures us that our efforts ultimately touch His heart.

Impact Your Health Chattanooga, the AMEN free clinic conducted at the Chattanooga Convention Center in October 2015, served almost 1700 patients with more than 2,300 procedures being performed. Services ranged from dental and optical to medical, lifestyle, emotional and spiritual care. But the numbers can’t begin to tell the real story of the healing that took place.

At the prospect of receiving long deferred medical and dental care patients formed lines on the sidewalk outside the Convention Center long before sunrise. A sea of anxious faces hoped for treatment they couldn’t possibly afford. One by one they filed in: the homeless, the temporarily displaced, the uninsured, the underinsured, the discouraged, and the hopeless. As volunteers greeted them and assessed their medical needs, their stories emerged. One lady was grateful to finally receive some much needed dental work from caring professionals. As she made her way through the spiritual counseling area, picking up several pieces of literature, one of our volunteers struck up a conversation. Soon the lady announced that she used



to be a Seventh-day Adventist. The door opened for a beautiful conversation and prayer and an invitation to a local church the next Sabbath. (This was only one of many former Adventists who attended the clinic and shared their stories) What opportunities for witnessing!

Another patient standing in line waiting to be registered overheard a man say he would have to miss his usual Sunday service so he could receive medical care. A woman in line told the man that the Sabbath was on Saturday, not Sunday. The man moved on in line, but a volunteer asked the woman if she was a Seventh-day Adventist. The woman was not, but from studying the Bible had come to that conclusion. The volunteer asked her where she lived and gave her directions to the closest Adventist church. Later, when

the volunteer again saw the woman, she said someone from the clinic attended the church near her and now when she goes there she won’t feel like a stranger!

Many attendees commented on how they appreciated being treated with dignity and respect. They also enjoyed the beautiful Christian music—particularly the 90 student orchestra from Southern Adventist University.

Practitioners shared Christ’s love by praying with patients and showing them Christian compassion. In the mental/emotional health station, professional counselors offered help and hope. Two patients in particular, at separate times, were found to be clinically depressed. When probed, they admitted to being suicidal. Both were counseled and prayed



person ministered to thanks to the many dedicated volunteers who contributed their time and talents to the clinic. But the even greater blessing was seeing so many hearts renewed with hope. The number of Divine appointments that only God could have orchestrated is innumerable. What a joy it will be one day when our Savior Jesus returns and we get to see the eternal results. In the end, it's a toss up as to who received the greater blessings—the patients or the volunteers.

“Therefore, as we have opportunity, let us do good to all people . . .” Galatians 6:10

with and mental health authorities were contacted to help these patients get the professional treatment they needed. Both patients let the counselors know the clinic's intervention saved their lives.

Opportunities to share Christ's love and show true Christian compassion are endless within the environment of a free clinic. Hearts are grateful and open to knowing the source of such loving service. Caregivers have more freedom to share their faith and the blessings received by doing so are manifold. Many volunteers expressed their joy in being part of such

a meaningful outreach. As I read the response cards submitted by many of the clinic attendees, I rejoiced to see the numerous requests for prayer and/or Bible studies. Others indicated a desire to attend the It Is Written meetings, healthy cooking classes and lifestyle programs at local churches. During the evangelistic series (which began several days post clinic), many patients were in attendance—some even seeking out clinic volunteers to thank them for the invitation to the series.

Smiles and eyesight were restored, medical ailments relieved and the whole

Surgical Care provided at Impact Your Health Chattanooga Clinic:

Dr. Eric Nelson was the surgical director for the Impact your Health event in Chattanooga. AMEN was blessed to partner with Erlanger Medical Center to provide free endoscopies and surgeries for about 15 people during the event, and 8-10 scheduled for free care later. All procedures were outpatient. Most were endoscopies though a few hernias and lipomas were also addressed. One patient was found to have a polyposis syndrome which will significantly impact his health in the future and follow-up has been arranged. Patients were very grateful. Thank you notes continue to come in!

Upcoming AMEN Free Clinics:

April 3, 2016 - Oroville, CA
April 24, 2016 - Napa Valley, CA
May 29 & 30, 2016 - Atlanta, GA

For more information
 and to volunteer please visit:
amensda.org/missions/free-clinics

Thailand Mission Trip 2015

Thailand is a beautiful and wondrous kingdom, featuring Buddhist temples, exotic wildlife, and impressive islands. Many know about Thailand's colorful culture and compelling history; most, though, are unaware that roughly 128,000 refugees live along the Thai border with Myanmar (Burma). Most are the ethnic Karen people who fled violence in Myanmar. These refugees are homeless, stateless, and must hide from Thai authorities in order to avoid being put in refugee camps, which are nothing but prisons.

Thus, these refugees in the mountains along the border have no access to medical care or to the gospel.

This past December, AMEN teamed up with AFCOE (the Amazing Facts Center of Evangelism) to witness to the Karen refugees in Thailand and to provide them with much needed medical and spiritual care. Our group—comprised of dentists, doctors, nurses, dietitians, counselors, and other professionals—came from all over the world. We divided our group into two main teams: the first team would serve in the more urban area at a local church in Mae Sot; the second would serve in the remote villages of Emerald, approximately 2.5 hours away.

Clinics in Mae Sot

Months of preparation and prayer had already gone into this trip, and we were excited to see who the Lord would have us meet. To our delight, we already had several patients lined up on the first day. How fortunate we were to be working with a local pastor who actively advertised our clinic and was using this opportunity to bring people to Christ. We were able to offer dental, vision, and medical care, massages, counseling, and even a children's health program. A local ophthalmologist, Dr. Supachai Wongpichetchai, worked with us, not only treating patients but also performing cataract surgeries. He often worked late at night, and then lodged with the patients at the church in order to ensure that they were doing well.

Although most of the villagers were Buddhists, we were surprised at how many people wanted us to pray for them. Right after the clinics, we divided into three subgroups and went to three different sites where we held evangelistic series and gave health talks. Here we saw how powerfully the medical mission work harmonized with the gospel, as we were able to witness people's lives changed as they heard and accepted the Word of God.

Clinics at Emerald

Dr. John Adams, DDS related his experience:

"I am a general dentist who, with my wife, Barbara, had the privilege of serving in this ministry. I was assigned the town of Thasongyang. For five days our team of two dentists, several nurses, allied health professionals, and other volunteers provided dental care, medical evaluations, and health education at SDA schools and churches.

Perhaps the most enjoyable and rewarding day was when we traveled to a small community in the back of pickup trucks. We traveled on a rough unpaved road, carrying our equipment and supplies down a hill, across a stream, and up the hill on the other side to an area that had a small stilted SDA church built of native materials. Dr. Richard Nakabayashi, the other dentist and I, set up our portable dental chairs under the trees at a site near the church where AFCOE was conducting nightly outdoor evangelistic meetings. We then spent the day doing extractions. After we'd worked for several hours, the local SDA members prepared lunch; we sat on the floor of the house and ate. It was a priceless experience.

Some of the images etched in our minds are the sights of village people going about their daily lives: a rice husking machine operating in the shade under a stilted house; children being carried on their mothers' backs; the chickens and dogs



wandering around the community and under the houses; the children playing with the balloons we brought for them; and the betel nut stained teeth we saw frequently in our patients' mouths.

I found it amazing that a group of people, who were largely unknown to each other, who traveled great distances, endured long flights, sleeplessness, and jet lag, nevertheless worked effectively together for a common cause, happily using their hands and voices in service to Jesus.

For me, a dentist in private practice, taking an extended time off work can cause anxiety. However, I have learned, and this trip was further confirmation, that there is no need to worry. My practice has never

suffered because of the mission trips I have participated in. Even more importantly, this trip did so much for me and my wife. Sign up for an AMEN trip and be prepared to receive a blessing."

Dr. Eugen Schiopu, a volunteer dentist from Germany, summed up our experience:

"There is a special blessing available to us when we are involved in God's work, especially in situations where we are not able to see every detail before we accept the challenge. God promises us that he will fulfill every need, regardless of our own calculations. The mission in Thailand proved once again that God is faithful in providing everything we needed, starting

with medical equipment, talented and motivated volunteers, and patients earnestly desiring health and spiritual ministry.

The unity we have with people from different cultures, languages, and ages was proof of God's presence. Abraham, called the father of faith, was challenged to put his faith in God. Abraham expressed his deep confidence in God's faithfulness through the words he spoke to his son: 'God will provide for himself a lamb.' Some day, the final test will come. People who were trained in God's school will be able to say, based on their past experiences, that 'God will provide,' regardless of the circumstances facing them."

Romanian Health Workers Congress



DR. GEORGE GUTHRIE teaches Family Medicine at Florida Hospital's Family Medicine Residency. His interest in Lifestyle Medicine has led him to obtain an MPH in Nutrition. He enjoys teaching medical students, residents, and the lay public the benefits of healthy choices in treating and reversing chronic diseases.

The Romanian Adventist Seminary now sits in Bucharest, the Capital, in the vicinity of the Union offices but the old Stiupini Seminary property is about 3 hours' drive north in what is still an active farming area near the confluence of two mountain ranges where the nearby city of Brasov guards the southern border of the Transylvania region of Romania. This was the location chosen for a meeting of Romanian Seventh-day Adventist health workers with the purpose of encouraging one another and strengthening the health dimension of the Gospel Ministry. The old Seminary buildings are older and a bit rundown by our standards but yet there is a peace about the place with its fishpond and apple orchard next to the old outdoor tennis and basketball courts. It was easy to imagine couples of bygone days chatting on the benches surrounded by lawn and flower gardens as they became better acquainted.

The Teutonic Knights built the nearby city of Brasov in the early 1200's at the command of King Henry II of Hungary as border security. The architecture, city square, many-colored houses, and narrow streets reflect the Saxon influence. The Black Church stands as a reminder that the Reformation had a glorious beginning here in what was the

southernmost reach of the Austrian Empire. Its history seems to make it a fitting place to meet.

The city has begun to encroach on the peaceful atmosphere of the old seminary compound with the neighboring Vodaphone building and its towers providing a quiet reminder that modernity is rapidly overtaking the old farming community as well as the challenges of the communist past. A newly enlarged auditorium provides a comfortable meeting place and reflects the significant progress of the country and the church into the modern marketplace.

A significant portion of the approximate 70,000 Adventist church members have found themselves serving in a variety of health related fields. An energetic group of approximately 230 of these found themselves together at the Health Workers Congress held September 10-13, 2015. Drs. Brian and Lyndi Schwartz and Dr. George Guthrie had responded to the request to attend and present at the conference.

The Thursday evening program kicked off the Conference with a presentation by Dr. Brian Schwartz focusing on praying with patients and starting discussions about



spiritual things. Friday Morning began with exercise, breakfast and a stirring devotional from the Union Treasurer. In both the morning and afternoon there was a plenary session by one of our visiting group followed by breakout sessions for physicians, nurses, psychologists, physical therapists, and nutritionists.

Dr. Lyndi Schwartz was asked to share the Sabbath message she presented at our 2014 AMEN Conference: "My Life, My King, My All." The presentation and challenge were timely and appreciated. The Dean of the state medical school in Târgu Mure addressed the group on Sabbath afternoon. We heard a presentation by a psychologist on the challenges and imperative for balance in health care workers.

While many of the health professionals understand English the meetings were translated for those that were not able to understand. Those of us who understood no Romanian had a variety of translators who took turns providing us with understanding of the message. For each meeting we would have someone sitting behind our little group and interpret the message.

The music was outstanding and vocal presentations were often in English although much of the congregational singing was of older hymns that were new to us visitors. The musical program of Sabbath evening was quite inspiring. Exceptional talent was evident in the classical and religious music shared during the concert.

Our hosts very kindly provided opportunities to experience the local culture as well as some of the tourist sites. Bran Castle, sometimes referred to as "Dracula's castle," and the historical section of Brasov provided a taste of history. A morning climb up a hillside ridge above a quiet mountain village left us in awe of the grandeur of God's creation as we took in the towering Transylvania Mountains, with grazing sheep and haystacks keeping watch over the red tile-roofed houses in the foreground.

Another inspiring experience was our visit to the thriving lifestyle center in Hergelia, an OCI-member ministry. The Center consistently runs at full capacity with about 50 patients in back-to-back programs. The staff of about fifty manages many services



We each have lessons to learn from the other as we seek to practice Christ's healing ministry in our own culture.

including delectable dining, physician consults, tasteful and healthy cuisine, hydrotherapy, massage, exercise in the indoor pool, spa treatments, and much more. The greenhouses and farm provide fresh tomatoes, cucumbers, eggplant, sweet concord grapes, wheat for the bread, soybeans, and apples.

We visited a new Center of Influence that is taking shape in the center of Târgu Mure, a nearby city with a population of around 110,000 which is to include dental services, classes, coaching, and counseling services. We enjoyed a scrumptious lunch at a successful vegetarian "Bistro" providing healthy "fast-food" to workers in the area and were introduced to a busy van ministry that serves the people of this city as well.

We left Romania realizing that we have a great deal to learn from them. The opportunity to share together seemed to create a fellowship between our AMEN group and the Romanian health professionals. Several expressed the desire to begin their own chapter and attended our Conference in Hilton Head. We each have lessons to learn from the other as we seek to practice Christ's healing ministry in our own culture. Pray that God will send both the financial and personnel resources needed to continue expanding His mission for the people of Romania.

Student Testimonies

By: Konrád Szallós-Farkas, 4th year medical student

What a blessing to see 31 students committed to medical evangelism attend the 2015 AMEN conference in Romania. Two students attended despite the stress of defending their thesis earlier the same day they arrived at the conference!

Students' lives were enriched spiritually, socially and professionally. A fourth year medical student expressed how fellowship and the exchange of experiences with fellow Seventh-day Adventists working in the medical field was beneficial and encouraging to him.

Roxana, a student, said she met people with valuable goals and ideas. She was excited to hear the story of a physician who shared his miraculous experience in buying property for a very good price – property he is going to use as a clinic and hospital. Roxana was inspired by meeting physicians in Romania who have taken the initiative to open clinics and hospitals where God is uplifted as the Great Physician. This experience confirmed her desire to work in a Christian environment after she graduates. "Romania needs God, nobody can alleviate suffering better than HIM", says Roxana. It is her desire for God to inspire us with a holy mind and unity so that we care for suffering people as Jesus did.

The medical students and Romanian health professionals long to be more involved in medical missionary work. They would love to become more involved with AMEN through mission trips and receive more training from AMEN. They also solicit your prayers as they strive to stand as beacons of light, showing the world God's character through every aspect of their lives, especially their calling as medical missionaries.

The attributes of a small, church based clinic



DR. PHIL MILLS 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.

Blue Ridge, Georgia, population 1,264 (when everybody is back from vacation) is a small resort town surrounded by great natural beauty. It boasts the proud history of a hardworking farming community and some limited industry.

In the last half century there have been great changes in the population, with many retirees moving into the area from Florida. Industry has moved overseas. Jobs are scarce, opportunities are limited, drug use is on the rise, and poverty is great.

This situation was foreseen by God and I believe He strategically placed our little church, with its average attendance under 60, in the midst of this great need.

In surveying the needs of the county it became readily apparent that there is great ignorance of basic health principles by many. There is also pressing poverty with many unable to afford the most basic healthcare services. We knew from past experience that the community responded well to cooking schools and health classes put on by our church. However, this time we wanted to do something else to reach others in the community. As we considered the local needs and the limitations of our resources, we were tempted to exclaim with the disciple Philip, "Two hundred pennyworth of bread is not sufficient for them, that every one of them may take a little" (John 6:7). We wondered what we should do to further minister to the needs all around us.

When Jesus fed the 5,000, it was a young person that provided the key—five loaves and

two fishes. And God again used young people to provide the key to helping our community. The church youth group, under the direction of AMEN member and dentist Ronnie Hold, were inspired by their participation in the San Antonio free clinic. After their return to Blue Ridge the young people asked, "Why can't we hold a free clinic for our own community?"

It was an important question. Indeed, why couldn't we do a free clinic in our little town? It would be on a small scale, but it would meet an important need. It was decided to hold the clinic on Friday so that patients and staff could enjoy true Sabbath rest after a week of work and service.

Professionals in the church quickly volunteered to assist in this medical missionary endeavor. Dentists, an optometrist, a dermatologist, an ER specialist, a family practice physician, chiropractors, a massage therapist, a clinical psychologist, an ultrasound technician, and a number of nurses arranged their schedules so they could serve. As others in the community heard about the project they too volunteered. A lawyer offered to provide free legal advice. Youth volunteered to check sick computers for viruses and remove them. A mechanic in the church offered to give free car evaluations.

So, the little project quickly mushroomed. A local building owned by the Baptists and approved by the state for free medical care was offered for this venture. This was important and providential as the state of Georgia provides protection from lawsuits if free clinics are done in an approved facility.

Area newspapers and a local, live television program promoted the clinic. The



community hospital gave immense help with coordination and providing lab testing, physical therapy evaluations, and social service assistance for patients to receive Medicaid or insurance as part of the Affordable Care Act. Local churches put up posters and announcements in their church bulletins on Sundays leading up to the event.

In place of the “first come, first serve” of the large clinics, with resultant frustration and long delays, it was decided to schedule patients. This proved to be a strategically important decision. It made pre-screening possible to provide assurance to the state that patients met Georgia’s poverty criteria for such a clinic. It also helped our planning so that we would have more staff where there was more demand.

As expected, the highest need was in dentistry, optometry, and dermatology. It is less efficient to see patients in a free clinic setting and we scheduled accordingly. We scheduled all patients in blocks of two hours. That is, groups of patients would be scheduled to see a provider at 8 am, 10 am, or 12 noon. This meant the maximal wait was two hours. Volunteers provided activities that easily occupied patients during their waiting time.

The pre-scheduling approach eliminated the disappointments and complaints so often heard at the larger clinics where people waited for hours or days and then were not able to be seen.

We decided to run a *Better Living Clinic* in the evenings during the clinic to provide further opportunity to engage with the patients. Blue Ridge, Georgia is a long way from Maine, but Dr. Tim Howe and his wife Lyn came in to provide free health education each evening for the *Better Living Clinic*. Dr. Howe opened the Free Clinic event with a Thursday evening lecture that was well attended and each evening more came to listen to his lectures.

Friday morning the clinic began at 7:00 am with worship, prayer, and instruction. After this peaceful beginning the rush of activity began.

A tent had been pitched for the patients to sign in, complete the forms, and be directed to the care providers. It was chilly, but the tent volunteers had warm hearts and good coats!

Away from the tents and inside the building, blood was drawn, physical therapy evaluations and instruction, ultrasound, medical, dental, chiropractic evaluations and a host of other health related activities were performed.

Over 150 people were treated. Two skin cancers were found. And hearts were touched. One participant wrote, “It saved my life when no one else would. God bless you all.”

Another said, “Coming to this clinic has meant EVERYTHING to us! I was able to

get my eyes checked and receive glasses after 7 years. Dr. Pitman really put me at ease about some health fears. Thank you all so much!”

Because of donated labor, supplies, and the facility, the cost for this free clinic was under \$1,500 which included the airfare for our guest speakers. Through this experience I learned that a simple, small-scale, free health clinic is a very practical way to help the community. It mobilized our church. Prejudice was broken down and friendships developed.

It was medical missionary work that Jesus used to reach the heart. Jesus even utilized it in an effort to reach Judas. “He had an opportunity to see the benefit which it was in his power to impart to others. He felt the satisfaction that always comes in service to God. He helped to bring the sick and suffering from among the multitude to Christ. He saw what relief, what joy and gladness, come to human hearts through the healing power of the Restorer. He might have comprehended the methods of Christ. But he was blinded by his own selfish desires.” (DA 718). Unfortunately, Judas ultimately tried to pervert this method as a way to advance his own selfish agenda. I pray that we as AMEN members will never repeat Judas’ mistake. Let us pray that we will never lose sight of the real purpose of our medical missionary work.

by Eddie Ramirez, MD

Australia AMEN Report



DR. EDDIE RAMIREZ

currently sees patients in Latin-America, does seminars and directs research for both the NEWSTART program and the Nedley Depression Recovery Program. He submitted 37 papers for publication in 2015. He is currently applying for a medical residency.

In an unexpected e-mail, I was invited to be the keynote speaker at the Australian AMEN Conference to be held December 4-6, 2015. After praying about it and checking my calendar, I agreed. Meanwhile, God was orchestrating a few special events on my way to the conference.

After accepting the invitation to speak in Australia, God worked out additional speaking appointments that I was able to fit in on my way there. First I spoke at the Division in Moscow, Russia. Then I conducted a special evangelistic program in a church in Beijing, China – where there was standing room only! I received an invitation to record a series of programs, including my testimony, for 3ABN Australia; and, finally, a week of health talks in Brisbane. This was my fourth time in Australia. It was great, travelling from 34 degrees in Weimar, California to 78-degree Sydney. While flying over, I sat next to a French businessman who “just happened” to be interested in starting a lifestyle center. After our conversation and a follow up meeting in France, he decided he would like to pattern it after the NEWSTART program at Weimar.

Then I arrived at beautiful Collaroy Beach, in the outskirts of Sydney where the AMEN conference was to be held. The weather was great but I was especially encouraged by the attendance of medical professionals from various parts of Australia and inspired by the many students wanting to follow God’s blueprint. In addition, it was wonderful to witness the collaboration between medical professionals and pastors – many of the church leaders from the division and conference attended the conference as well. The theme? *Eden Unlocked: The Secret of Healing Ministry*. Even though cardiologist Dr. Samuel Sidharta and I were the featured speakers, many other presenters inspired the participants. After a song service and a devotional to begin the Sabbath, I shared my testimony from medical

school telling how God used our family to make a spiritual impact in a town in Latin America. At the conclusion of the meeting, students gathered around me for hours asking questions about how they, too, can impact their medical school and church family.

Sabbath started early as another gorgeous Australian summer day woke us up. The program included inspiring testimonies about mission trips and the work of various ministries that had impacted many lives. I shared how God’s word has to be our foundation, and I talked about the powerful evidence for the Bible being the Word of God. On Sunday I stressed the importance of God’s methods being used in order to reach secular Australia. I shared how God has enabled me to do health outreach in secular places, such as Iceland, New Zealand, Australia, Norway, Singapore, Italy, and Belgium.

During the conference we also had small group meetings specifically designed for students to address their concerns and ask questions. It was great to hear what some are already doing in their medical schools. Dr. Sidharta shared inspiring messages of his own walk with God and how God allowed him to enter a very competitive cardiology residency, even though he refused to be interviewed on Sabbath, the traditional day cardiology interviews transpire, something that had never happened before. He also shared experiences on the outreach his church is doing in Australia. Finally, the meetings finished on Sunday, but not before new friends and stronger networks were reinforced. Attendees left ready to go back and serve God in the places where He has called them.

Stay tuned for the next issue of the Medical Evangelist where I will talk about the amazing experience we had in China!

The Jumping Jewish Doctor



CLIFFORD GOLDSTEIN is editor of the *Adult Bible Study Guide*. He's working on a book tentatively titled *Baptizing the Devil: Evolution and the Seduction of Christianity*.¹ He interviewed Dr. Larry Cohen to obtain information for this article.



DR. LARRY COHEN is a board certified emergency physician working in the busiest emergency department in Colorado. He has been a CHIP facilitator for 9 years. Dr. Cohen has a passion for teaching the health message and introducing others to Christ.

A skydiving secular Jew who became a Seventh-day Adventist? If I didn't know better, I would assume that was referring to me. But in this case, I would be wrong. Instead this is referring to Dr. Larry Cohen, an emergency room physician working in Colorado Springs, Colorado—a Seventh-day Adventist with an important story to tell about the importance of healthful living.

Sky Bum

Born in Brooklyn, raised in Southern CA, Larry grew up in a non-practicing Jewish home. Though he always believed in God, he knew very little about Christianity.

"I didn't know," he said, "the difference between a Protestant and a Catholic. For me, if you weren't Jewish, and weren't a Muslim, you were a Christian, period."

Young Larry had always wanted to be a doctor, but around 19-years-old he became a serious skydiver, and that pretty much derailed his plans to be a physician. He was involved in competition jumping at Lake Elsinore, California; his ten-man team was even contending for a world record. Competitive jumping like that took so much time that he all but dropped out of school in order to skydive.

"I was what they called a 'sky bum,'" he said. "That's a person who doesn't really have a life outside the drop zone."

Off to Loma Linda University

Eventually, Larry burned out on the skydiving and started thinking about the rest of his life. While working in a machine shop he went to a community college and then transferred to Loma Linda University because, he said, "it had a great program for a BS in respiratory therapy. Being at LLU eventually led him to go into medicine. There he met June, a young lady with an SDA background and they got married and had kids. For the first few years together, the Cohens hadn't had much to do with the SDA church, but then June wanted to start taking the kids to Sabbath School and, eventually, church. Larry tagged along, and all through medical school and after he would attend church, though, he admitted, "I slept through most of the sermons.

As the years went by, however, the bits and pieces he had heard between naps in the pew began to sink in. "Things started to make sense," he said, "and I would even pray. I am an Emergency Room physician, and at one point I was having a lot of patients, well, die on me. I prayed, Please, Lord, please don't let anyone die on me today. Right after that prayer, a 94-year old man came in, and instantly flat-lined. I was about to pronounce him dead, but—and I had never seen anything like this before—he revived, right on the table in front of me. I knew that my prayer had been answered. It made a big impression on me, for sure!"

Between that experience, and others, as well as having attended NET programs, and



having been exposed to the ministries of Doug Batchelor, Dwight Nelson, and Mark Finley, Larry gave his heart to the Lord and was baptized into the SDA church.

"I used to think that Christians were nuts," he said. "I guess I am nuts, too."

His Own Brush With Death

Today, Larry does what he can to witness for his faith, and the health message is a big part of how he makes initial contact with others. He learned the importance of this message, though, the hard way.

"I neglected my health," he said, "to the point where I almost died." At one point, he had to undergo a three-vessel CABG (coronary artery bypass graft); there were complications right after the surgery, and he was rushed emergently to the operating room that same night.

"Before this crisis, the only vegetables I ate,

"Nothing like
getting your chest
cracked open twice
in one day to help
you sense your
mortality."

besides French fries, were the lettuce and onion on my burger," he said. "I thought I was invincible. Nothing like getting your chest cracked open twice in one day to help you sense your mortality."

After the surgery, and very depressed, Larry wondered what God wanted him to do with his life. Praying, asking for guidance, he said that he was in bed and heard a voice say to him, "Psalm 57." He ignored it, but then heard it again, twice more, and so he had no choice but to read

the Psalm. Verse seven jumped out at him, "My heart is fixed, O Lord, my heart is fixed."

"At that moment," he said, "it hit me. The Lord was healing my heart, both physically and spiritually, and from then on I knew that He wanted me to help bring others to health, such as what Peter and John did in Acts, at the Beautiful Gate. Once I can bring health to someone, I can introduce them to the Lord and the gospel."

A Medical Evangelist

From that day on, Dr. Cohen has done a lot of research in lifestyle medicine, diet, exercise, and disease reversal, and is now a true believer in the Adventist health message.

"After what happened," he said, "I wanted to share what I had learned with others." Not long afterward, his local pastor asked Larry if he were familiar with CHIP (Complete



Health Improvement Program), an Adventist-originated lifestyle enrichment program that is designed to reduce disease risk factors through the adoption of better health habits and lifestyle modifications. Basically, it was teaching people the SDA health message. “I had heard about it, so I went to a conference and found out that it basically taught what I had learned and began doing the CHIP classes at our church.”

Today one of his greatest passions is seeing people restored to health. “It’s so great to watch people who, after doing a CHIP program, enjoy the results of better health: losing weight, lowering blood pressure, blood sugar, cholesterol, as well as getting off medications for diabetes, hypertension, arthritis, GI problems, and so forth.”

He also has a burden for Seventh-day Adventists and health as well. “The one thing I have noticed,” he said, “is that our church is as sick with the same diseases

We have a health message that is as important as our evangelistic message.

as the rest of the world. We have a health message that is as important as our evangelistic message. Sure, we pray for members who are sick, which is fine, but we also have so much light on how to avoid so much of this sickness to begin with. The world is taking up our health message and I feel we are forgetting it.”

Larry believes that living a healthy lifestyle is a gift you can give yourself and share with others. He says, “The Lord wants us to be healthy. Unfortunately, there is a lot of bad information in the world today about health and nutrition. However,

as Seventh-day Adventists we should be leaders in health. The best information on healthy living is still outlined in the Bible and the writings of Ellen White. We would do well to remember (for ourselves and our patients) – it is never too late to start living healthfully.”

Larry, who still skydives (at 62), recently started CADS (Coronary Artery Diseased Skydivers). It’s a group of jumpers, like himself, who all have heart disease. “I want the group to make some jumps together,” he said, “to raise money for different charities. We’ll see if it comes together, but so far I have about six jumpers in the group from all over the US.”

No question, as long as his parachute still opens, Larry Cohen, the jumping Jewish doctor, will continue to share Christ with his patients and inspire them to live healthier lives. We encourage you to do likewise.

by Sarah Nadarajan, Medical Student

AMEN Student Conference



SARAH NADARAJAN is a first year medical student at Loma Linda University. She enjoys traveling, hiking, and reading.

How does true medical ministry persist in the 21st century? More importantly, how does one incorporate the true ministry of healing into a medical or dental practice?

The United States, along with many first-world countries, is notorious for encouraging a generation of post-modern, secular, materialists in all professions, including medicine and dentistry. In a society where God is removed, the Bible is frequently mocked, and religion is discredited, some may argue that it is impossible to share the gospel in a health care setting. But now more than ever, the world desperately needs to experience the teaching and healing ministry of Jesus.

Many students come to Loma Linda University to obtain a Christian education. Their dreams and academic pursuits are focused on changing the world, making a difference, reaching underserved communities, and fulfilling their personal goals. Yet, as the workload increases, the loans accumulate, and the pressures rise, those early ambitions of being mission-minded and service-driven may be set aside for survival, titles, and getting ahead professionally. To guard against losing sight of the vision, students need to be continually challenged to a higher standard of practice. Ellen G. White, who helped establish this school, reminded us that Loma Linda was no ordinary place, and that its graduates should not be ordinary healthcare workers.

On October 10, 2015, a new chapter was

written, as 130 Loma Linda students gathered at Dr. Israel Chambi's house for the first AMEN Student Conference. With representatives from medicine, dentistry, dental hygiene, pharmacy, nursing, physical therapy, orthotics & prosthetics, and chaplaincy, the attendees were charged to remember why they were called to serve.

The theme for the conference, "CrossTraining: Be the Hands of Jesus," emphasized the true purpose of medical ministry. As the arm is not separate from the body, healthcare workers were encouraged to never detach their practice from evangelism. Participants were encouraged to network with the 20 professionals who were present as mentors and guides. These interactions encompassed but weren't limited to: mission trips; Deferred Missions Program; answering the critics; praying with patients; and how to practically apply spiritual care.

Dr. John Chung served as the main speaker for this event. Echoing Paul's command to Timothy in 2 Timothy 4:12, he challenged students to "Preach the Word." A medical missionary in modern society does more than just treat patients. As written in Daniel 12:3, the goal is to: "...turn many to righteousness as the stars forever and ever."

Scripture reminds us that we can't experience wholeness and restoration apart from Christ. While it may appear unpopular to introduce patients to the Great Physician, the participants were urged to uplift the true source of healing. Dr. John Chung put it best when he stated, "You can prolong people's lives, but you cannot give them eternal



life through your work.” If healthcare professionals are solely focused on treating the body, they extend the quality of life for individuals to continue in their sin. But the improved condition is only temporal. However, through allowing the Holy Spirit to partner with the healthcare worker, patients can receive more than just physical healing. They will be offered eternal life.

To underscore these principles, Dr. Chung drew from his own practice as a dermatologist. He related to the students two notable experiences of lessons learned from a beggar and hairdresser... During a cold winter, Dr. Chung’s church passed out coats to the homeless. After a few weeks of this, Dr. John Chung became troubled that one particular beggar repeatedly came to the station to pick up coats. He decided to follow the beggar and was surprised by what he saw. The poor man was distributing coats to other homeless individuals who were physically unable to pick one up themselves. In the midst of delivering coats, the poor man was left without one. The Holy Spirit impressed Dr. Chung to take off his coat and give it to the poor man. This man may never practice in the medical field, but his selfless act

demonstrated the quality of care that too often many health care workers fail to provide. A beggar, in the cold winter, on a dark night, rekindled the spirit of love that Jesus spoke of in John 15:12, “This is my commandment, that ye love one another, as I have loved you.”

That lesson of love touched Dr. Chung’s heart on a more personal note when he performed a procedure for a hairdresser. For this type of procedure, Dr. John Chung has a partnership with a plastic surgeon. He will do a certain amount as a dermatologist, and then refer the patient to the plastic surgeon to finish up the procedure. However, when performing the initial procedure on this particular patient (‘the hairdresser’), Chung was surprised to feel a strong impression from the Holy Spirit to finish the procedure. At first, Dr. Chung resisted the conviction. Should he finish the procedure, if he did, he would likely lose the respect and established relationship with his plastic surgeon colleague. Additionally, the plastic surgeon would lose money, because the time slot reserved for the hairdresser in the OR would be cancelled. Chung had to make a decision. Since he had committed his practice to the Lord, he finished the

procedure – despite its consequences. But the Holy Spirit took the experience one step further and impressed him not to charge the patient. Chung wagered with the Holy Spirit. What if he did not charge the full amount? The wager went from several thousand dollars, to hundreds of dollars, and finally to the amount that satisfied the Holy Spirit – FREE! The hairdresser never paid a cent for the procedure. As Dr. Chung feared would happen, the plastic surgeon no longer referred cases to Dr. Chung’s office.

However, the story doesn’t end there... Years later, while Dr. Chung was conducting bible studies in his home, one of the men attending was wavering with his decision to follow Christ. Ironically, that same man received a haircut in Tennessee from ‘the hairdresser’. As they chatted, she was surprised to learn that her client knew of Dr. Chung. After relating the story of Dr. Chung’s bestowal of kindness, the man returned to Georgia and decided to accept Christ. In fact, Dr. Chung believes that ‘the hairdresser’ has referred more cases to his office than the plastic surgeon ever did! We may never know the extent of our influence or why we are impressed to speak certain words or act in a particular manner. But if our hearts beat rhythmically with a divine mission as we work in our practices, we have the privilege of bringing true healing to our patients as we bring them to the very heart of God.

As students attending Loma Linda University, we know that we have been called to serve. The far-reaching impact of our service depends on how in tune our lives are with the Holy Spirit’s leading. Sometimes our convictions may not provide dramatic results like that of the man and the hairdresser. But if our practice is committed to God, we can trust that He will write the end of the story. Even as students, we can create a habit of service that will be intertwined with our careers until Jesus comes.

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 have a confession to make. I am burdened by work. In my desire to be productive and efficient I overload my schedule. Add to this the responsibilities of church and charitable organizations such as AMEN, and the specter of burnout competes with what is most important in life.

While visiting Loma Linda, Ellen White wrote a letter to Elder J.A. Burden dated April 3, 1907. Perhaps she wrote it to him after witnessing his schedule and responsibilities impacting his ability to minister effectively. It still speaks to our hearts today:

"Your mind must be a treasure house, full of good things. Keep the patients cheerful. Pleasant words of instruction may be given to them that will be a blessing to them... and when they return to their homes, the message of truth they have heard will be constantly repeating itself to them. We do not appreciate how far greater are the results for good when we bring cheerfulness and the joy of the Lord into our work."

"I am very desirous that you shall feel as free as possible to do this gospel work. Your strength for it, and your success in it, will depend largely on the time and strength you reserve for this work. You should not allow yourself to be overwhelmed with responsibilities, so that you cannot have the realization in your own soul that you are in the right place...."

"In no place in the world can our influence tell on the Lord's side with such power as in the position to which He calls us. The most useful thing we do in the service of God is

to encourage the souls that are distressed, and lead them to Christ. Keep the lives of the patients constantly refreshed by the example of a Christ-like example. You will have success if you will be a self-denying Christian. An earnest desire to be obedient to the will of your heavenly Father will bring you to the place where you will wear Christ's yoke. Those who are great in the sight of the Lord will, like John the Baptist, have humility of heart. Then good works will follow. Your example may be such that others will wish to emulate it. Your obedience and humbleness of mind will make obedience and humility a desirable thing to those who are associated with you."

"The words of truth were so simple as Christ explained them that the disciples could comprehend them. The word of God is our spirit and life. It is the weapon by which we are to resist the attacks of Satan. Those who are much with God in prayer and consent to wear, the yoke of Christ, will be meek and lowly in heart. They will be one with Christ...."

"Prayer is the key that will unlock the treasure of heaven to you. Let your faith increase. Increased faith and sanctification of the spirit, will qualify you to be a wise counsellor. Words spoken in season and in the spirit of tenderness, accompanied by the silent working of the Holy Spirit, will make the right impression. Do not think that you are accomplishing nothing because you cannot see definite results for your work. You are to sow the seed, knowing not which shall prosper, this or that."

"May the Lord help and strengthen and bless you in your work, is my prayer." LLM 202-3.



amen

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