

FALL 2016

THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

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THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

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

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Engaging Our Youth

Recently, over Sabbath dinner, we had an interesting and enlightening conversation with several committed Adventist young people, specifically medical students, about spirituality and their perception of our church. Some were interested in and affirmed an understanding of, and commitment to, Adventist doctrine; others expressed little interest in our more distinctive doctrines, such as the sanctuary, a literal 7-day creation week, and the Sabbath.

The general sentiment, however, was that prior generations of Adventists spent way too much time discussing and arguing over doctrine, and far too little time focused on real issues, such as poverty, inequality, tolerance, acceptance and more inclusiveness of groups like the LGBT community. Several expressed an affinity for working closer with other Christian groups that do a “better job” of reaching out; others said that our unique doctrines prevent us from being more inclusive, tolerant, and loving.

There truly is a postmodern mindset in this latest generation, while it very much values spirituality there is less interest in traditional “religion”. The young generation is not typically doctrine-oriented, and find many of our unique beliefs of little value, or even divisive.

They see themselves as inclusive, loving, and they have a passion for ministry, particularly for the disadvantaged.

I find this generation to be thoughtful and looking for a real way to be engaged, while shunning the part-time religion of their parents that appears compartmentalized around church on Sabbath but does not seem to extend into ‘regular life’ the rest of the week. This generation is looking for practical, even radical, ministry.

I was also struck by the fact that the few students who still voiced confidence in our unique doctrines and mission as Seventh-day Adventists were raised in homes actively engaged in ministry or mission service. Some even spent a year in mission service, which allowed them to identify with the uniqueness of Adventism. The point is, it seems, that Adventist education has largely lost the practical side and does not capitalize on the opportunity for mentorship.

Many of us, as young people in medical and dental school, were also idealistic and had aspirations of doing something meaningful in the world. Over the years some of us have become jaded, disappointed with religion or church organization, and maybe have been lulled into a listless faith.



BRIAN SCHWARTZ, MD

No question, the older generation would benefit from the enthusiasm and idealism of the youth; at the same time, the youth could greatly benefit from association with men and women of experience who are actively engaged in ministry. “We just want to be listened to and heard,” one of the young people said, “and we appreciate being able to talk with an older generation who could explain some things without feeling judged.” Mentorship is, therefore, crucial to helping our young people understand our doctrines and their relevance. Equally important are opportunities for the older generation to practically apply what we preach.

AMEN is uniquely poised to help in this process with our mentoring program; it pairs up experienced clinicians with students, and involves students in outreach, such as AMEN free clinics, as well as other ministries like Pathways, and overseas mission trips. The final work of giving the Everlasting Gospel to the world will involve all of us working together: ministers, physicians, dentists, and other laypeople. I believe this will be done most successfully, and our strengths maximized, by pairing our youth with men and women of experience.

Brian Schwartz, MD

“Ministry involves far more than preaching. It means training young people as Elijah trained Elisha, giving them responsibilities in God’s work—Young, inexperienced workers should be trained in connection with experienced servants of God.”
– *Royalty and Ruin* p. 81

“With such an army of workers as our youth, rightly trained, might furnish, how soon the message of a crucified, risen, and soon-coming Saviour might be carried to the whole world! How soon might the end come—the end of suffering and sorrow and sin!....”
– *Education* p. 271

“God has honored young people by choosing them for His service, and they should be faithful, obedient, and willing to sacrifice. If they submit to God’s discipline, choosing His servants as their counselors, they will develop into high-principled, steadfast workers whom God can trust with responsibilities”.
– *Royalty and Ruin* p. 81

A series of articles demonstrating how a growing body of science is supporting the statements of Scripture and the Spirit of Prophecy.

by Zeno Charles-Marcel, MD

ACEs, Jacks, Kings, and Queens



DR. ZENO CHARLES-MARCEL

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

He currently serves as an Associate Director of Adventist Health Ministries for the SDA World Church. He is happily married to Anita, his lovely partner in ministry. They have three children.

Ellen White has given great counsel to parents and parents-to-be about raising children. One prominent theme is parental tenderness, encouragement and words of kindness and affection rather than sternness, frowns and harsh treatment. Another is the solemn responsibility of parents to protect their children from harmful influences, potentially risky relationships, and compromising situations.

“... Be careful how you treat the precious little ones, the lambs of the flock. There need be no harsh tones, no hard, painful strokes upon the little form. If, in the fear and love of God, you will do your duty, you will not deserve the pain you cause your child to suffer because of your masterly spirit that is so easily provoked. We would be much happier if we would manifest the gentleness of Christ in dealing with the little ones, who have everything to learn from the lips and character of the parents. It is a pleasant thing for God and the angels above to behold this work carried on in the families of earth in a Christ-like manner, the parents fully appreciating the value of the souls of the little ones committed to their care. —Review and Herald, May 17, 1898

“Tender affection should ever be cherished between husband and wife, parents and children, brothers and sisters. Every hasty word should be checked, and there should not be even the appearance of the lack of love one for another... Cultivate tenderness, affection, and love that have expression in little courtesies, in speech, in thoughtful attentions... give them [the children] the opportunity of seeing the father offering

kindly attentions to the mother and the mother rendering respect and reverence to the father”. —Adventist Home p. 198

Are the preceding words sound advice, or merely 19th century sentimentalism? How fascinating that one of the most amazing scientific discoveries over the last century—relating to the diseases and health conditions of society—confirms exactly what she wrote above.

Every year, at Kaiser Permanente’s Department of Preventive Medicine in San Diego, more than 50,000 people are screened for diseases while still asymptomatic; it is one of the largest medical evaluation sites in the world. In 1980, using a data-driven approach to scientifically assist patients to return to a healthier size, department chief Dr. Vincent Felitti launched an obesity clinic designed for people who were 100 to 600 pounds overweight.

Yet, in 1985, Dr. Felitti was perplexed. Why were half of their patients dropping out of the program in the midst of their personal weight loss success? Through their analysis of patient data, he thought he and his team had learned a lot about people, but the high dropout rate of successful weight losers was a mystery that he attempted to solve by gathering new data through questionnaires.

One day, instead of asking the correct version of a question, he misstated it and asked “How much did you weigh when you were first sexually active?” The female patient replied,

Eating quieted
their anger,
depression,
anxiety, and fear;
food, to them, was
a trusted friend.

“Forty pounds.” He was baffled by the answer but repeated the same question, expecting her to correct her response. To his surprise, she repeated “Forty pounds,” and then burst into tears as she added that she was four-years-old at the time, and that her father was the offender!

In a short while, Felitti and his medical colleagues collected histories on 286 patients in the clinic, and most were discovered to have been sexually abused as children. Furthermore, they learned that food was a “pain reliever” because it made the victims feel better and ease their psychological pain. Eating quieted their anger, depression, anxiety, and fear; food, to them, was a trusted friend. For many as well, being obese solved the problem of being a target since obesity provided them with “sexual invisibility.” So when a female patient’s weight loss prompted a sexual comment about her, it increased her unconscious fear and anxiety, and so losing weight became unbearable. Thus, she dropped out of the program; it was a means of coping.

His findings were, initially, met with ridicule. Later, however, Dr. Felitti and a research group from the Centers for Disease Control and Prevention, led by Dr. Robert Anda, studied over 17,000 patients in regard to childhood trauma, using the clues they had gleaned from the earlier interviews and the published literature. These traumas included abuse (sexual, verbal, physical); family dysfunction; a parent who was mentally ill or an alcoholic;



a mother who was a domestic violence victim; a family member who had been incarcerated; the loss of a parent through divorce or abandonment; and, finally, emotional and physical neglect.

Each item was scored and were collectively known as ACEs (Adverse Childhood Experiences.) Between 1995 and 1997 the initial data were collected, and these 17,421 people were followed for the next fifteen years before the first major analysis. The participants had an average age of 57, 40% had bachelor degrees or beyond, and they identified themselves ethnically as white (75%), black (5%), Asian & Pacific Islander (8%), and Hispanic (11%). Two in nine had ACE scores of three or more; one in every eight had a score of four or more.

In this study, there was a direct link between childhood trauma and adult mental illness, incarceration, and even inability to hold a job. More than three of every five persons surveyed had one or more types of ACEs, and of those almost ninety percent experienced two or more types. The ACEs did not happen in isolation – an alcoholic father or a mentally ill mother may inflict multiple types of abuse on their children. Additionally, and perhaps most

surprisingly, the greater the number of ACEs the greater the association was with not just mental and social problems as an adult, but with physical problems as well!¹ Eating disorders, obesity, depression, anxiety spectrum disorders, substance abuse, non-chemical addictions, STDs, cancer, heart disease, chronic lung disease, diabetes, hypertension, risky sexual behavior, domestic violence, learning disabilities, and even unemployment and incarceration—all have been linked with high ACE scores in a “dose-response” manner.

We live in a society of broken, emotionally damaged people. The stress of severe and chronic childhood trauma, such as being regularly hit, constantly belittled and berated, having your need for affection or security denied or withheld, watching your father repeatedly hit your mother—releases hormones that physically damage a child’s developing brain. People with four or more ACE categories have a thirty-two times greater chance of developing learning or behavior problems in school in contrast to those who had no adverse childhood experiences.

But it does not stop there. Children



without the nurturing home environment that Ellen White wrote about, and who instead are subject to toxic trauma, live a life of brain stress overload and anatomical, physiological and biochemical derangements that negatively impact frontal lobe development. Such children cannot easily focus on learning; many fall behind in school; many cannot develop healthy relationships with others; and they often create tense situations with teachers and other authority figures because they are unable to trust adults. While some young people are affected more than others, the intense psychological pain clamors for relief and drives them to the anesthetics of modern life: food, alcohol, tobacco, drugs, pornography, sexual deviation, and high risk behaviors. Others might become shopaholics, or even workaholics, clamoring for worldly “success.” Yes, some may become workaholics and over achievers.

In short, it does not matter if a person is a pauper, a knave, a jack, a king, or a queen. What he or she has experienced early in life, be it good or bad, affects the individual in adulthood.

Thus, as Ellen White wrote, a loving family

as portrayed as ideal in the Bible—with parents who are married and who love God, each other, and their children—has been shown to be a powerful resilience factor for children. Children raised in intact traditional families have, on average, higher academic achievement, better emotional health, and fewer behavioral problems.² Meanwhile, married mothers are less likely to experience abuse and violence. In one study, among mothers who were currently married or had ever been married, the rate of abuse was 38.5 per 1,000 mothers; among mothers who have never been married, the rate was 81 per 1,000.³

Children and adolescents who customarily (5x/week) have dinner with their families are at a 200% lower risk for substance abuse when compared with those who had dinner infrequently (2 or less times/week). In one study they were found to be 2.5 times less likely to smoke cigarettes, more than 1.5 times less likely to drink alcohol, and almost three times less likely to try marijuana.⁴

This impact carries over into the spiritual realm. Children raised in intact families by happily married parents, one male and

one female, tend to be more religiously in tune in adulthood. Children in families with two happily married biological parents showed even greater “religious inheritance,” but this was seen even in well-adjusted adopted children. Six measures of religiosity were used in this study: daily influence of religious beliefs; frequency of Bible reading; frequency of viewing/listening to religious media; prayer frequency; frequency of participation in church-related activities other than worship services; and frequency of church attendance.⁵

And what about Seventh-day Adventists? In her study population of over 10,000 Adventists, Dr. Katia Reinert found that high ACE scorers are prevalent despite the high level of education and high religious involvement in the group as a whole. The results show that childhood traumas have a significant negative effect on overall physical and mental health of affected Adventists, as seen in the general population. However, religious involvement factors such as spirituality or intrinsic religiosity, religious coping, forgiveness, and gratitude had a salutary effect for high ACE scorers, regardless of gender or race. She concluded with the

The home that is beautified by love, sympathy, and tenderness is a place that angels love to visit, and where God is glorified.

observation that counseling interventions that support religious coping, intrinsic religiosity, forgiveness, and gratitude may be effective in helping individuals overcome the negative effects of ACEs in certain groups.⁶

So how can people, broken as we ourselves are, create homes that are monuments of God's grace and help others who also live in brokenness?

By pointing them to the ONLY ONE who can! His promise to us is this: "Come unto me all ye that are weak and heavy laden..." and "Seek ye first the kingdom of God..." Parents and parents-to-be would do well to heed the counsels of God through Ellen White written to us more than 100 years before the ACE study:

The home that is beautified by love, sympathy, and tenderness is a place that angels love to visit, and where God is glorified. The influence of a carefully guarded Christian home in the years of childhood and youth is the surest safeguard against the corruptions of the world. In the atmosphere of such a home the children will learn to love both their earthly parents and their heavenly Father. — Adventist Home p. 198

Modern science, however painful the results, affirms this wonderful truth.



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WHAT'S YOUR ACE SCORE?

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
[No _____ If Yes, enter 1 _____]
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
[No _____ If Yes, enter 1 _____]
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
[No _____ If Yes, enter 1 _____]
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
[No _____ If Yes, enter 1 _____]
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
[No _____ If Yes, enter 1 _____]
6. Were your parents ever separated or divorced?
[No _____ If Yes, enter 1 _____]
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
[No _____ If Yes, enter 1 _____]
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
[No _____ If Yes, enter 1 _____]
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
[No _____ If Yes, enter 1 _____]
10. Did a household member go to prison?
[No _____ If Yes, enter 1 _____]

Now add up your "Yes" answers: _____ This is your ACE Score

The Kingdom of Mustard Seeds



EUNICE PARK is a third year medical student at Loma Linda Medical School. She currently lives in Temecula, CA with her husband, David. Together they enjoy serving God through giving personal Bible studies.

Before I came to medical school, I told God not to send me if He did not lead the way. I wasn't interested in becoming just a doctor—I wanted to be a Christian doctor who would actively lead others to Christ. While I had no doubt about the academic training that I would receive in medical school, I questioned what training would prepare me to combine my medical practice with making disciples for Jesus. To simply pray with patients was not enough—I wanted to journey with them in their decision to commit their lives to Christ. What school would provide such a curriculum? And who would be my teacher?

When I first enrolled in the School of Medicine at Loma Linda University, I quickly realized that the school's formal training would not suffice. If I wanted to become a physician soul winner, I would have to look beyond the lecture halls and the religion classes—I needed a parallel curriculum that would instruct and challenge me, test and critique me as much as my academic training would. In this curriculum, Christ Himself would be my Teacher. And so it was, at the beginning of my second year of medical school, I found myself with six full-time weekly Bible studies. All in all, I was studying with eighteen individuals.

I must have been crazy. I was a newlywed, and my husband and I lived an hour south of my school—a compromise for both of us since he

worked an hour south of where we lived. Every day I battled through over an hour of traffic just to get to class, then an hour back home after Bible study. Through it all, however, I lacked nothing. My entire second year is a testimony to God's faithfulness and His ability to provide. Below is one of the many experiences that I had giving Bible studies during my second year of medical school.

When I first began Bible studies, during my second year of medical school, with Faith*, Sarah, and their seven children, they did not even know how to pray. The kids knew nothing of the Bible—not the stories, not where to find each book, not even who Jesus was. They were having Bible studies because a Bible worker had knocked on their door and had offered to study with them—would they like that? Sarah had signed up her children, and her partner Faith had agreed. The kids, ranging from eight to nineteen years old, along with their cousins, would hear about the God of the Bible for the first time.

I remember one of the earliest studies that I gave on salvation—it was a doctrinal study, and the kids found finding the texts more interesting than the texts themselves.

"Wait a minute," Jimmy, their nine-year-old cousin, interrupted. "Who is Jesus?"

*Due to the sensitive nature of some of the testimonies, all names have been changed to protect their privacy.

I froze, caught completely by surprise. “He’s God,” I said. “He came to earth to die for our sins so we could be with Him again forever.”

Jimmy cocked his head to one side. “So does that mean God is dead?” he asked, confused.

“No, no,” I reassured him. “He came back to life again.”

“I thought God was God? How can Jesus be God?” Brittany asked.

My Bible study was going up in flames. “God is three in One,” I said, trying to explain the concept of the Trinity. Now they were even more confused.

I started from ground zero after that. I needed to give them some basic tools before jumping into the Bible stories, so I taught them how to pray first. We studied the Lord’s Prayer, staying in one passage so they wouldn’t get lost flipping through text after text. Afterward, I asked them who wanted to pray.

Alice raised her hand shyly, then retracted it.

“Pray for us,” I encouraged.

“I don’t know what to say,” she said, bashfully.

“What would you say to a friend?” I asked. Alice thought for a minute. “I would say...” she hesitated. “I would say that I wanted to go swimming today, but I couldn’t because my skin peeled.”

I blinked.

“Well,” I said, swallowing my smile as I nodded vigorously. “Why don’t you tell God that, then?”



We gathered to pray, the kids discreetly taking my cue to bow their heads and close their eyes. Alice buried her face inside her hands.

“Dear God,” she said, timidly, her voice muffled.

“Speak up,” someone whispered.

She paused uncertainly. “I wanted to go swimming today but”—she swallowed—“but I couldn’t because my skin peeled.” There was a long, mortifying pause.

“In Jesus name,” I whispered.

“In Jesus name...amen.”

They have learned to pray for more since then.

I searched for what Bible story to start with them. I detected hints of pain and anguish in their past—hardship and trauma from previous family members betraying their trust. What better story than the story of Joseph and his brothers? They listened, wide-eyed, as we read about Joseph being sold into slavery. They could relate, all too well, with the vulnerability and sense of betrayal Joseph must have felt when he was falsely accused. God was becoming real to them through Joseph’s life—they could believe that God was with them in tribulation, just like He was with Joseph. We journeyed through Exodus next; as Moses brought down the plagues and parted the Red Sea, the kids encountered God like the enslaved Israelites had—first through His power, then through His providence, and finally through His Son Jesus.

Faith and Sarah did not join us at first. Faith always had some excuse for why she couldn't make it—her job required her to stay, school was still ongoing, the truck broke down. I could sense the hesitation, perhaps fueled by fear, that kept her away. Little by little, however, by God's grace I won her confidence—first through the engraved Bibles that I gave her for each of them (the church had been so generous), then through the birthday gifts that I gave to each family member. There were times when royally blundered—I gave Emma a book for her birthday (they don't like to read) and Mark another book for his birthday (they still don't like to read), and Sarah some terrible scones that I had baked for her birthday during an exhausting school week. Somehow, though, my intentions got across, and one day I got a text: "Can we reschedule for next week? I really want to be at Bible study." Faith and Sarah have attended every Bible study since then.



I can see how much God wants to reach their hearts. Not long after both of them began attending regularly, I broached the topic of heaven. It struck a chord inside their soul—they all wanted to be there. I told them heaven is a place of no more suffering or death. ("No hamburgers?" Rick asked, shocked. "I'm going to eat all the chicken before I get there," Faith vowed. We have yet to study the health message.) We studied death and the mortality of the soul, how life is only through Jesus and heaven is a place for those who love Him. Death is a sleep, I stressed, and there is no knowledge beyond the grave.

They were quiet when I finished that study. "Any questions?" I asked.

"I have a question," Sarah said, slowly. I bent my body forward. "We've seen some things around the house." The kids shifted

their weight nervously.

"What...what kind of things?" I asked, cautiously.

"Before we first moved into the house, we used to drive by it to see if it was still open," she said. "The 'For Rent' sign was still in front of the door, but one time when we passed by it, the light in one of the upstairs windows flicked on. So we went to ask the owner if he had rented the house out to anyone, and he said nobody was there, and the electricity wasn't even on."

Silence.

"Then when we moved in"—Sarah hesitated, glancing at Faith. Faith was looking down at the floor. "Faith has seen some things." More hesitation, more glancing around. "There's a lady in white, and a little girl, and Faith's dead mother

has come to her and told her not to let me get near the lady in white, because she doesn't like me."

I sat there, gripping my Bible, my face calm even as I screamed internally for God to please help me because demons are above my pay grade.

"Another time, Faith and I were home by ourselves, and all the kids were gone. We heard someone walking around upstairs—they walked all over the place, in all the rooms, and then stopped at the head of the stairs." Sarah looked at me earnestly. "What do you think it is?"

The kids started clamoring all at once. Rick had also heard the footsteps. So had Mark and Eddie and their oldest brother John. Multiple people had seen the little girl.

We turned to 1 Samuel 28. I explained that



I realize that as important as my academic training is, my spiritual training is just as important.

convict and convert. I have absolute faith that God will not give up on them until they are all safe within His fold. It will take, I suspect, months, if not years, for their testimony to unfold, but such is the business of planting mustard seeds. Not in days or weeks is its maturity realized, but with year upon year of steady growth, the mustard tree becomes an enduring, majestic plant, the “planting of the Lord, that He might be glorified.”

When I began my medical journey, I had no idea what God had in store for me. The only thing I knew was that I did not want to leave with just a medical degree. I knew that years after I graduated, I would never remember a single assignment or exam question—even the agony the night before my boards would be forgotten. What I would remember, however, would be the souls won to Christ, if God would be so willing. I realize that as important as my academic training is, my spiritual training is just as important, and if I do not learn in my early years how to win souls to Christ, I will not learn easily as a practicing physician. Though my testimony may sound unique, in reality, it is not. God is as willing to do for you what He has done for me—to every willing worker, He promises to sustain and provide. “Seek ye first the kingdom of God and His righteousness and all these things shall be added unto you.” If you trust in Him mightily, He will use you for mighty things.

demons could mimic dead loved ones. We read Job 7:8-10—the dead cannot haunt. I told them that Jesus was stronger, mightier, better, and He could deliver from demonic oppression. I urged them to get rid of anything that might give the devil a foothold and cautioned them against turning to superstitious rites to cleanse their home. We prayed that God’s presence would take residence in their home and keep the demons away.

As of this writing, they have had no more manifestations. They had one incident where the fan turned on by itself and they arrived home to find their mirror cracked, but the church prayed for them and so far, the manifestations have stopped. The devil is angry, I know, but God is not finished with them yet.

I have made one discreet, failed attempt to address the delicate issue of their sexual

identity. I had a Bible study prepared that centered solely on the Christian’s new identity in Christ - no matter what tendencies (inherited or cultivated) you may have. Christ makes you new. Just as I was about to get to that point, however, both Faith and Sarah were suddenly called away. I was left helplessly droning on and on and on to the kids, fervently hoping that Faith and Sarah would soon return while the kids’ eyes rolled back in boredom. Just as I finished, Faith and Sarah came rushing back. “Sorry—it was a call from work,” Faith said. “What did I miss?”

“I took that as the Lord’s providence. “I have yet many things to say unto you, but ye cannot bear them now.” (John 16:12) Not yet, He chided me, not yet.” I have left that and all matters of conversion up to the Lord. There is still much to teach them about the Bible, and much they will have to surrender, but in His due time, He will

Letter to the Editor

Wow! I have never sat down and read any magazine from cover to cover in one sitting. I have not been able to put it down (Winter/Spring 2016). Each article impelled me to the next.

I picked up a copy of The Medical Evangelist while volunteering at an AMEN free clinic in Portland, Oregon. I am hooked.

I work as a nurse at a small coastal Adventist hospital in Tillamook, OR. We are blessed to have 17 Adventist practitioners in our community. We could do this – hold a free clinic – and I want to set this as a goal for 2017. But I pray that every one of our practitioners would feel so motivated by the Holy Spirit that the clinic would just be the icing on the cake. First we must find the answer to the question Doug Tilstra asks, “Is the healing you facilitate spiritual or literal?”

You have pumped me up and I cannot deny it. So many must have a chance to hear this good news.

Thank you and blessings.

– Ginny Gabel, RN

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Go Big or Go Home!



DR. PATRICK KELLEY is a 1985 graduate of Loma Linda University School of Dentistry. Since graduation, he has practiced as a general dentist almost solely in the rural mountains of North Carolina, bringing his compassionate spirit and his dental expertise to the wonderful people of the Appalachians. Over the years, his patients have come to trust him for spiritual guidance and support as he listens and prays for their concerns.

He and his wife, Mig, have three married children and reside in Andrews, NC.

Go therefore, and make disciples of all the nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, teaching them to observe all things that I have commanded you; and lo, I am with you always, even to the end of the age. – Matthew 28:19 & 20

We think too small! Jesus commanded a dozen men to go into the then known world and draw all people to Him. That was a tall order for such a small number of dedicated followers. Now, He gives us the same command, asking us to impact the “whole world.” If this is Biblical truth for us today, then we must think too small. In order to spread the everlasting gospel into the entire world, we must individually and collectively “Go Big.” God is ready for us to imagine and attempt the miraculous in His power.

For several years, our small church in a tiny North Carolina town toyed with the idea of having a Sabbath Convocation. The goal was for Sabbath keepers (of multiple denominations) in our surrounding area to come together for a day of worship and Sabbath celebration.

The timing never seemed right for such a large endeavor. But the idea kept coming up in our Personal Ministries meetings until we

realized God was impressing it on our hearts. Little did we know that our thinking was too small. God had already paved the way for an event far beyond our expectations.

During our meeting in June, our Personal Ministries committee voted to move forward with the Sabbath Convocation. We also decided to embrace the concept of, “Go Big or Go Home.” In other words, if we were going to do this, we would do it right. We wanted the event to reach as many people as possible and no far-fetched idea would be rejected.

Soon, we started selecting speakers. Pie in the sky... In an ideal world, who would we want to see present the Sabbath truth? Once our list was completed in order of preference, we knelt and prayed over each name. We knew it would be a miracle if even one would agree to come.

Phone calls were made and emails sent. We were shocked that four of our top five choices said “yes.” Our speakers for the day included Ted Wilson, Michael Hasel, Ed Reid, and Ken



Cox. This surprise was the beginning of a series of miracles that our Heavenly Father would perform with precision and impeccable timing.

The date for the meeting, now named Sabbath Celebration, was determined by the availability of our keynote speaker, Elder Ted Wilson. He was only able to speak on August 12, less than eight weeks away. The pressure was on but our faith was growing.

“Go Big or Go Home” suddenly got bigger. We needed a large venue for the meetings because our tiny church was far too small. So we rented a rustic music auditorium that could seat two thousand people that hadn’t been used in over two years except for storage. We tackled the task of clearing it out, cleaning, and setting up.

But two thousand wasn’t enough. Surely the world needed to hear this message. We felt impressed to share this greatly anticipated Sabbath message with as many people as possible. Hoping to broadcast

the entire event worldwide, we started looking for help.

We first contacted 3ABN and the Hope Channel to see if they could broadcast the event live. Both needed more advance notice. Our next option was to broadcast it live via the internet, but (believe it or not) Andrews, North Carolina had no high speed internet at that time. It was late July and God had already anticipated our need. When we approached the internet provider, they told us they were launching high-speed service in early August and that they would love to help us, free of charge. They set up all their equipment and allowed us to access all, and I mean 100%, of the bandwidth they had, because they had just a few subscribers at that time. Perfect timing!

We were able to get Network 7 from Chattanooga (an Adventist media ministry), to film the event live. They connected to our computers for the internet broadcast. We also contacted David Gates who has connections with

South American and European media broadcasters and interpreters. The plan was to do something that had never been done before. We wanted to broadcast live, without interruption, a six-hour event via the internet, translating live into multiple languages in multiple countries worldwide. Did I mention we didn’t have high speed internet when we voted to “Go Big”?

Time and time again, God paved the way, working out the details long before we even took the first steps. Minutes before broadcast, our computers went down. Our prayer team prayed harder. Satan did all he could to stop the everlasting gospel from being sent to people eager to hear it. But his attacks were useless. We started on time, just as the computers came to life. To our relief, they worked for the duration of the program.

The Lord in His power allowed the Sabbath message to be broadcast in 42 different countries, translated live in 17 different languages over the internet, TV, and



radio. One of our Adventist broadcasting networks picked up the feed and reported two million viewers during Elder Wilson's eleven o'clock sermon.

At home, over 1,800 people attended the Sabbath Celebration. This number exceeds the population of the town itself. It was like camp meeting with multiple denominations, including those of the Jewish faith. All were eager to celebrate the Sabbath with fellow Sabbath keepers.

Throughout the month of September, the series was rebroadcast many times in multiple locations with an estimated 10 million viewers. Only the Lord knows how many people have heard the Sabbath message since that day.

This experience taught us several valuable lessons. First, nothing is too big for God. As we dreamed up ideas that we thought were too miraculous to happen, our Heavenly Father had already worked out the details on a much grander scale. We also learned the value of teamwork as four

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small Seventh-day Adventist churches joined forces to man the event. Previous friendships that we made helped solidify the cohesive network of workers.

We also learned the Sabbath is a unifying force with like-minded believers. A Jewish friend, after attending the Sabbath Celebration, mentioned to me that he needed to read the New Testament. Other 'Sabbatarians' have been eager to attend additional programs at our church.

It was an incredible eight weeks. We lost count of the miracles and the number of people impacted. We got emails from people all over the world, many staying up all night with friends, family, and neighbors to watch. God chose a handful of lay people in a 70-member church in the mountains of North Carolina and inspired us to "Go Big."

We didn't work the miracles, God did! We were just willing to be used by Him. My prayer is that God will continue to inspire all of us to "Go Big or Go Home." Just imagine what would happen if we put aside our differences and started to work together. Jesus could do big things through us. The famous missionary William Carey once said: "Expect great things from God. Attempt great things for God."

I believe we are in the last days of earth's history. Isn't it time we all "Go Big" so we can all go home?

Crowded Waiting Rooms



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.

You can't practice good medicine without knowing how to triage. In an emergency situation, triage is essential to determine which patients most urgently need care, and to properly allocate time and resources. Triage doesn't just apply to multiple patients, but also to individual care. An ingrown toenail may need to be addressed, but if it's attached to a broken or lacerated foot, the priority will change. Triage is all about urgency.

Medical problems aren't the only needs that require triage. Speaking to this, Ellen White wrote a fascinating statement on how we should triage:

"A revival of true godliness among us is the greatest and most urgent of all our needs. To seek this should be our first work." -Review and Herald, March 22, 1887

We have many needs, but what is our greatest and most urgent need? True godliness. Our first work is to seek this godliness. But in order to seek something, we need to know what we're looking for. Thankfully, we're provided with a clear definition in the life and work of Jesus:

"Christ gave a perfect representation of true godliness by combining the work of a physician and a minister, ministering to the needs of both body and soul, healing physical disease, and then speaking words

that brought peace to the troubled heart." -Review and Herald, June 9, 1904

WHOLE PERSON CARE

True godliness shines forth in whole person care. The healing work of the physician is combined with the communication of the gospel. A physician ministers to the needs of the body by healing physical disease, while a minister speaks words that bring peace to the troubled heart.

A secular physician can diagnose and treat diseases of the body. He or she can even encourage the lifestyle principles that our message advocates, such as rest, sunshine, and water. But only a spirit-filled medical missionary can understand how to treat patients in a fully comprehensive way. Only a physician walking closely with Jesus can know the needs of the soul. The godly medical missionary will recognize and treat troubled hearts with words that bring peace. Anything else is heavenly malpractice!

Jesus didn't make a distinction between physical and spiritual needs. The Great Physician practiced whole person care.

"Christ was bound up in all branches of the work. He did not make any division. He did not feel that he was infringing on physicians when He healed the sick. He proclaimed the truth, and when the sick came to Him for healing, He asked them if they believed that

He could make them whole. He was just as ready to lay His hands in healing on the sick and afflicted as He was to preach the gospel. He was just as much at home in this work as in proclaiming the truth; for healing the sick is a part of the gospel.” -Medical Ministry, p. 237

It may be necessary for ministers to go into the homes of the sick and say, “I am ready to help you, and I will do the best I can. I am not a physician, but I am a minister, and I like to minister to the sick and afflicted.” Those who are sick in body are often also sick in soul, and when the soul is sick, the body is made sick.

KEEP IT SIMPLE

Just as the minister can help the sick, the physician can minister to the soul. Many physicians and healthcare providers think this is more complicated than it is. It’s really quite simple when we think about it like this:

“To take people right where they are, whatever their position, whatever their condition, and help them in every way possible—this is gospel ministry.” -Medical Ministry, p. 238

Some years ago a physician told me, “I don’t know how to give a Bible study. How can I minister to my patients?” I understood the feeling. I grew up going to many seminars on witnessing techniques. The presenters provided answers to theological objections and taught how to teach doctrinal Bible studies, yet witnessing can still be overwhelming and make us nervous. Knowing how to field theological questions is good and useful, but it’s not the primary method God is calling us to. You don’t have to explain the intricacies of Daniel 11 in order to reach your patients. Notice how simple medical ministry really is:

“What an opportunity the consecrated physician has to show a Christlike interest

in the patients under his care! It is his privilege to speak encouragingly to them, and bow at their bedside to offer a few words of prayer.” -Medical Ministry, p. 31

I can’t preach like Dwight Nelson or Mark Finley, but I can speak encouraging words to patients, and, when appropriate, offer a few words of prayer. These are the most enjoyable and satisfying moments of my practice.

One day in my office I saw a woman (I’ll call Michelle) who expressed interest in learning more about health. I encouraged her to come to a cooking class at our church that evening. Soon, my wife and I invited her to our home for Bible studies. Together we watched Gary Gibb’s video series *Prophecies of Hope*. After a year of studying and fellowshiping, Michelle decided to be baptized.

Another patient (I’ll call Andrew), is a minister from another denomination. As I prepared to give him surgery for his melanoma, I asked if he would like me to pray for him. He gratefully accepted. Since then, he’s invited me to speak at his church twice.

Sharing our faith doesn’t have to be difficult, or even time consuming. Instead, these simple encounters will bring new meaning, joy, and energy to our work.

If we really want to know how to minister to the soul and the body, we must look at the One who mastered the art of true godliness: Jesus.

THE GREAT PHYSICIAN MADE HOUSE CALLS

Today, not many physicians make house calls. Our schedules are too busy and our waiting rooms are full. Jesus knew what it meant to be busy. From healing crowds of people in the evening (Mark 1:32), to counseling Nicodemus by night (John 3:2), praying long before sunrise, treating demoniacs at dawn, and teaching disciples

throughout the day, Jesus’ waiting room always seemed to be full! Yet He still made time for house calls. Let’s look at an example.

A DESPERATE DAD

“So it was, when Jesus returned, that the multitude welcomed Him, for they were all waiting for Him. And behold, there came a man named Jairus, and he was a ruler of the synagogue. And he fell down at Jesus’ feet and begged Him to come to his house, for he had an only daughter about twelve years of age, and she was dying.” -Luke 8:40-41

Jairus was an influential man in Capernaum, a ruler of the synagogue. It was not easy for him to swallow his pride and seek help from Jesus. But his only child was dying. In a desperate attempt to preserve her life, Jairus entered the home of a despised publican, fell down at Jesus’ feet, and begged for help. Stopping His lunch, leaving untasted some of the food lovingly cooked for Him, Jesus and His disciples immediately started out to make this house call.

God’s plans are often much more far-reaching than our own. Jairus sought healing for his daughter, but it was not for the daughter alone that Jesus went to the mansion of the ruler of the synagogue. On the way to heal the daughter, Jesus sought to heal Jairus also.

“Although it was only a short distance, their progress was very slow; for the people pressed forward on every side eager to see the great Teacher who had created so much excitement, begging his attention and his aid. The anxious father urged his way through the crowd, fearful of being too late. But Jesus, pitying the people, and deploring their spiritual darkness and physical maladies, stopped now and then to minister to their wants.” -Spirit of Prophecy, Volume 2, p. 319

The Great Physician knows how to triage, yet his decisions seemed counterintuitive. In stark contrast to the medical crisis of a dying girl, He reaches out to seemingly less urgent needs such as the chronic problem of an older woman. At first this seems to be an obstacle to Jairus' situation. In truth, it was really part of the solution granting him more time with Jesus, subsequently healing his own soul.

A BROKEN WOMAN

"Now a woman, having a flow of blood for twelve years, who had spent all her livelihood on physicians and could not be healed by any, came from behind and touched the border of His garment." -Luke 8:43-44

The very same year Jairus and his wife rejoiced over the birth of their only child, this woman began mourning the loss of her health. Twelve short years later for Jairus and twelve long years later for the woman, they both had a need only Jesus could fill.

This woman would have been anemic and fatigued from the prolonged bleeding. She was not only sick, but also ostracized, "unclean," and alone. In a frantic but fruitless search for help, she had gone from physician to physician, specialist to specialist, but was no better, in fact, her condition had worsened. Alone, penniless, friendless, and forsaken she despaired of ever having life again. She was almost ready to give up hope, but in a last ditch effort, this woman found her way to Capernaum. We don't have details about how she got the funds to travel to Capernaum, how far she traveled, or how long it took in her weakened state. We do know that she was in the crowd outside Matthew's house trying to reach Jesus. This woman had no status, no clout, no influential position causing the crowd to open up for her to get into the house. The woman faced daunting odds against

reaching Jesus and yet desperation mixed with hope and faith forced her to try.

Jesus' waiting room was constantly filled with stories of failure like this woman's. These were the poor, the hopeless, the rejected, the marginalized, the ignorant, and the weak. But these outcasts were the special objects of Christ's love and care.

At first glance, it seems even Jesus passes her by. He was so near, but seemed so far. This is the condition of much of suffering humanity.

"The golden opportunity had come. She was in the presence of the Great Physician! But amid the confusion she could not speak to Him, nor catch more than a passing glimpse of His figure. Fearful of losing her one chance of relief, she pressed forward, saying to herself, "If I may but touch His garment, I shall be whole." As He was passing, she reached forward, and succeeded in barely touching the border of His garment. But in that moment she knew that she was healed. In that one touch was concentrated the faith of her life, and instantly her pain and feebleness gave place to the vigor of perfect health." -Desire of Ages, p. 343

As the woman reached out to touch the edge of Jesus' garment, a miracle took place:

"Immediately, the fountain of her blood was dried up, and she felt in her body that she was healed of the affliction." -Mark 5:29

The miracle had occurred. The problem had been solved. Her bleeding stopped. Her anemia vanished. Her energy level was normal. Jesus and the woman both knew she was healed so He could have gone on without further delay. But Jesus didn't hurry on to the need that was apparently more urgent. He was not simply a Healer

of the body, but also a Healer of the soul. So He stopped, turned around, and asked:

"Who touched Me?" -Luke 8:45

Despite the apparent oddity of this question with throngs pressing all around Him, Jesus had a reason for asking. He knew the woman's healing was incomplete. The years of sickness had shattered her emotionally. Her body was now well, but her heart was not. For years she had been embarrassed. Now she was terrified to be exposed. But as soon as the woman confessed her identity, Jesus gave her a new one:

"And He said to her, "Daughter, be of good cheer; your faith has made you well. Go in peace." -Luke 8:48

Jesus assured this woman that she was accepted. She had all the privileges of being God's child. Though she was satisfied with one brief touch of the hem of Christ's garment, Jesus had much more to offer her. He desired her to come boldly to Him and His throne of grace for all of the problems in her life. Now she moved beyond seeing Jesus as the Savior of her physical body, she accepted Him as the Savior of her soul. His invitation to her is one He offers to each one of us today.

Once again it was not for this woman alone that Jesus paused. He wanted to increase Jairus' faith and teach him an important spiritual truth as well. Just as Jairus was concerned about the illness of his daughter, he saw that Jesus had a Father's concern for the well being of this outcast woman. In addition to physical healing, Jesus addressed her depression and lifted her up as a child of the King. He gave her reason to have joy and hope in place of her former hopelessness.

She might have endured twelve long painful, embarrassing years but God had

not forsaken her during this time. Her illness had taught her the limited value of money and earthly physicians to solve the problems of her life. It was trusting God in the darkness that made her well and it would be trusting God in the light that would keep her well.

For a moment, Jairus, caught up in the story unfolding before him, forgot his own anxiety and was riveted by the woman's testimony. Jesus was using this to soften Jairus' own heart.

"The delay of Jesus had been so intensely interesting in its results that even the anxious father felt no impatience but watched the scene with deep interest. As the healed woman was sent away comforted and rejoicing, it encouraged him to believe still more firmly that Jesus was able to grant his own petition and heal his daughter." -Spirit of Prophecy, Volume 2, p. 322

But just then a message came that was to test Jairus' faith more deeply.

LIFE AND DEATH

"While He was still speaking, someone came from the ruler of the synagogue's house, saying to him, 'Your daughter is dead. Do not trouble the Teacher.'" -Luke 8:49

As you can imagine, Jairus must have been in a storm of grief and confusion. Why had she died? Help was so close. Why couldn't Jesus have hurried? Was all hope gone?

Jairus thought he was coming to Jesus to save his daughter, he didn't realize Jesus was seeking to apply the healing remedy to Jairus' own soul. Jesus knew that Jairus' weak faith had been growing, he was now ready to be treated more directly. Therefore, Jesus' statement to Jairus deals less with the physical issues of the daughter, and more with the emotional and

spiritual issues of Jairus himself. Jairus had two great problems. First, he was fearful. Second, he was unbelieving. Jesus wanted to heal Jairus of these maladies.

"He answered him, saying, 'Do not be afraid; only believe, and she will be made well.'" -Luke 8:50

As they reached the house, dozens of people were mourning and wailing. This didn't phase the Life Giver. He told them to be quiet and sent everyone outside except Peter, James, John, and the parents. It was no longer time to mingle with the unbelieving crowd. It was time to minister to this family.

Jesus' work is primarily an individual work. He is not interested in simply educating the masses (although there's a time and place for that). Jesus delights in ministering to the needs of the individual. Jesus works in homes. He restores families.

What did Jesus do next? Did He provide health education? No. There's a time and place for health education, but it doesn't help the dead. Many times I've tried to educate the spiritually dead, but it's useless without life from Jesus.

Jesus simply came close to Jairus' daughter, grasped her lifeless hand, and called to her, saying:

"Little girl, I say to you, arise." Immediately the girl arose and walked...and they were overcome with great amazement. But He commanded them strictly that no one should know it, and said that something should be given her to eat. -Mark 5:41-43



The time for health education had come, so Jesus told them to feed her.

Medical evangelism is often effective in bringing publicity, protection, and prosperity to God's cause. However, that was not the purpose of these works of benevolence. So Jesus asks the parents not to broadcast the story because He knew that might interfere with His ministry. Jesus' medical ministry was, and is, a quiet work. He doesn't heal us to bring Himself fame and fortune. He heals to bring us comfort and relief. He used the physical as a means to introduce the spiritual – as should we.

The Great Physician knows how to triage for He knows our needs better than we do. May His spirit of true godliness dwell in us as we seek to minister to the needs of others. May we give Him all praise and glory for the healing power of His love.

"Bless the Lord, O my soul; and all that is within me, bless His holy name! Bless the Lord, O my soul, and forget not all His benefits: Who forgives all your iniquities, who heals all your diseases, who redeems your life from destruction, who crowns you with loving kindness and tender mercies, who satisfies your mouth with good things, so that your youth is renewed like the eagle's. -Psalm 103:1-5

AMEN Free Clinic – Napa, California



PATRICK IM, DDS, LVIF
graduated from LLUSD in 1994 and was in private practice in Dalton, GA for twenty years. In 2014 he sold his practice and accepted the Medical Dental Directorship at the St. Helena Hospital Clearlake Dental Clinic. In this new position, he enjoys collaboration with other health care providers in a hospital environment.

He is married to Christina Shin and they have three children: Christian, Daniel, and Avana. He is thrilled to be in Northern California where he enjoys cycling and attending his children's games. Dr. Im hopes to pick up sailing as his new hobby.

Napa, California was blessed by two AMEN clinics this year. After months of preparation AMEN was hosted by Napa Korean SDA Church, on April 24th. As a small church of 150 members, they generously helped 200 patients from the greater Napa area, reaching even as far north as Sacramento. The patients received free services for general dentistry, ophthalmology, optometry, cardiology, hydro-therapy, massage therapy, and dietary & spiritual counseling. Meals were provided all day, not only for the volunteers, but also for every patient who came. Dr. Whie Oh, cardiologist and head elder of the Napa Korean SDA church, led out in the clinic.

On August 5th, the second clinic was held, this time in the gymnasium at the Napa Christian Campus of Education. It was the outreach activity for West Coast Korean SDA camp meeting being held on the campus of Pacific Union College (PUC). Many professionals attending the Korean camp meeting took part in this collaborative effort to minister to the community. Several local churches sent numerous volunteers to help as well. Most of the dentists, hygienists, doctors, and nurses volunteering were alumni of PUC and Loma Linda University.

It almost felt like a reunion of friends and classmates. Working together we served 350 patients, some who arrived as early as 4:00 AM. Watching these young professionals, I was struck by the awesome testimony this was to the fruits of Adventist education and the deep seed of service that had grown in many hearts.

This clinic was truly a beautiful collaborative effort of several different individuals and groups. OLE Health reached out to their patient base and provided numerous volunteers to translate, guide patients through the AMEN clinic, and provide follow up care at their clinic. A number of PUC students joined in the volunteer effort, along with members of the Napa Community SDA Church. St. Helena Hospital Clearlake provided a delicious catered dinner for the volunteers, who emerged weary but with satisfied smiles.

High school senior Timothy Bui volunteered to bring his personal audio equipment to provide beautiful Christian music throughout the day, and to provide a microphone for effective communication to the hundreds of patients being treated. When asked why he volunteered, Timothy replied, "I've attended similar community events



that lacked the quality and appropriate mood with the music selections and poor quality audio equipment. I felt impressed to share my equipment and collection of Christian music to set the right tone and inspiration.”

Pastor Jose Marin, the Hispanic Coordinator for the Northern California Conference, along with a team of volunteers, provided additional translation, as well as spiritual and health counseling.

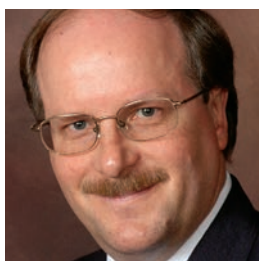
Pastor Marin shares this experience, “As I was observing the smiles on many people’s faces after being treated, there was one lady who approached me. She was a public service worker who did not come to be treated but to see what this free clinic was all about. This is what she said: ‘I have been serving and working in this community for many years, I have never seen anything that’s been done like this here in Napa. Please thank your church for the wonderful work they have done. I

hope this is not the last time.’ ”

It is, indeed, a blessing to minister for the Lord. We hope you too will be inspired to serve. God may be calling you to serve in an upcoming AMEN Free Clinic or some other area, but I am confident He longs for each of us to share His love with others in whatever capacity we are called. My prayer is that each of us will accept that invitation.

Please check the AMEN website for a current list of upcoming clinics: amensda.org/missions/free-clinics/

Ministry in Moscow: Ups and Downs (But Mostly Ups)



DR. DAVID BOWERS, a graduate of Loma Linda School of Medicine, is board certified in Physical Medicine and Rehabilitation. He currently serves as Medical Director of Siskin Hospital in Chattanooga, TN. In addition to numerous medical abstracts, presentations and publications, Dr. Bowers has worked with an exchange program with the Institute of Spinal Cord Rehabilitation in Moscow, Russia.

It was a routine Sunday in Eastern Pennsylvania, September, 1991. We had this large lawn to mow and weeds to pull; that was to be our day. Then the phone rang. It was Elder Neil Wilson, the General Conference President, calling to ask if we would consider moving to Moscow, Russia, for a couple of years to begin a medical work there. The General Conference had obtained an old kindergarten building to house the clinic. I am a physician with a Physical Medicine and Rehabilitation (PM&R) specialty, which the Russian government was very interested in exploring. They had very limited rehabilitation in their country and wanted to know more about it.

But the clinic would be a “poly” clinic, not just PM&R; the Russians also wanted Western Dentistry and Health Education. Thus the question to me was this: Would I be willing to take my family to Moscow and be the physician and administrator of this clinic, which didn’t technically exist at that moment?

I had 10 days to decide.

Now, I don’t usually make fast decisions, especially of this import. My wife’s decision though was instant: “This is from the Lord. It fits us and our education!”

We had just made the last payment on the mortgage after building our new home. We couldn’t have said “Yes” if the call had come even six months earlier (mission work generally does not pay mortgages on new homes). The Lord knew exactly where we were financially, and let us enjoy our new house for about three years, until it was paid off and the landscaping and last details were finished. We never lived in it again.

We arrived in Moscow with our two children, ten-year-old Kristy and eleven-year-old David, in early February, 1992. The USSR at this point was still a mission, not a division, so the only SDA foreign missionaries before us were Chuck and Charlotte Bowman, who had come two weeks earlier to work on reconstruction of the kindergarten building that was to become the clinic.

Upon arrival in Moscow, we were officially welcomed by our government appointed joint venture partner, Victor Zukov (the Russians insisted on a “joint venture partner”). At this stage of the USSR’s transition to a new form of government, we had no choice in the matter, though in time we were able to break that partnership. We did, though, experience the truth that you can never go against God’s Word (in this case, “do not be unequally yoked with unbelievers”), without paying a high price. Victor Zukov ushered us



into our sixth floor apartment with great aplomb. Our hearts sank when we saw the tiny apartment. But it was sufficient, and we thanked the Lord for providing for us in this gray, wintry land.

From the beginning, life was a challenge, but nothing the Lord couldn't handle. Missionaries from other denominations were regularly amazed that the relatively small SDA church was getting a foothold across the spectrum of our work so quickly: simultaneously a seminary, publishing house, medical/dental clinic, and hundreds of church buildings were being constructed, as well as conducting hundreds of evangelist efforts per year, and the building of a rapidly growing educational work. The Adventist Health Center was operating two years ahead of any other medical or dental clinic's arrival.

I can't take credit for it; it's the way the Lord has set up our church organization.

During the first year we made friends with a Church of the Nazarene pastor, Dr. Hill. Our children were approximately the same ages, and we got together to visit. Hill wanted to know everything about how "I" did it. But I didn't do it; it's the church working together within its structural plan with the Lord's blessing.

Prior to coming to the Soviet Union (USSR), I had been a somewhat independent, self-reliant physician. I had even found myself doubting the workings of the church organization at times. My experience seeing the united efforts and spirit of the General Conference, Loma Linda University, and individual members from around the world working together put to rest any doubts I ever had as to the God-inspired structure and workings of our church.

During more than two years there, we were the most visible, most known, and

the only Western dentistry in the USSR. If you couldn't get in with us, you had to fly to Germany, England or the U.S.A. Upon opening our clinic doors, we immediately had a six month waiting list to see one of our dentists. We even had the clinic open deep into the night so mafia men could come privately for dental work.

As Russia was coming out of communism, the people were not accustomed to paying for services rendered. The 13 local Seventh-day Adventist churches assumed that, because they were Adventists, our clinic would be free to them. After all, why have a church clinic if it isn't there to serve you and yours?

Upon our arrival the large churches asked me to speak and share my purpose and what services I had available for them. I had already picked up that they expected us to serve them first, and for free—but our clinic was a mission to the community and

had to pay its own way. It was not set up to be a free service for church members. A dear Russian summed up her perspective of us, looking us scornfully in the eyes, throwing her head back, and snorting: “You are capitalists!”

It was not a compliment. Our goal was not to be capitalists, but to share Jesus, yet we still had to make enough money so we could keep the doors open. We wanted to help those people, who had absolutely no chance of dental care, any time. We wanted a chance to love these people, to give them hope of a better way. The wealthy may also need us at times, but the poor were so downtrodden.

Building the clinic up was slow and challenging. I would check on the reconstruction of the kindergarten into the clinic-to-be. I would go there to find that my dress shoes could actually kick the newly-poured concrete and it became gravel. The electrical outlets would regularly blow up in black soot. (The building was cement, so there was no fire hazard, at least so we were told). We replaced the concrete and rewired the building. The workmanship quality wasn’t the only challenge; our joint venture partner was married to a Russian dentist and—when they caught a glimpse of our “latest,” top of the line dental chairs and equipment—the battle to steal our clinic became close to warfare.

The challenges were endless, but God’s grace always topped them, even if we openly acknowledge that there were agonizing times. We worked and lived in Moscow for four and a half years, building up the Adventist Health Center. Our Russian Adventist people were so proud of it. Some would come in from another city or country and want to take a tour of “their” Adventist clinic. These were the older men and women who had fought the good



fight of faith most of their lives and were so pleased to be alive to see an Adventist clinic, as well as an Adventist publishing house and college. We never tired of taking them on a tour of their impossible dreams come true.

The dental portion of the clinic was an instant hit. Everyone knew what dentistry was, though most hadn’t seen a dentist in their lives. The challenge was that we had four dental chairs, one Western dentist (usually), two to three Russian dentists in training, and about 12 million people in the Moscow region who needed a dentist. And, as previously stated, the 13 SDA churches felt their members should get first priority with complete reconstruction of their mouths for free. Then we had the head of the local prefect (the district within the city in which we were located; similar to counties in the USA) who demanded that she and her friends, and the local poor, should get their mouths fixed for free because of our location in her prefect. Then there were our “friends.” In the Russian culture, friends take care of their

friends; it is not a light obligation and it works two ways. After much prayer and calculating, I came up with a formula to assist churches, prefectures, “friends” and yet still accomplish our mission: 20% paid full American prices, 20% were free, and 60% paid the very discounted Russian prices, which the average person could afford.

My medical portion of the clinic, the Physical Medicine and Rehabilitation, would have gone just fine except for one detail: Russians had no health insurance at the time. Thus, everything was in cash. They like massage, injections, and physical therapy, but they didn’t have cash for that kind of long-term treatment. But they did have enough money for a dental crisis. We started out well and had two great physical therapists to work with, but the interest in PM&R faded as the years went by because so few could pay for long term care and we couldn’t do everything for free.

The Health Education Department translated a lot of health materials,



provided health talks for many of the evangelistic meetings, wrote the first vegetarian cookbook for the Adventist people, and conducted the first vegetarian cooking school there. But, again, these activities do not generally bring in money. It was the dental department that generated the money and kept the entire “polyclinic” going.

We had a wonderful team of mostly enthusiastic, high-energy young people eager to learn. We wanted the Russian people to consider the clinic as theirs, even if Americans were running it. We started an International Church within the clinic on Sabbaths, and let the young people hold meetings and parties in the clinic on Saturday nights. The first of the 13 churches in Moscow was a Baptist church that our Russian leaders had rented for many years. The 12 “newer” churches were generally in theaters. You would go past video games and loud music into a cold theater (at that time most of our churches couldn’t afford to pay for heat). We dressed warmly. Thus,

at the time, our clinic was pretty much the only space our church had for meetings outside of church. This was their clinic; we were simply getting it going.

The time came when my life became largely administrating a dental clinic and health education department; it was a full time challenge and certainly not what I was trained for or what I thought God wanted me to do for the rest of my life. Our children were in, or headed into, high school and we felt it was time to take them home.

Leaving Russia was difficult. My immediate replacement was temporary—who ultimately would take it over? Would they empty the \$180,000 that I had saved so carefully? Would they waste it? Would they see the incredible gift God gave for witnessing through the clinic? We couldn’t measure our baptisms in the way you can with evangelistic series, but we know of many hearts that were thrilled to hear God loved them. And to know that they didn’t

have to pay a priest to pray for them, but that they could talk to Jesus for themselves, directly. This was a truth that, truly, touched them.

Ultimately, the clinic was closed after 14 years of serving the community. It seemed a tragic and unnecessary closure. It took me a while to figure how to live with all “my” efforts being dumped.

But that is, again, the beauty of the Lord. It was totally His clinic and His power that got it up and going, and it was His power that kept it going. Take a look at Paul in the Scriptures; aside from his letters, what do we have of all that Paul did with and for the Lord? Do we have any church buildings, organizations or congregations? We do the work that is set before us, and as the Lord wills. He sees a much larger picture, and I can live with that. God is still omnipotent, omnipresent, and omniscient. And I am thankful for the minute in time when God used our family in a special way in this clinic in Moscow.

The Adventist Health Message Opens Doors Around the World



DR. EDDIE RAMIREZ is a graduate of Xochicalco University Medical School in Mexico. He currently travels to Latin America to work as a physician seeing patients there. He also does clinical rotations with Dr. Neil Nedley, oversees publication of the Nedley Depression Recovery Program research, and teaches a research class at Weimar College. He lives in Weimar, California with his wife and their three daughters.

It's a privilege to be part of the Lord's work. One of my favorite verses says: "Delight yourself in the Lord, and He will give you the desires of your heart" (Psalm 37:4). I have seen this promise fulfilled in both my personal and professional life.

After I graduated from medical school, the Lord began to open up opportunities for me to do the things I love. From taking care of patients, to helping with the Nedley Depression Recovery Program, to publishing scientific literature that backs up the beautiful truths of the health message, I'm grateful to be part of Christ's ministry of healing. This article will briefly outline some of my research and the exciting ways I've been able to share it.

My primary interest is to document the powerful way our health message impacts lives. I've been privileged to work on this with Dr. Neil Nedley and Dr. Albert Sanchez. I also teach a research class at Weimar College. It brings me great joy to be able to share my passion for research with the next generation. My students have been wonderful research assistants, providing the extra hands to produce many quality studies. The Lord has opened up many unique opportunities for us to share our research.

These include:

- Sharing the basic philosophy of the Nedley Depression Recovery Program by explaining the ten hit hypothesis in the American Journal of Lifestyle Medicine.
- Presenting our findings on exercise and depression at a leading sports medicine conference in Barcelona, Spain.
- Publishing several studies in the Journal of Sexual Medicine. Our research revealed that sexual relationships outside of marriage increase the risk and severity of depression and cause lower emotional intelligence. Another study correlated the presence of addiction with past sexual abuse.
- Presenting at Harvard University on the increased risk for mental illness in children who do not grow up with both biological parents.
- Sharing research at an American Heart Association meeting on the effectiveness of the NEWSTART program to decrease blood pressure, improve fasting blood sugar, lower blood lipids, and reverse obesity and diabetes.
- Sharing the correlation between nicotine use and increased depression and anxiety at a xenobiotic meeting in South Korea.
- Receiving an award for the top 3 best studies at a supplement conference after

**Stoppet av
depresjon**

DEPRESJON KAN GI MANGE ALVORLIGE
KONSEKVENSER FOR DE SOM RAMMES.
IKKE GÅ GLIPP AV FOREDRAGET MED
DR. RAMIREZ HVOR DEN NYESTE
FORSKNINGEN VIL BELYSE
HVA DEPRESJON ER OG DENS MANGE
ÅRSAKER.

DET FINNES HÅP!

VED Å GJØRE DE RIKTIGE
LIVSSTILSENDINGENE KAN DEPRIMERTE
BRYTE FRI FRA DENNE SYKDOMMENS
LENKER

GRATIS ADGANG, INGEN PÅMELDING.

Dr. Ramirez har ledet flere forskningsprosjekter på
det helbredende potensialet ved livsstilsmedisin.
Han har erfaring fra 42 land
og har bidratt til flere bøker
om livsstilsmedisin bl.a. Rethink Food (Tenk nytt
om mat) sammen med Neal Barnard, Caldwell
Esselstyn, Hans Diehl og andre ledende
innen livsstil.

24. MAI 2015 19.30-21.00
TYRIFJORD VIDEREÅENDE SKOLE
MER INFORMASJON: +47 33 52 30 92 | MOB: +47 990 34 456

showing the effect of lavender oil on sleep. We also presented several studies on vitamin B12.

- Contributing to the nutrition book Rethink Food. It was an honor to collaborate on this book with giants in the lifestyle medicine world such as Neal Barnard, Caldwell Esselstyn, Michael Greger, and others.

To view an updated list of my published research, visit: https://www.researchgate.net/profile/Francisco_Ramirez24

These and others studies demonstrate the

effectiveness of the principles our church has known for over a century. It's exciting to see how interested people are in learning the effectiveness of our health message. In 2015, I was able to speak about health in 25 countries. Here are some of the highlights:

CHINA

In an area of the world where religious and health outreach can be very challenging, God blessed immensely! Our health meetings had standing room only. Participants eagerly absorbed every word spoken. In the following weeks, many

attended church services and copied and distributed hundreds of health DVD's. We are currently working to record further material for China at a Chinese church in California.

BELGIUM

Despite its' previous disinterest in health evangelism, through God's abundant blessings, a Seventh-day Adventist church in Brussels invited me to give a series of presentations. These presentations even attracted people from surrounding countries.

Through a mutual friend, I was able to invite an expert and leading researcher in vegetarian nutrition to the meetings. He is involved in many prestigious health circles, even the Olympics. As we talked afterwards, he shared with me that he had grown up as a Seventh-day Adventist but left the church as a teenager. Now in his 70's, this was the first time he'd reconnected with the church. What a blessing it was to be used by God as the catalyst for reconnecting a former believer with the church again!

A high school classmate of mine, who married a Flemish and now lives in Belgium, attended as well. She does not consider herself a Christian but had been reading the Bible and was touched by the ministry of Jesus. By coming to my presentations, she attended an SDA church for the first time and made friends with some of the members who have committed to following up with her. Who knows where this will lead, but God has planted a seed in her heart.

The American College of Lifestyle Medicine has an analogous organization in Europe. The representative for Belgium attended our meetings and was very impressed to see the health work of our church.

ICELAND

Iceland is a region of the world where few people attend meetings, especially religious ones. But the health message opens doors. We expected 30 people to sign up but were surprised by 120. We had to find a new venue. Night after night, more than 100 people showed up. The majority were visitors. The church is carrying the torch and started many follow up programs for those visitors. I hope to conduct another meeting there in the coming months.

INDIA

In India I visited Christian Medical College & Hospital (CMC). This respected institution is not Seventh-day Adventist, but is supported by the General Conference to help train Adventists. I was able to share my research on the Adventist health message with physicians, students, residents, and lay people. This opened up the opportunity to collaborate with CMC on ongoing research projects.

RUSSIA

Due to some unexpected changes in my airline tickets, God opened the door to conduct health training for church leaders at the Division offices in Moscow.

NEW ZEALAND

Like many other places we've visited, New Zealand is a challenging area where secularism reigns and many are not interested in religious meetings. But once again God used the health message to open doors. While there, my wife and I gave a series of health seminars throughout the South Island. In one of the churches, the pews were filled to a number they had not seen in years. Another church built connections and used these health lectures to awaken interest just before hosting an evangelistic series.

Bætt geðheilsa

lærið hagnýtar aðferðir til að bæta lífsgæði

Dagsetning 27. til 30. maí

aðgangur ókeypis

DAGSKRÁ

- 1** Miðvikudagur 27. maí kl. 20:00
Eg, þunglynd/ur? – Læru hvað þunglyndi er og hvað nýjustu rannsóknir sjna hver orsök vandanis sé.
- 2** Fimmtudagur 28. maí kl. 20:00
Lífstíll - meðferð gegn þunglyndi - Hvernig hefur val þitt áhrif á andlega heilsu þína og barnanna þinna?
- 3** Föstudagur 29. maí kl. 20:00
Hugsanir þínar geta breytt heilastarfsemi þinni
Læru að stjórna huga þínum og greina 10 mistök í söðhugsuninni.
- 4** Laugardagur 30. maí kl. 20:00
Lúmsk áhrif bólgu – Læru hvernig bólgur hefur áhrif á geðheilsu og hvernig hægt er að koma í veg fyrir hana.

Móttölur og þýðingur:
Facebook-hópurinn
Heilsunámskeið

- Fjallað um lífstíl
- Matarsmakk
- Spurningar og svör
- Vinningar

Staður:
Verzlunarskóli (Rauði salur)
Ofanleiti 1
Reykjavík

Skráning:
vigdislinda@hotmail.com



Eddie Ramirez, læknir, er aðstoðarprófessor og yfirmaður rannsókna við Weimar-stofnunina í Kaliforníufylki í Bandaríkjunum. Hann hefur leitt og unnið að mörgum rannsóknum í samstarfi við dr. Neil Nedley og dr. Snorra Ólafsson, þar sem könnuð hafa verið tengslin milli lífsstíls, þunglyndis og heilsu. Hann hefur haldið fyrirlestra á fjölmörgum ráðstefnum í útvarpi og sjónvarpi í 38 löndum og er meðhöfundur bókarinnar "Rethink Food" ásamt dr. Caldwell Esselstyn, dr. Neal Barnard og dr. Joel Fuhrman og fleirum.



AUSTRALIA

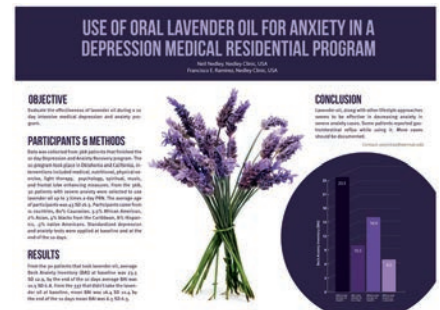
I conducted a series of health meetings in Spanish. The focus was to improve the lifestyles of church members while attracting the local Spanish population. It was thrilling to see the visitors attending, applying what they learned, and being nurtured by the local church members.

NORWAY

Norway is home to the Heartgood Foundation & Lifestyle Center. Heartgood is a ministry of Outpost Centers International (OCI). I had the privilege of being involved in several of their lifestyle programs while I was there. It was very encouraging to see how this ministry is drawing people to us that we would otherwise not have the opportunity to connect with. My last Sabbath there, I spoke in a local congregation and saw they had 'witnessing books' available. I was able to take Great Controversy, Steps to Christ, and Ministry of Healing books for the guests at the lifestyle center. To my pleasant surprise, the patients eagerly accepted these books.

ITALY

I did various seminars including one in the biggest Seventh-day Adventist church in the country. It was a blessing to see



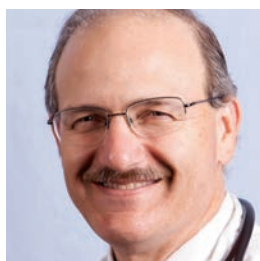
how well attended it was. People are truly hungry for quality health information.

SINGAPORE

I was invited by the Vegetarian Society of Singapore to teach a hydrotherapy course. During the lectures I frequently quoted from Ellen White's book Ministry of Healing. Many attendees requested information on how they too could get that book.

These are just a few examples of the miraculous ways God is opening doors all over the world. I feel very humbled as I contemplate what He has done through this imperfect vessel. God's method alone will finish the work. I'm convinced that as we put our talents at His feet, we will be surprised and delighted by what He is able to accomplish through us.

Health Ministry Intensive Program



DR. JOHN TORQUATO is a graduate of LLU School of Medicine, practicing Family Medicine in Hayden, Idaho and Spokane Valley, Washington.

Dr. Torquato's personal goal is to use medical ministry to complete the gospel commission. To that end, he has spent the last 17 years working in self-supporting medical offices with ministry as the primary focus. He believes in teamwork, working closely with pastors, local church members, and an amazing group of office staff. Together he and his team are honored to offer complete healing to their local community.

Dr. Torquato's and his wife Cherie, have four children: Heather, Luke, Caleb and Carissa.

Our ministry experiment began with two medical students, two nurses, and two young adults with Bible work or colporteur experience. They had only seven weeks to complete their mission. It was based on the Tyndale model, tightly integrating personal service, medical practice, and spiritual ministry led by a physician-pastor team. Originally, they were promised travel reimbursements and a small stipend for their work. Just weeks before the program began, finances fell through and we decided to cancel the program. However, the team of young people prayerfully determined to serve despite the lack of reimbursement.

Because of the team's commitment, the groundwork went forward. Wayne Kablanow served as the pastoral half of the pastor/physician leadership team, giving guidance as the head teacher/evangelist for the program. The layout for the initiative was simple. Each team member was assigned four patients from my family practice office. They were to work very closely and intensively with these individuals, meeting daily in person if possible. Helping in every way necessary to overcome lifestyle barriers and achieve their goals, they provided the spiritual influence needed for patients to find real power to make changes. The team taught a lifestyle class three days a week as well as preaching at the local church, inviting lifestyle class members to attend.

Initially the contacts with patients were short, but as the team members developed deep relationships with their patients, the patients desired more time than was available. The team was instructed not to focus on giving Bible studies, rather it was imperative to have their personal worship every morning. Their devotions were to fill their heart with a burning passion for the Lord. With this desire, they were to go into the patients' homes and speak of spiritual principles, bringing these into conversation as they talked of everyday things. Eventually the patients would ask questions related to those spiritual principles, which would lead to deeper conversations and informal study of the Scriptures as the weeks passed.

The young people were not to go to the homes alone, but instead take church members with them at every visit, different members throughout the week. This was especially helpful when patients began coming to church, as they would recognize three or four people they had already met in their own home and considered friends. Besides the patients' routine medical visits to my office, the church members provided continuity to develop ongoing relationships after the team left.

Twenty-four patients with chronic lifestyle problems such as diabetes, hypertension, hyperlipidemia, and obesity were recruited from my office. Clients were offered a lifestyle

change program that we called 'Boot Camp', an intensive lifestyle program unlike any they had ever seen. They knew it was a physical, mental, emotional, spiritual, and social program that would require daily contact with our team as well as multiple classes during the week. Some patients needed close medical monitoring as their disease parameters changed over the course of the seven-week class. My office provided the medical management free of charge.

Eighteen local church members and the health ministries department rallied, volunteering to assist in the class and home visitation. A local newspaper ad attracted 36 patients from the community, almost none of whom were Seventh-day Adventists, and many who were not even Christians. Yet, each committed to the program recognizing the effort would include a strong spiritual focus. We had three classroom sessions per week: a Bible-based study focusing on the spiritual component of character development, a lifestyle change program, and a cooking school.

BIBLE-BASED PROGRAM

The Bible-based program was essentially an evangelistic series that would address several key doctrines while helping the class members learn to rely on Jesus to change habits.

LIFESTYLE CHANGE PROGRAM

The lifestyle change program focused on the spiritual aspects of altering behavior. The participants were given a daily devotional book, "The Lord's Table" by Mike Cleveland, and encouraged to develop a deep level of commitment to Jesus as the only One who could help them change their character. The participants independently completed one lesson daily, then discussed the principles in a weekly breakout session.



The lifestyle program opened with a short prayer, followed by requests. Every person in the room was given the opportunity to mention a prayer request, to praise God for something, or to pass. Requests or praises were written on a whiteboard at the front of the class. Initially many in the class would pass, but by two or three weeks into the class virtually everyone was participating, sometimes taking up to 25 minutes! Three or four volunteers from the class would pray for the list of requests.

After prayer and praise, we took about 15 minutes to discuss and develop an altruistic, anonymous service project chosen by the class. The concept was to bless somebody in the neighborhood, and also by doing so provide healing for the class members. We wanted to provide an "overwhelming abundance" of blessing for an individual in our community.

Many options for service were presented by members of the class and others. An official from the local fire department shared a particularly needy case. A woman with a demented husband had to go to the hospital for cancer surgery. Their home was heated with wood, but their dilapidated fireplace did not meet fire safety code and was cited by the fire department. The couple could not afford to repair their fireplace – a serious matter in the cold climate of northern Idaho. The class decided to support this family anonymously.

After a weekly 15-minute discussion and planning time, an offering was taken and tracked on our whiteboard. Two class members were appointed treasurers and reported the weekly progress. Amazingly, this single effort became the glue that drew and held the class together.

Next in the program was a short scientific lecture. The instructors described a lifestyle principle of spiritual significance. It was a combo health and worship talk rolled up in one.

Finally came a 30-minute breakout session where we discussed in small groups the concepts of character change and spiritual strength that were gleaned from the devotional workbook. The health outreach team led the small groups of class and church members in discussion, much like an interactive small Sabbath school. The lifestyle change class always ended with prayer.

As I consider the elements of this lifestyle change class, I look at the steps taken to help people to know Jesus. People who were not Seventh-day Adventists, or even Christians, were willing to come to our church. They located our parking lot and found their way to the door of our fellowship hall. They sat and prayed with our church members at the beginning of each program. If you consider the steps people take towards an abiding relationship with Jesus and His people, the people in this class have already taken many of them!

COOKING SCHOOL

At the end of one cooking class, a lady pulled me aside and wonderingly asked, “Why do you people love us like you do?” This particular individual came from a church that was antagonistic to Seventh-day Adventists and had done a four-week sermon series on why Seventh-day Adventists were going to burn in hell. By the end of our seven-week program, this woman was the most invested in our team of young people and came consistently to the evangelistic series. She went as far as to invite all her friends from her church and the health outreach team to a pool

party at her home so she could introduce the two groups to each other!

The health results of the class were as expected. Many people lost weight over the seven weeks, decreased their blood pressure, lowered their dose of diabetic drugs, and some came off their medications entirely. One lady on renal dialysis could not have a kidney transplant due to her out-of-control diabetes. Her hemoglobin A1C dropped precipitously in the short time the classes were in session. A few months later, she had an essentially normal hemoglobin A1C.

The greatest effect, however, occurred in the close relationships developed with our church members. These people demonstrated their understanding that the source of their strength to change was Jesus. What a big step for people who did not even consider themselves Christian!

At the end of the seven weeks, we showed a video report of our “abundant blessing” anonymous service project. The powerful emotional response further bonded the class to each other, to the team, and to the church members supporting the program. There was a general outpouring of love and acceptance between class and church members and particularly towards the young people who had been working individually with them.

At the last class, a general movement came to my attention: the class refused to allow me to send the young volunteers away empty-handed. They understood the sacrifice the team had undertaken in coming without pay to help them make changes in their lives. They saw the devotion of the young people to them as friends. The participants decided to take up an offering to be given directly to the young staff members. That offering





bypassed committees, accounting, church organizations, and labor laws that might have inhibited the same funds from being distributed through an organization. The funds went directly from members of the class to the young people themselves. Each team member who desired left with \$1800 cash from the class. This outpouring of support and love was a result of the gratitude for the lavish gift of time and effort. That level of true sacrifice broke the hearts of those in the class and was a large part of what contributed to the strong success of the program.

At the end of seven weeks, six of the 24 patients from my practice had committed themselves to keeping the Sabbath and established a church home in one of the surrounding Adventist churches. In a mere seven weeks, six devoted young workers helped six people understand God's last day message for this world to the point that those people committed themselves to the Lord. They sacrificially chose God and fellowship with Seventh-day Adventists. For the young people, each one won one. The dividends continued to grow even months after the team left as

the church members continued their work and relationships with the class.

Six months after the young people left, I was sitting in church and noticed one of the class members. She kept in close touch with several church members who had come to her home during the lifestyle change program and attended church regularly. I saw her standing at the back of the sanctuary and waved for her to come join my family. Together we watched a baptism. She leaned over and whispered in my ear, "Dr. Torquato, I think I need to be baptized."

I was incredulous! I asked her, "Why? Why would you want to be baptized? You don't even know the doctrine."

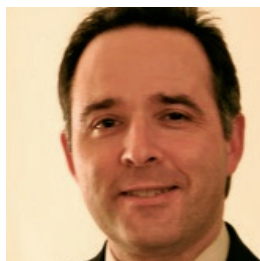
Her response was enlightening, "The way you people have loved me, I know it can't be wrong. There will be a learning curve, but I am committed to it. I will learn about my new church, and then be baptized." Today she sits as a baptized member of the Seventh-day Adventist church just across the aisle from me each Sabbath.

Each of the young people who had volunteered for the summer had significant background in evangelism, Bible work, or colporteurism. After the program was finished, I asked them how effective the last seven weeks were compared to what they had done previously. Each one stated unequivocally that this was the most effective method of evangelism in which they had ever participated.

Although it is beyond us to accomplish anything for God in our own strength, it is possible, even likely, that God will bless even the weakest of His followers who is obedient to His will. Our dream is to conduct a two-year project similar to the one outlined in this article. We are committed to studying and praying and experimenting. If God opens the doors to continue this work, we will move forward in whatever direction He chooses to lead us.

For more information on how to get involved in the upcoming project, please email Dr. Torquato at: jtorquato1@gmail.com

My Visit to Herghelia: *Center of Lifestyle Medicine*



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

Some roll up in Ferraris and Porsches, others arrive by shuttle. All are eager to experience what money can't buy: health. Twice per month, fifty visitors from all over Europe embark on a two-week health retreat at a remote sanitarium in Transylvania, Romania. This rural retreat is in such demand that its waiting list is six months long.

Herghelia's well-appointed facilities feel like a spa inside and out. The atmosphere is nurturing. The thoughtfully prepared food, educational classes, exercise opportunities, and hydro and massage therapy, all reflect a high level of quality and professionalism. The ever-helpful staff radiate a sense of caring for each and every guest.

In addition to the sanitarium, there is a health evangelism school where young people come from throughout Romania and Europe to study English, Bible, gardening, and health education. The school prepares these young adults for ministry, either at Herghelia or back in their hometowns and cities. Twenty students were present during our visit.

Herghelia is surrounded by beautiful farmland and extensive greenhouses, providing a constant supply of fresh ingredients for each meal. I enjoyed organic fruits and vegetables, fresh bread made with homegrown and milled wheat, and many other delicious foods.

This ongoing ministry of healing and teaching provides many spiritual opportunities to learn of the Creator God and His great love. Herghelia is blessed with a wonderful meeting hall that serves as a local church on Sabbath, and a lecture hall during the week. Every morning starts with worship where staff, guests, and visitors gather to sing and hear the spoken word of God.

The week I visited was a special week of spiritual emphasis. Last October, Dr. Nicolae Dan invited a group of us to come present a series of meetings on the everlasting gospel and righteousness by faith. The group was organized by Dr. Brian Schwartz and included his wife Dr. Lyndi Schwarz, Dr. Fred Bischoff, and myself.



We arrived in mid-July and presented the message of “Christ our Righteousness” throughout the week. Lyndi presented a series on the gospel through the book of Romans. Fred shared a number of historical vignettes tracking righteousness by faith though the Old Testament, the New Testament, the Reformation, the Advent movement, and beyond. Brian shared a number of gospel topics including “The Love of God,” “The Faith of Jesus,” and “Repentance.” Brian also shared the fact that at least four generations have passed since the Advent movement began, and offered some valuable reasons as to why.

I presented a series on righteousness by faith in the book of Hebrews.

Those who attended, including some of the guests at the sanitarium, found their hearts warmed as they were either reminded of, or introduced for the first time, to the matchless love of a God that literally died so they can be with Him for eternity. Herghelia is blessed with outstanding technology that enabled us to record the entire series. It can be viewed at: <https://www.youtube.com/user/hergheliatv/videos>

I was very impressed and encouraged by the ongoing work in Herghelia. It reminded me of this quotation found in Medical Ministry:

“This is why our sanitariums were established—to give courage to the hopeless by uniting the prayer of faith with proper treatment, and instruction in physical and spiritual right living. Through such ministrations many are to be converted.

The physicians in our sanitariums are to give the clear gospel message of soul healing.”
Medical Ministry, p. 246

The work in Romania is true, faithful, and courageous. The Romanian church has emerged from under communism, coming forth with power, strength, vision and boldness. The people have a large vision for what God can do for and through them in ministry and outreach. Like them, may we all open our eyes to the beautiful possibilities God has set before us: possibilities of ministry and possibilities of the heart.

There is a Reason



JONATHAN HARPER is a fourth year medical student at Loma Linda University, pursuing a residency in Internal Medicine. He is passionate about whole person care and seeks to serve God as a medical missionary here and abroad.

“**T**here is a reason you’ve come here today. I don’t think it was an accident.” She agreed, smiled, thanked us, and shook our hands as she left the clinic in Idaho I was rotating at as a third year medical student. After an hour of her telling her story about a broken past and a never-ending list of stressors, I could certainly understand why her symptoms seemed to be worsening. She came into the office anxious, fidgety, and denying a belief in God.

However, as the doctor wrapped up the visit, he shared how this clinic takes care of the whole person and is concerned about the physical, emotional, spiritual, and social well-being of their patients. He asked her if she was a spiritual person. She said she believed something was up there in the cosmos, but she didn’t believe in God. Then he explained that he believed spirituality included meaning, motivation, and purpose. He encouraged her to start the day with a simple prayer of surrender. For him, that meant surrendering to God, explaining what prayer meant to him as a Christian, offering principles from his own experience, rather than pushing his ideas on her. To my surprise, she identified with this, and I noticed a physical change as her countenance brightened and she started to relax. “There is a reason you’ve come here

today”. You see, as a new resident of the area, she had scheduled an appointment with another doctor. However, that doctor called in sick, so she made a same-day appointment at this Seventh-day Adventist clinic. Chance? I believe not.

Another patient stumbled into the clinic. He was an alcoholic, unshaven and stooped over, with a frown painted on his face expressing a visible scream for help. He was at his wits’ end. He knew that he needed to change. He hated himself for drinking, and as a single dad, he wanted to quit for his eight-year-old son. With no local drug rehab program, my supervising physician laid out a stringent medical program with frequent appointments and a connection with local support. He was eager to follow any advice. We offered to pray with him, acknowledging our human helplessness without the help of Christ and the people He places in our path. Two days later, I saw the man in the hallway, frown gone, smiling, two thumbs up, eagerly saying that things were going well. He still seemed to lack confidence, but I was thrilled to see him on the road to recovery.

The alcoholic desperate for help, the smoker too stressed to quit, the diabetic eager to reverse a normally life-long disease... Everybody at this clinic comes in for a reason.



And many patients here actually change. In most clinics, smokers continue smoking, alcoholics keep on drinking, and people continue life with no interest in making lifestyle changes. That's not the case here. At this clinic, I witnessed patients let go of life-long habits. I've tried to figure out why this happens, and while I don't have a definitive answer, I know the source of the reason. At this clinic, the office staff and clinicians have one purpose – to be connected with Jesus and connect each patient with the Jesus they know and love. Sure, they spend more time with patients than the average clinician, they truly care for each patient, and they're skilled at motivational interviewing. But these reasons aren't enough to cause patients to change. As I've been reminded here again and again, it matters much less what you do or how you do it than who you are and Who you are connected with.

There is a reason. A reason I came to Idaho. I wanted to come to this clinic

because of my interest in medical evangelism, but I was disappointed as each effort to make this rotation work had failed. So I left it in God's hands, hoping it would work out as I continued to plan for other rotations near Loma Linda. However, four weeks prior to my coming, I ran into a fellow medical student who mentioned a different pathway she took to be able to rotate at this clinic in Idaho. So with an email sent, several office visits made, and a flight booked, the Lord paved the way.

It may seem obvious to some, but it amazes me how much God blesses when we engage in the teaching and healing ministry of Jesus Christ, as Loma Linda University so aptly professes. While on this rotation, I had an amazing sense of peace, satisfaction, and excitement about the art of medicine and medical evangelism. The rewards from practicing medicine when patients are willing to make changes to regain their health, and especially when they express sincere interest in

experiencing the love of Jesus, far surpass any financial success this world can offer.

While here, I have seen and experienced the power of medical ministry to be an entering wedge for the gospel. I have seen lives transformed by a new lifestyle and a trusting relationship with Jesus. I have been challenged, like the rich young ruler, to lay my future in the hands of Jesus, and trust Him with the details. God has a reason for how He leads our lives, if we will simply let Him plan for us. As Ellen White said in Ministry of Healing:

“Too many, in planning for a brilliant future, make an utter failure. Let God plan for you. As a little child, trust to the guidance of Him who will “keep the feet of His saints.” 1 Samuel 2:9. God never leads His children otherwise than they would choose to be led, if they could see the end from the beginning and discern the glory of the purpose which they are fulfilling as co-workers with Him.” -Ministry of Healing, p. 479

Will you let Him plan your life? You will be amazed at what He has in store for you. You will find there will be a reason for each person God brings into your path, and each opportunity He gives you to be His hands and feet. He will give you a reason for living, if you let Him.

OPTIONS FOR 3RD &/OR 4TH YEAR MEDICAL STUDENT ROTATIONS WITH AMEN PHYSICIANS:

- | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Daniel Binus , Psychiatry - Northern California | 5. Randy Skau – General Surgery – Northern California |
| 2. Todd Guthrie – Orthopedics – Northern California | 6. John Torquato/Andrew Roquiz , Family Medicine - Idaho |
| 3. Michael Robinson , Family Medicine – Eastern Washington or Guam | This information is constantly fluctuating and new rotations being added. |
| 4. Melinda Skau – Family Medicine – Northern California | Please go to amensda.org/resources/mentorship/rotations/ to see a current list. |

by Todd Guthrie, MD

TMI



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.

If you keep tabs on the Seventh-day Adventist church, you have probably heard of the TMI initiative. TMI stands for Total Member Involvement. The website, tmi.adventist.org, calls this "a full-scale, world-church evangelistic thrust that involves every member, every church, every administrative entity, every type of public outreach ministry, personal and institutional outreach."

My first understanding of the term TMI was too much information, which is the urban or slang definition. To be honest, that's how I sometimes feel about a full-scale evangelistic thrust. It seems too overwhelming. What can I do with my limited time and resources? Andrew expressed this same sentiment when he said, "There is a lad here who has five barley loaves and two small fish, but what are they among so many?" John 6:9, NKJV.

But there is good news! A new reality is dawning upon Seventh-day Adventists, and AMEN is glad to be a part of it. There is something inspiring about teaming up with like-minded believers to share the love of Jesus in practical ways. If you have arrived at this page after reading all of the articles in this journal, you have tasted what is possible with another kind of TMI - Team Motivated Inspiration. God inspires and empowers us to work together selflessly. His love produces fruit through us, the powerless human agents, providing a strong motivation to continue.

As we minister in our own practices, partner with local churches, and serve in larger venues such as AMEN free clinics, the return on investment is amazing and heartwarming. Think about

just one person won to the Kingdom. What can compare to that reward? Some of those who have been baptized as a result of these efforts were non-SDA clinic volunteers. God is multiplying AMEN's few loaves and fishes far beyond what we could have imagined.

AMEN free clinics are in huge demand. For 2017, we have more than 30 requests to provide a free clinic. The demand exists in this country to easily double or triple that activity. The resources you have given have made, and will continue to make, this possible. Please continue your support!

These clinics bring communities together. Patients are curious about what motivates people to share so selflessly. They are often wide open to the gospel once they have seen it in action. AMEN is working diligently to provide adequate spiritual follow-up care after each clinic.

Doors are opening at home and abroad. Dr. Ramirez has found interest just about everywhere. Dr. Torquato's team proves the value of personal sustained team effort in the local church setting. Dr. Bowers recalls how teamwork launches foreign missions for the gospel. Dr. Mills reminds us that true godliness, having the living Christ within, is the key to all success in personal ministry.

What about you? It is time for TMI: Total Member Involvement in Team Motivated Inspiration! Get involved in some team ministry and see for yourself!



amen

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