

FALL / WINTER 2021

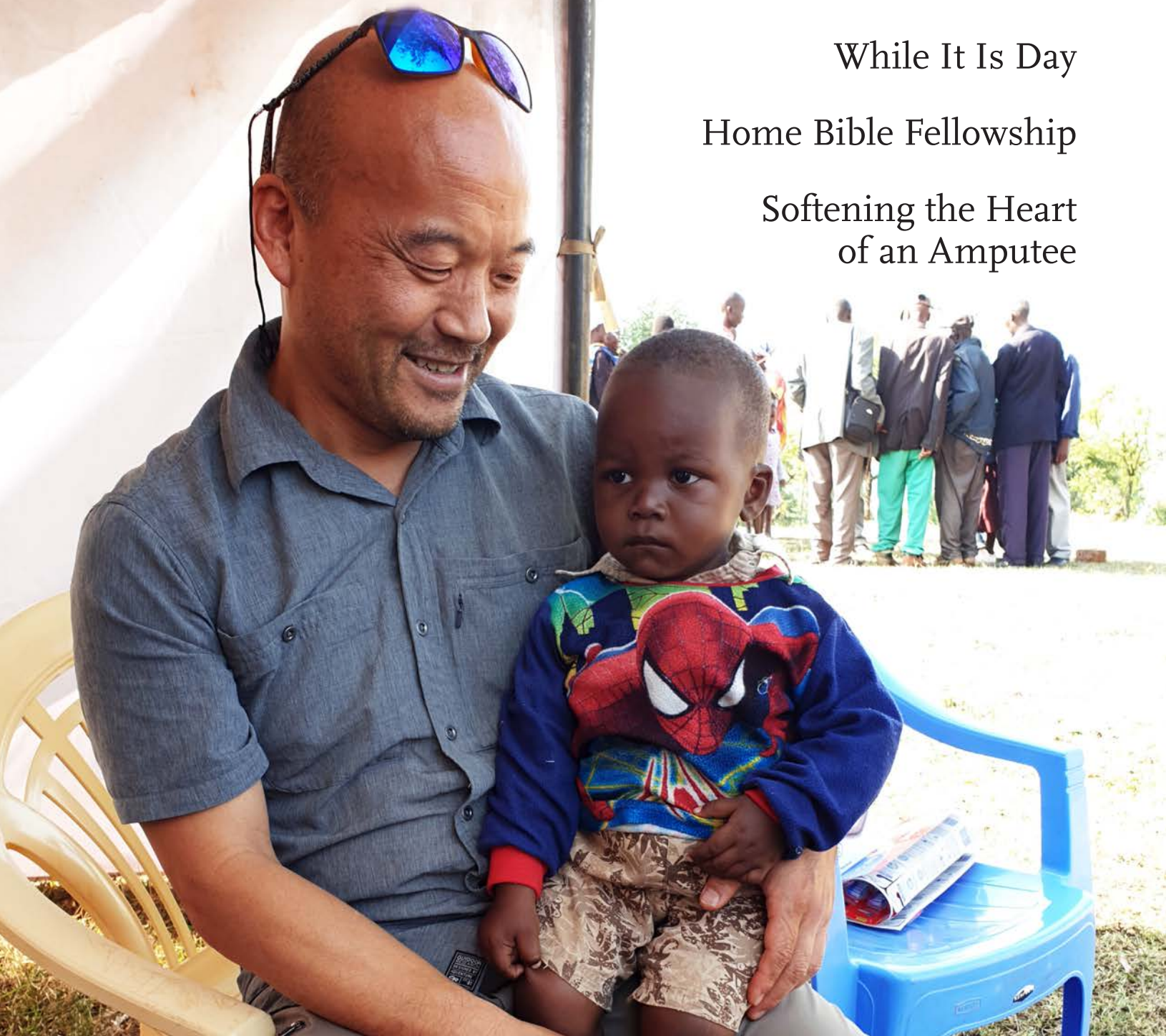
THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

While It Is Day

Home Bible Fellowship

Softening the Heart
of an Amputee



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A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

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

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While It Is Day



TODD GUTHRIE, MD

Tesus said, “I must work the works of Him who sent Me while it is day; the night is coming when no one can work” (John 9:24, NKJV).

We are to “work . . . while it is day.” Long ago the armies of Israel were engaged in battle with the Amorites. The sun was about to set but the battle was not over. Joshua prayed: “Sun, stand thou still upon Gibeon; and thou, Moon, in the valley of Ajalon.” “So the sun stood still in the midst of heaven, and hasted not to go down about a whole day” (Joshua 10:12, 13). At last the victory was won.

Once more, the daylight of probationary time has been extended to this generation. Had “the purpose of God been carried out by His people in giving to the world the message of mercy, Christ would, ere this, have come to the earth, and the saints would have received their welcome into the city of God.” —Testimonies, vol. 6, 450.

The breathtaking changes in our world are causing many — both believers and unbelievers — to inquire, “What do these things mean? Is this the end of the world?”

The sun still shines, but we are now living in its evening shadow. The day long extended is about to end.

In what way would God have those who are specially trained for medical missionary work utilize the last remaining moments of daylight?

“No line is to be drawn between the genuine medical missionary work and the gospel ministry. These two must blend. They are not to stand apart as separate lines of work. They are to be joined in an inseparable union, even as the hand is joined to the body.” —Letter 102, 1900.

Medical missionary work opens the way for the gospel to find entrance into the heart.

It is no longer difficult to imagine the day when this statement will be fulfilled: “I wish to tell you that soon there will be no work done in ministerial lines but medical missionary work.” —Counsels on Health, 533.

The judgment will reveal how these closing moments were spent, “while it [was] day.”

Ellen White wrote, “I seemed to be in a large gathering. One of authority was addressing the company, before whom was spread out a map of the world. He said that the map pictured God’s vineyard, which must be cultivated. As light from heaven shone upon anyone, that one was to reflect the light to others. Lights were to be kindled in many places, and from these lights still other lights were to be kindled.”

“I saw jets of light shining from cities and villages and from the high places of the earth. God’s word was obeyed, and as a result there were memorials for Him in every city and village. His truth was proclaimed throughout the world.”

“Then this map was removed and another put in its place. On it light was shining from a few places only. The rest of the world was in darkness, with only a glimmer of light here and there.” —Testimonies, vol. 9, 29.

In the vision of the two maps the “Instructor” did not reveal the ending. It remains for us to decide whether to give the Light entrance into our hearts and reflect it to others or resist and hide it under a bushel. The final pages of history are being recorded.

What a privilege is ours to live and work “while it is day.”

Todd Guthrie, MD, is an orthopedic surgeon practicing in Northern California. He is executive editor of the Medical Evangelist and a past president of AMEN.

An End Time Vision For Prophetic Health Ministry



Don Mackintosh is the health evangelism leadership program director and campus chaplain at Weimar Institute. A pastor and former emergency room nurse, he helped to develop and host a half-hour program, "Health for a Lifetime," that aired on 3ABN. He also developed the "From Health to Him" seminar, and authored the What's the Connection? DVD series. He has also developed a new series of studies on Daniel and Revelation and the sanctuary, as well as putting together the Gospel Workers training course. He and his wife, Luminitsa, have four children: Elizabeth, Katherine, Donald, and James.

I wish to tell you that soon there will be no work done in ministerial lines but medical missionary work." – *Change to Counsels on Health*, 533.

This quote indicates that as we near the end of time, typical approaches to sharing the gospel will come to a close, but people will still be open to the sharing of our prophetic and gospel message as it is delivered through a medical missionary lens.

Five key dates summarize the Adventist medical missionary work. They are: 457 BC, 27 AD, 31 AD, 34 AD and 1844 AD.

Let us briefly consider the medical missionary aspect of each date:

457 BC - In this year, it was predicted that God's Sanctuary in Jerusalem would be rebuilt. The Sanctuary was not just a place that dealt with the theological aspects of salvation, it was also the center of the nation's health system and medical missionary work.

Those suffering with diseases came to be diagnosed and monitored at the temple. The book of Leviticus detailed multiple physical ailments and conditions that the priests were called upon to diagnose and treat. Clean drink, clean meat, clean homes, clean sexual practices were all defined. The ultimate day of

cleansing was the Day of Atonement, where people could be at one with God and one another. Paul summarized the Levitical laws and their Day of Atonement focus by saying "whatever you eat or drink or whatever you do, do all to the glory of God" (1 Cor 10:31).

We are called in our day to create medical missionary centers, healing spaces and sanctuary centers within our homes and churches.

27 AD - 483 years later in the 69th year of the 490 year prophecy, Christ would begin His public ministry with three and one half years of physical acts of healing. He first went out, but then people came to Him when they learned of His power to heal disease and forgive sins.

As they were healed, He would point them to the sanctuary by saying, "Go show yourself to the priests."

Likewise, in our day we are called to assist people struggling with physical disease. As we do so we find access to their hearts. They become open to the sharing of the gospel.

31 AD - Three and one half years into Christ's ministry, He was "cut off" as a result of the envy of the public health officials concerning His healing ministry. He was a man of

“sorrows and acquainted with grief” (Isaiah 53:3). He was abandoned physically and emotionally violated by authority figures in the church and secular government. This, even though He had done nothing wrong.

On the cross He was tempted to numb his pain by partaking of weak wine. He experienced emotional and mental suffering so that He could identify and help those who suffered with the same. Isaiah 53 indicates that it is by His stripes we are healed (vs. 5).

Likewise, as we consider the cross of Christ and take up our own cross in sacrificial service for Him, hearts are touched emotionally, mentally and spiritually. People become open to the gospel in amazing ways.

34 AD - After Christ's death His disciples continued His healing ministry, even though He had been cut off.

Acts chapter one through six details how they “confirmed” His covenant of love with many through medical missionary work.

In Acts chapter one there was emotional healing in the upper room.

In Acts chapter two the preaching of Christ's victory over death through resurrection brought hope and healing.

In Acts chapter three the man at the gate beautiful was healed. This got the attention of all Jerusalem that Christ's healing ministry was being continued in the person of His saints.

In Acts chapter four this healing was still the focus, leading to earth shaking prayers and bold witness.

As a result of their medical missionary work, the entire world was reached in one generation.

In Acts chapter five all the sick were brought to Solomon's porch to be healed.

By Acts chapter six the testimony of this medical missionary work was so profound, that a great number of the priests believed. They saw how Stephen did not neglect the lives of the Hellenists (Greek lives matter to God) when daily distributing food.

His faithfulness and martyrdom pointed the attention of those who witnessed it to Christ's ministry in the heavenly sanctuary in the courts above.

As a result of their medical missionary work, the entire world was reached in one generation (see Col 1:26).

1844 AD - After a predicted falling away, the period of dark ages when the healing arts would largely be lost, God promised that there would again be an awakening of medical missionary work. There would be a people who would focus the attention of people on the Christ's cleansing of the heavenly sanctuary. This people would focus on bringing cleansing on earth as He was bringing cleansing above.

They would focus on helping people eat clean foods and drink clean drink.

They would focus on helping people clean out their arteries, thus stopping, reversing

and better preventing coronary artery disease.

They would help people cleanse their cognitive distortions (thoughts), bringing mental and emotional healing.

God's end time people would in essence be sharing the life transforming prophecies of Daniel and Revelation through the lens of health. People would not only be healed physically, emotionally and mentally, but also spiritually. People would be filled with gratitude for what God had done for them and would attempt to help others experience what they had experienced.

They would create sanctuary spaces.

They would enter into them with physical acts of healing.

They would enter into them with emotional and mental acts of healing.

They would seek to reach their communities with social acts of service and care.

They would point people to the God of the sanctuary.

Their prophetic health ministry would ultimately prepare a people for the return of Christ.

They would point people to the God of the sanctuary.

Home Bible Fellowship



Donn LaTour

The first year of medical school training is notoriously challenging, leaving students with little time or thought for anything besides preparing for the next test.

But for Donn LaTour, who began medical school in 2019, spending time in group Bible study was a priority not to be pushed aside because of his studies or his other interests, which include hiking, surfing, and playing the violin.

During his pre-med years at Andrews University, Donn was part of a small group Bible study that really impacted him positively. Once in Loma Linda, he attended several different study groups. “But none of them really seemed to fit the need I saw for reaching our first year classmates,” recalls Donn, who was elected to be pastor of his class that year.

Donn and a fellow classmate, Vance Gentry, invited several friends and classmates for the initial gathering at their house, and the study group was launched. Young people,

including several classmates, seemed eager to meet each week and discuss Bible topics. That year the group chose *Lessons on Faith*, a compilation of short articles by E. J. Waggoner and A. T. Jones, as their study guide. The group grew, as people started inviting new people. Attendance went from 10-15 a week to 20 or more.

Then COVID hit. “We temporarily shut down and took the opportunity to rethink what we could do to meet and be safe,” Donn says.

After awhile, the group resumed with the addition of food. Over the summer months 30 or more people were attending, while during the school term a smaller core group attended. After *Lessons on Faith*, the group selected several books of the Bible to read and study such as Ruth and Acts.

“Whatever we are reading, we are always looking for the gospel in every story,” Donn explains. “I want righteousness by faith to be the main focus of every study.”



Another medical student named Giorgia Maghelli has stepped in to contribute and help lead out.

Donn says they continue to look at new ways of reaching people. One change is to invite a guest speaker to come and share their personal testimony once a month. A full dinner is also provided, and



those gatherings are very well attended. Guests have included Dr. Mark Carter, a pathologist at LLU, and a two part series by Dr. John Shin, the new AMEN president.

“Changing up the format has created more interest and people really appreciate that,” Donn says.

As they enter their clinical training years, they discuss how to can share these truths with their patients.

Donn says one of the things he really appreciates is that “the study group enables us to connect with others on a meaningful level. It’s a blessing for those who come, and it is for me, too.”

One of the students who comes on Friday nights was raised as a Seventh-day Adventist but no longer attends church. She says the study has become her main way of connecting with God.

The home Bible study fellowship with Donn and his classmates is part of a continuum of medical missionary work that begins with ministry to classmates and peers and expands to include patients and an ever widening circle of acquaintances.

More Than A Band-Aid



Melinda Skau, MD is a family medicine and lifestyle medicine physician in Oroville, California, and the Medical Director of Feather River Tribal Health. She has served on the AMEN board. She worked as a missionary in Nigeria for ten years with her husband Randy, a general surgeon. They are blessed with two adult children and a son-in-law who love Jesus.

Medical missionary work entails more than a bandaid fix. Sometimes the deepest hurts are missed in a routine history, physical exam or scan. But discovering and treating these often overlooked wounds is necessary for restoration.

One day, I was seeing a patient for multiple sclerosis. During the history and examination, the patient exhibited a hostile attitude and answered questions in a clipped manner.

“I hear anger in your voice,” I observed.

She snapped back, “I’m NOT ANGRY!”

I listened without judgment as our conversation continued. She told of painful childhood experiences that had affected her deeply. Allowing her to admit an emotional need brought that need into a therapeutic space in my exam room. We prayed together for her physical and spiritual healing.

Later, she thanked me for addressing not only her physical disease, but also her anger.

Through unique experiences I had as a child, God has given me a heart of compassion for those suffering from internal wounds.

In my early years I experienced trauma and loss with a father who used alcohol and women to escape the pain of his own emotional wounds. I was also subjected to traumatic assaults growing up in a gang-infested area near Los Angeles. My parents divorced when I was four years old. Later my father attempted suicide. My mother took a fatal overdose of barbiturates when I was 17. God graciously tucked these traumas away for me until it was time to process them after successfully navigating medical school, residency, marriage and the birth of my first child.

My path to deeper healing began unexpectedly one day in 1988 while jogging to the Diet Center — I was intent on losing the last 17 pounds of the 70 I had gained during a stressful pregnancy. As I was running, a couple of guys wolf-whistled at me from their red truck as they drove by. Unexpectedly, I collapsed, sobbing inconsolably. What was going on? Why was I crying?

In that moment it dawned on me that the extra weight I had been carrying was an unconscious protection from sexual assault. Now that the excess weight was mostly gone, I felt vulnerable.

The 1100 calorie-a-day Diet Center program did not include my favorite high carb, high



fat comfort foods. I was learning a new way to live, and thus began a healing journey where God permitted many unrecognized traumas of my past to surface in dreams and memories over a nine month period. I journaled and read books such as *Door of Hope* by Jan Frank and *Ministry of Healing* by Ellen White and found truths from Scripture to be especially comforting.

Sacred music also played a crucial role in my healing.

My own life experience has proven to be an excellent reference for understanding my patients who have had multiple Adverse Childhood Events (ACES).

Recently I met a patient who had many anxieties and poor health. We partnered together to understand the impact of trauma on her physical and mental health. She felt resentful toward those who had hurt her and others who did not protect her. Now we are seeking for answers and healing in the Bible and another very helpful resource, *Treasures Out of Trauma* by Arlene Hendriks. My patient is learning to know God as the Healer of her troubled emotions.

I've found that the following steps are

helpful in the process of healing from loss or trauma:

Step 1: Allow ourselves to grieve.

Step 2: Fill our minds with Bible truth.

Step 3: Recognize that Satan is a liar who came to steal, kill and destroy, but for this purpose the Son of God was manifested that He might dismantle and destroy the works of the devil. (1 John 3:8)

Step 4: Search Scripture for promises that define who we are in Christ. I am precious in His sight. He rejoices over me with singing. He loves me with an everlasting love.

Step 5: Consider that as a lump of coal becomes a diamond under extreme pressure, so the crucible of life's trauma burns the impurities from our characters as we recognize His presence and suffering with us in the fiery trial.

Step 6: Acknowledge that God's timing is not ours. A thousand years is as a day! Think of Joseph in prison, John the Baptist awaiting his beheading and Job suffering through his losses. Someday they and we will see from God's perspective.

Step 7: Remember God will never leave us or forsake us. If He permits a trauma, He will be with us as we walk through it. Another vivid example of God using tragedy for His glory unfolded as two of my patients with severe spinal injuries were seen by a non-Christian surgeon. This unbelieving doctor expressed shock by their cheerful attitudes and remarkable physical progress. He deemed one his "best patient ever" and asked her to be a voice to encourage future spinal surgery patients.

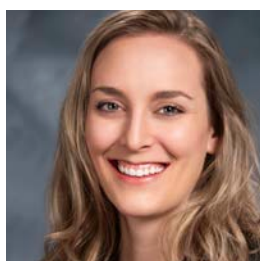
Regarding the second patient, the doctor exclaimed, "This return of function is medically impossible!"

These two patients and I are praying for this physician who is constrained to acknowledge the results of the powerful healing effect of their faith.

So this is our mission. Not a bandaid but a joining together with our patients to seek God's healing — body and soul — through His presence, His Word and His healing methods.

*"To grant those who
mourn in Zion, Giving
them a garland instead of
ashes, The oil of gladness
instead of mourning, The
mantle of praise instead
of a spirit of fainting. So
they will be called oaks
of righteousness, The
planting of the LORD, that
He may be glorified."
Isaiah 61:3, NASB95*

COVID ICU



Josianne Bailey, MD, MBA, an LLU School of Medicine graduate, is in her third year of internal medicine residency training at Loma Linda University Health. Her journey through medicine has had its mountains and valleys, for which she is now grateful as it has given her the heart to better understand the trials and suffering of her patients. She is indebted to her God-fearing family for always pointing her towards her Heavenly Father, who has guided her through many experiences with patients, as noted in this story. As she continues her medical training, she prays for more opportunities to witness and a willing heart to listen to the Holy Spirit's promptings.

Despite daily calls to multiple families and having conversations regarding de-escalation of care, I feel like I'm still learning how to thoughtfully share bad news. There are times when "the last work" for some patients and their families is more about compassion than medicine.

I had just begun a month long rotation on the medical intensive care unit (MICU) when the overnight resident introduced me to a new patient, Mr. Smith, during sign out one morning.

Mr. Smith had been evaluated in the emergency department the night before. He had worsening shortness of breath and no prior history of this problem. His COVID test was positive. Only 40 years of age and overweight, he was placed on high flow oxygen and asked about his code preferences. He wanted to be full code but was concerned about intubation.

After a few hours on high flow oxygen he had to be intubated and transferred to the MICU. He asked if he could call his family one last time in case he required sedation. Due to hemodynamic instability, Mr. Smith did, in fact, need to be sedated and the call was made.

Over the next month I rounded on him and talked to his wife daily about his progress. I watched as he went from a "possible extubation if we can stabilize him" to proning. Then he coded. Rushing to the bedside, which now meant standing outside the glass walls while being thrown information and donning personal protective equipment, I glanced at the monitor and saw asystole as well as an oxygen saturation in the 50s despite maximum ventilator settings.

Through the window I watched the CPR and nursing team working to save him. They achieved return of spontaneous circulation, but his heart stopped again and he desaturated back into the 50s.

I thought of how young Mr. Smith was and remembered how he had called his family before intubation, fearing the worst. My thoughts immediately changed to, "Wait! His family! Who is updating the family?!"

Thankfully, my teammate was already on it, letting the family know what was happening. Eventually, the code team achieved return of vital signs and started reconnecting wires and lines. As I talked to the nurse to finalize orders, my teammate walked up to me and said, "Did you know his wife is 28 weeks pregnant?"



I felt numb. “Should I cry? Should I push forward? What is appropriate? They don’t teach us this in medical school!” Though stabilized, Mr. Smith had experienced a long period of hypoxia. Was he brain dead?

A few days after the code, Mr. Smith was weaned off sedation; however, neither improvement nor awakening occurred. The diagnosis of hypoxic brain injury was likely and further improvement was not expected. His rollercoaster admission turned into multi-organ failure and superimposed infections.

The daily phone call updates to Mr. Smith’s wife started turning into tears on her end. She would cry and ask, “Isn’t there anything else you can do?”

I offered to pray. She readily agreed. Prayer became the focus of our calls. Unable to be with her husband in person, she had no choice but to communicate through people she had never met and would never know. She said her only comfort was

the kindness of medical staff who cared enough to call, tell her his condition and pray with her.

Weeks passed and now it was the last day of my MICU rotation. Mr. Smith was now on multiple pressors and so unstable that even micro turns caused desaturations and bradycardia.

I picked up the phone to call his wife one last time. As I gave her the update I noticed she wasn’t crying anymore; she wanted to be strong for her kids and soon-to-arrive baby. I told her this was my last day. We prayed together. She asked if the person taking over would still call, and I assured her they would. She hesitated. I heard a plea in her voice that read, “Please don’t leave. You’re the only connection I have with my husband.”

A few days later I learned that Mr. Smith had passed.

I left the MICU feeling like I had lost a part

of my ability to feel, because I was forced to move forward without time to process what I had experienced.

The pressure didn’t let up. With guidelines changing weekly, families were constantly asking about the treatment plans. All we could offer was that we were doing our best and we hoped the patient would survive.

During that difficult time, prayer helped me accept what I was incapable of fixing. I realized God was walking with me and my patients while holding each detail of their care in His hands.

I’ve come to value the importance of taking an extra 10 seconds to squeeze a patient’s hand to let them know I care. Ministering to other patients helped me to feel again. I did not have to be this robot that pushed through rounding, notes, nursing calls, and family calls. Instead, in those short moments, I got to be just me without the MD title.

God's Healing Agencies



Dr. Joyce Choe, MD, MPH, is a board certified ophthalmologist who has been in practice for almost twenty years. She has a deep interest in the Adventist health message and is a co-founder of MedMissionary.com, a ministry that was formed to help educate, encourage, and train Adventists for medical missionary work. She has co-written *The Autoimmune Plant Based Cookbook* which is available at wholenessmarket.com. She is available at joyce@medmissionary.com.

Ten years ago I moved to Washington State from California to work at a high volume surgical practice. I was coming out of some difficult life circumstances and was on a quest to be very real with God. One of the ways that I was doing this was by being very intentional about obeying God and holding Him to His word. I had learned about natural remedies and medical missionary work a decade before, and had been prayerfully seeking to help people use God's ways to heal.

Kelly was a single mother with a four-year-old daughter who started working at the practice around the same time that I did. One morning at work I noticed that Kelly had dark circles under her eyes and looked exhausted. I asked her what the problem was.

"My daughter has been having high fevers every night and the doctors don't know what to do," she replied.

I told Kelly that sickness usually starts in the digestive system. Since she wasn't home to take care of her daughter personally, she didn't know what her daughter's bowel

movements were like and what she was eating. I counseled her about the subject and suggested foods that would help with bowel movements, as well as charcoal and hydrotherapy. I knew, however, that what I was saying was probably overwhelming for her.

Kelly's daughter continued to have fevers every night for a few weeks, despite being prescribed a couple of antibiotics. Over this timeframe Kelly and her daughter visited the hospital numerous times, sometimes even in the middle of the night. It was after another one of these sleepless nights, when her daughter woke up with a high fever, crying in pain, that Kelly and I worked together again in the operating room.

"Kelly, I can come and help you tonight." The words just came out of my mouth.

What was I going to do to help her? I told myself that at least I knew more than Kelly did; I had a medical degree and I knew natural remedies. I could try to do something. Kelly was reluctant to have me come, but desperate for solutions, so she hesitatingly agreed.

When I finished operating I drove home and picked up some charcoal, psyllium husk powder, lemon and honey and then drove to Kelly's home. I have to admit that I prayed much on my drive to her home. I was new at work and I knew that some considered me to be a bit eccentric because I talked openly about God and natural health principles. But it didn't bother me.

My prayer was, "Lord, you know that if I go and what I do does not work, people might ridicule me. But Lord, we are supposed to go into people's homes to help them and you have promised us that that with your blessing, these safe and natural means will work more effectively than drugs. I will go and do my best. You take care of the results."

Because of traffic I arrived late that evening, close to her daughter's bedtime. I made a tea with honey, lemon juice, and charcoal and her daughter obediently drank it down. Knowing that disease many times begins in the gut, I also prepared a charcoal poultice to place over her abdomen. I had planned to do some hydrotherapy as well, but due to the lateness of the hour, she fell asleep before I could do this, so we just had time to apply the charcoal poultice to her abdomen. We prayed together. And then I went home.

Miraculously, Kelly's daughter remained afebrile that night after I left, and she continued to be afebrile in the days that followed. Kelly did hydrotherapy for her



Life and Health Network

daughter the following day and continued to apply the charcoal poultice for the next few days. We never discovered the cause of her illness, but she is a healthy 14-year-old girl now. They have moved some distance from me so that it makes visiting difficult, but this interaction allowed me to have opportunity to know Kelly and her daughter in a way that I never would have otherwise.

One of my favorite quotes is that "medical missionary work brings to humanity the gospel of release from suffering." – Medical Ministry, 239. Today, in the midst of the pandemic, people need relief from physical, mental and emotional suffering. True medical missionary work has given

God's people practical and effective tools to relieve physical suffering to show how powerfully God will heal emotional and spiritual pain. As we continue to make progress in learning and applying God's mighty ways of healing, we will find that our jobs will be secure; "those who do this will find a field of labor anywhere," and we "will open the door for the entrance of the truth. The doing of this work will be followed by good results." – A Call to Medical Evangelism and Health Education, 9.

May we hasten Christ's return. May we go forward and by God's grace both learn and do true medical missionary work.

What the Lord Has Done



Jim McMillan, MD, grew up on a dirt road near Loma Linda, California, with a garden and sagebrush-covered hills for a backyard. He is the son of dedicated Christian parents, a university professor and a nurse. He went to Pacific Union College and then medical school at Loma Linda University where he also did his residency in internal medicine. While in Loma Linda he met Kathy McHan and the two were united in joyful marriage. While doing his fellowship in nephrology at University of California, San Francisco, Kathy and he were blessed by the birth of their twin children Lisa and Mark. He returned to Loma Linda as faculty in the Department of Medicine. He has served as Chief of Nephrology at the VA Hospital and as program director for the Nephrology Fellowship. He is a LIFE Community Mentor to medical students. One of his greatest joys is found in praying with trainees and patients.

A knock at my office door startles me.
“Come in!” I say.
Until he speaks, I don’t recognize my patient.
Sure, it’s partly the mask, but also the weight!
“I just want you to see what the Lord has done!
That’s why I came.”

I invite him to sit, remembering . . .
This high school science teacher with innovative teaching methods, a heart for kids started an after-school sports program for underprivileged children.
His principal didn’t want competition for the official sports program, laid him off.
Major depression, junk food his comfort, weight gain, diabetes, marriage not going well, wanted to be a dad his kid could respect but didn’t think he was.

Then his doctor tells him his kidneys are failing, refers him to me.
We biopsy his kidney in hopes of a treatment.
Mostly scar tissue, advanced stage, untreatable.
In hopeless depression he sinks deeper.
I explain how God is my refuge and strength, offer to pray.
He eagerly accepts.

He asks if he can do anything else.
I talk about his lifestyle — he knows little, but takes what I say to heart.
We pray often together at our visits.
He asks for prayer before I offer sometimes.
I pray daily for him. He knows.
Starts to make changes.
Sometimes he admits he slips but gets back up again.

COVID-19 stops our in-person visits for over a year.
He’s afraid to come to the hospital.
But we still meet by phone and pray.
Kidney function improves significantly.
He takes courage.

Now he sits in my office, a light in his eyes!
“I’ve lost over 100 pounds!
I give God all the credit,” he says.
“One more thing,” he continues. “Last week, while sitting in the lab waiting room, I met another man who has the same problems as I, diabetes and weight.
I told him what God did for me.
I offered to pray with him.
He accepted Christ!”

As he talks, joy fills my own soul.
God’s kingdom advances again, and again!
My own discouragement melts away.
God can even work through me!

So, who is God using for the salvation of whom?
Patient or doctor?
As usual it is mutual.

Dental Ministry



Steve Chang, DDS, operates a nonprofit dental clinic in Palau and a full-time private practice in Monterey, California. He has served on the AMEN board for several years and also participates in many mission trips.

Time is short. We can't take any possessions with us to heaven, just people. So I've tried to make people my priority.

One of my patients is a retired evangelical pastor named Andy Burns.

I've known Andy a long time. In fact, we went to public elementary school together. Over the years we lost track of each other, but not long ago reconnected online. I learned that he is now a retired pastor of an evangelical, non-denominational church.

Andy had sold his home to do ministry full time in his RV around the US. He happened to visit our area and came to see me as a patient. I witnessed to him during our visit then invited him to have dinner with us. We continued our discussion and he seemed interested in learning more about our faith.

When I found out Amazing Facts was planning a special weekend featuring the sanctuary message, I invited Andy and his wife to attend and they came.

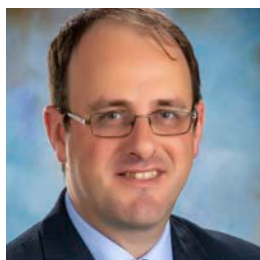
He said, "I feel like I'm relearning the Bible. I might have to become an Adventist!"

Andy had developed some serious health issues, including being overweight. We told him about the NEWSTART program and we sponsored him to go to that. Additionally, my wife Nancy and I have had Andy and his wife over to our home for meals a couple of times. We have really enjoyed getting reacquainted and seeing God work in their lives.

Since attending NEWSTART, Andy has accepted many of the Adventist beliefs. He's also still helping out at a Sunday church even though he believes in the Sabbath.

Personally, for me it is phenomenal to see people we witness to come to the truth. It's like watching your own children get baptized. Experiences like this remind me that I don't want to live for myself, but for Christ. He has done everything for me, and He is coming again soon!

God's Pursuing Love



Norman McNulty, MD, is a board-certified neurologist practicing in Lawrenceburg, Tennessee. Prior to starting his current job in Tennessee, he worked for two years at the Adventist hospital in Trinidad. He trained at Loma Linda University and graduated in 2004. He enjoys studying the Adventist prophetic message and travels around the world speaking in his free time. He is the author of the recently published book *Daniel: Practical Living in the Judgment Hour* and the upcoming book *Revelation: Practical Living in the Judgment Hour*. He is married to Joelle, and they are blessed with four beautiful daughters: Saralyn, Anneke, Madeline, and Ruby.

A conversation with a pharmaceutical representative I'll call Pam unexpectedly turned to spiritual things one day when she asked, "What are you doing this weekend?"

"Preaching!" I responded. I had been meeting with Pam every few weeks for six months or so. Her question took me by surprise.

"Oh," she replied. "What church?"

"I'm a Seventh-day Adventist."

"That's interesting," she continued. "I've heard Doug Batchelor speak before on television."

As our conversation continued, I shared a link to some of my sermons on Audioverse. When she came back to my office to see me again, she said had listened to them as well. She noted that what I said was in agreement with Pastor Batchelor's messages.

"What did you think about what you heard?" I asked.

"I was very convicted on the Sabbath, but I'm a Baptist and it's very hard to change from that right now," she explained.

As the weeks passed we had opportunity for more conversations. Pam became very convicted about the Sabbath and other Bible

truths. When my book on Daniel came out, I signed it and shared it with her.

A few months passed and I had opportunity to speak in California. Doug and Karen Batchelor were there and I told them about Pam. Doug also signed one of his books to give to Pam as a gift.

Not long after that Pam changed jobs and I haven't seen her regularly since then. She is convinced of many of the biblical truths. It's not hard to see that the world is falling apart. But the big stumbling block for her was her husband, who has no interest in Bible truth.

It was a disappointment that she resigned, but I am thankful for the opportunity I had to plant some seeds of Bible truth in her heart.

I believe God was working in Pam's life to draw her attention to Bible truth long before I met her, as evidenced by her interest in Doug Batchelor's messages.

We spend a lot of time thinking of ways to reach our patients, but there are others we work with like Pam who are well-educated, smart, and may have have an interest in spiritual things.

It's our privilege as medical missionaries to sow beside all waters. We don't know which seeds will prosper, but we can trust that the Lord will draw all who are willing to Himself.

This Little Light

Natalie Loredo, RN, BSN, studied nursing at Weimar University where teachers taught her to pray with patients. She attended Bible College at SOULS West, a ministry of the Pacific Union Conference, and she canvassed three summers before going to SOULS for the Central California Conference. She now works as a nurse in Loma Linda.

Let your light so shine before men, that they may see your good works, and glorify your Father which is in heaven” (Matthew 5:16).

I started canvassing when I was 16. Around that time people started asking me, “What do you want to be someday?”

I would always say, “A nurse!” because I always dreamed of becoming a nurse in order to do medical missionary work.

Upon completing my nurses’ training I began working at a Loma Linda area hospital. I felt convicted that I should pass out literature to each patient. Nursing provides many opportunities to share because we get to spend a lot of time with our patients and gain their trust.

In Loma Linda, the University Church’s literature ministry team has placed literature racks in doctors offices and lobbies all over campus. This has made it very easy for me to stay supplied with literature to share with my patients.

One day I saw a canvasser walking down the street with a book bag over her shoulder. It brought back memories of when I used to canvas door to door. I stopped her and bought several books to share with my patients, including a health book, the Great Controversy, and Lessons of Love (Christ’s Object Lessons) in English and Spanish.

My favorite book to share is Steps to Christ because it has made such an impact on my life, and people are so happy to receive it. I also talk to them about the health message and the benefits of a healthy lifestyle.

I’ve been surprised by how many people are willing for me to pray with them and accept literature. As I go about my work throughout the day, I try to get everything done so I’ll have time to visit with my patients and invite them to pray with me before my shift is over.

Many times I’ll think, this person won’t want prayer, but surprisingly, they do! So far I haven’t had a single patient refuse prayer or the literature I’ve offered; in fact, they seem very open and thankful to receive it.

I remember one patient who was in very poor health. At the end of the day I asked him, “Do you like to read?”

“Oh yes,” he said, “I love to read . . . and only religious material!”

I said, “Well I have a book for you called Bible Readings for the Home,” and I gave it to him. He was very excited and expressed a desire to read the Bible more.

Some of my coworkers have probably heard me praying with patients. Most of them do not share my faith, so I am praying for opportunities to share with them over the long term.



I had another patient two days in a row. We became really good friends. Her background was Muslim. I asked, "What kind of books do you like to read?" That opened the door for me to give her a Great Controversy which she started reading that night. The next day she told me she was really enjoying it.

Doctors are in a different role and don't have the time to spend with patients that I do, but I still encourage doctors to pray. The patients really respect the doctors, and it means a lot to them when the doctor prays. I think doctors would be surprised to know how many would say yes to prayer if asked.

I feel so blessed to be living my dream of being a medical missionary nurse. This is what I trained for, and I pray many will be drawn to Jesus.

From Patient to Bible Study



Carlos Irizarry, MD, is retired but still travels to see patients at his office in Minden, Louisiana, weekly. He and his physician wife Kathy relocated to Arkansas near Ouachita Hills College. Together they run lifestyle programs out of their home, which was designed especially for that purpose. Both enjoy studying the Bible with others.

I'm a family physician. Things were going as usual for me one day when I entered a patient exam room. What happened next took me by surprise. I had seen a couple I'll call Bill and Sue several times before, but this time after addressing their medical needs, they had more questions for me.

"I've been watching some religious programming on television that has made me frustrated," Sue said. "It seems like most of what I am hearing is not biblical. What do you think is going on?"



What an open door!

I felt like the Lord just dropped the whole thing in my lap. I told her that I had some Bible studies on Daniel and Revelation that I would love to have her examine for biblical accuracy. "Would you like to look them over?" I asked.

"Absolutely!" she responded. I handed Sue the first lesson in the set as they left the office.



Soon Bill and Sue returned for a follow up appointment. After the check-up, we reviewed the Bible lesson they had completed at home.

We repeated this again at the next visit and the next. I adjusted the schedule to allow for extra time for the Bible study at no extra charge.

Although Sue was the one who was completing the lessons, Bill said he enjoyed our discussions. As you can see, God had his hand in this. I am praying that the Holy Spirit will continue to lead this couple as they search for truth. I feel blessed to study with them.

There are many people out there who have questions about what is going on in the world. It's a privilege to share with people like Bill and Sue who are hungering to know more.

Russian Eyes



Brad Emde, OD, owns East View Eye Care, P.C., in Greeneville, TN, where he has practiced for 24 years. His wife Angela teaches high school at Greeneville Adventist Academy. They have three daughters. Dr. Emde has a passion for medical mission work at home and abroad. He has traveled to Costa Rica, Peru, Mongolia, Moldova, and Kenya providing free eye care and glasses to those in need.

Medical missionary work opens doors to hearts when other means fail. We witnessed a remarkable example of this while on a mission trip to Moldova in the small Russian village of Brinza.



It was our third day of conducting vision clinics in various villages. The temperature was 14 degrees Fahrenheit the morning we left our hotel in Cahul.

We held a vision clinic all day inside the Brinza Seventh-day Adventist church. After seeing 153 patients we began to wrap things up so we would have time to prepare for the evening meetings. We stopped accepting any new patients which meant turning away about 50 people.

Then the head elder and pastor came to us and said, “Please, please. Can you please just examine two more men?”

We were willing, but wondered aloud, “Why is it necessary to see them now?”

The leaders continued, “We have been trying to get these two gentleman to come to our meetings for years.

“They won’t even step across the threshold of the front door to our church because they are superstitious. But they want their eyes checked so badly, now they are willing to come in! If we turn them away, it would be a disgrace.”



I agreed to examine them and provide them with glasses. They were so thankful! The members of the church were also very grateful, because the superstitions of these men were proven groundless as a direct result of medical missionary service. Nothing else could have opened that door!

Softening the heart of an amputee



Bradley Smith, MD, is an orthopedic surgeon who has worked in many areas of California and Alaska. Occasionally he gets away to do mission work in more exotic locations. He is currently working in Northeastern Oregon. Christ continues to teach him the importance of ministering to people for more than just their musculoskeletal disorders.

“**B**ut though he cause grief, yet will he have compassion according to the multitude of his mercies” (Lamentations 3:32).

The tension of being on call after a long day escalated as my phone rang. The caller flatly stated, “Please hold for Dr. Solis.”

The emergency physician’s story dashed my hope of having a quiet evening. I listened as Dr. Solis cataloged the facts and timeline of this unfortunate case: Serena was 23 years old, the daughter of a nurse and the mother of a three-year-old child. Serena was no longer able to parent her son because of a heroin addiction. She now had a deep bone infection in her ankle that caused severe pain and threatened her life.

Dr. Solis explained that one of my colleagues had operated on her recently and that the surgery hadn’t gone well. Furthermore, she had transferred to our hospital from another county because of dissatisfaction with her care team at the other hospital. Now all of this was my problem.

I introduced myself. Serena was not at all what I expected. She was young and looked like most college-aged students. I withheld judgment as we talked about the events that brought her to need my services. Her

history, diagnostic tests and exam all made it clear there was only one thing I could do to help — amputate — but at what level?

Slowly, as I processed her age, appearance and situation, the disdain I felt gave way to compassion. She could have been my granddaughter. How could this young lady who seemed so normal have gotten into so much trouble?

Whatever the reason it wouldn’t change her situation now. But asking about it might help establish better rapport. Perhaps somehow, someday this daughter of God could be healed of more than her infection.

We discussed her surgery and the challenges of healing, phantom pains, living life as an amputee and finding safety and stability in the chaos sure to follow. So far she had felt only anger. Now, a deep flood of grief poured out. I offered the option of amputating her foot at the ankle. It is rare that we can amputate at this level because most of the time it won’t heal, and the heel pad doesn’t scar into a stable position. However, her youth and the location of her infection made this an option, which would allow for more limb length and more normal walking.

The surgery, as expected, was difficult and took even longer than I thought. I



wondered, why am I doing this procedure when something more routine would be quicker?

I hadn't treated a heroin addict yet who had overcome their addiction. Many had returned in need of further surgery. Later, and not infrequently, I would hear that one had died. Why try when she's likely to need a repeat surgery? But hope whispered, What if? Just what if?

Post-operative recovery was rocky. Controlling her pain was difficult, as anticipated.

One evening, I paused outside her door and pleaded with God for her freedom. I brought a Bible and wrote a personal note inside the cover. Her room was always depressingly dark. She had been clean for

six months after a rehab stay that was faith-based.

We talked about that success. I asked her what factors had contributed to her brief liberty from drugs and also what led to her relapse. We talked about her life while using and what it was like when she was clean. As we talked about her motivation to be drug free, I explained how her experience, so full of suffering and despair could be a stanchion of hope to other struggling captives if she herself was set free.

She welcomed praying together, and we both sobbed and wept as we pleaded for victory. What power! What conviction! What promise! "What manner of love the Father hath bestowed upon us, that we should be called the children of God..."

I saw Serena twice after that and then I lost track of her progress. About one year later she showed up on my schedule. Praise God! She was no longer addicted to heroin. She was now spending time with her son and expected to recover custody in the next few months. What rejoicing, gratefulness and what an escalation in faith I experienced in seeing how our loving Father had accomplished her release!

Though her life is still full of spectacular struggles, she is finding resiliency, poise and the ability to stand with knees bent as she lives to bless others and share her story, a trophy of the Father's love.

Reflecting on Serena's story, I ponder, What factors made her successful when so many fail? How can I help more people overcome as Serena did?

And personally, what can I learn from her story in my struggle with doubt, skepticism, impatience, anger, and self-righteousness?

Could we as a community find compassion for each other somewhere beyond impatience, judgment, and labels? Instead of condemning, what if we encouraged each other, confessing our faults and praying for one another, that we might be healed? Could we love each other into wellness even as we are loved by our Savior?

There once was a community of strugglers who gathered together to do this kind of activity. Flames soon followed and that little community quickly grew and the early church was born. This can happen again. And when it does, the earth will be lightened with His glory (Revelation 18:1).

Missing the Mark

Bethany Helm, PA, works as a physician's assistant at the Guam SDA Clinic.

A study was conducted several years ago on the supply versus demand of prayer in a medical setting. The results were astonishing. Seventy percent of patients desire their medical provider to ask about their spirituality or at least offer to pray with them, yet only 10% of medical providers ever offer this blessing. Astounding, right? Talk about missing the mark!

I am blessed to serve in the Guam SDA Clinic which is known in the community as a Christian clinic run by Adventist standards and health principles. The clinic has been serving the community for well over 60 years and there is a great measure of faith that patients have when coming to our clinic for treatment. It is not uncommon to hear the patients state that they come to our clinic because "this is the only place where someone ever asks to pray with me." What a blessing to have that reputation! But I must say that I have personally been guilty of neglecting my patients' spiritual needs at times.

Yes, it is easy to pray with a patient as you are sending them off to the Emergency Room or delivering disappointing news. But what about the random every day patients that fill the majority of our schedules? I have typically practiced with the habit of waiting to feel the Lord impress me on each patient as to whether I need to offer prayer. After all, I do not want to become jaded about praying with patients. While that is a good thing, I also learned a valuable lesson from missed opportunities.

A patient was on my schedule for a post-procedure follow up that would only take a few minutes. After I performed my duties, I said my goodbyes and moved on to my next patient who had already been waiting on me for longer than I wanted. My nurse finished the discharge and escorted the patient out. However, my nurse pulled me aside later and gave me the details of what followed after I had left the patient's room. "Ms. Bethany, that patient was really disappointed and asked, 'Isn't she going to pray with me?'" Wow. I was immediately rebuked. While I may not have "felt impressed" to pray with that specific patient at that particular time, my patient clearly had needs that I did not see. I wondered, "How many opportunities have I truly missed because I was waiting for an impression instead of simply asking a question?"

My nurse and I discussed the situation and realized that perhaps instead of waiting to be impressed, we should simply offer prayer with EVERY patient and keep the door open to wherever it leads. Since that day, I have made it a habit to offer prayer with every patient. And to my surprise, I have only been turned down maybe twice and the majority share prayer requests and tears as we finish our time together. I have even had a few patients pray for me!

I am saddened to think of all the missed opportunities that I let fall by the wayside. But I also rejoice at the lesson learned and the blessings that lie ahead if we simply give opportunity for God to work. Blessings as you find your own way of sharing Christ in your workplace!

“Story Time”

At the Guam SDA Clinic we begin our work day outside with a small staff devotional or prayer. Even though this is an SDA Clinic, the majority of our medical staff and employees are not Adventist. Many of them are not even church goers. The majority are Catholics or Protestants by tradition of their family heritage and frequent the pews on Sunday mornings,

see lack of interaction within our small group. We engage easily with one another throughout the work day, but for some reason interaction during worship is minimal. I finally asked a few of nurses why.

“Ms. Bethany, we go to church but we do not know any of the Bible stories because they don’t preach about that. They only

my staff for a quick prayer, I asked them, “Where would you like to begin?”

“Let’s start at the very beginning!” they eagerly responded, a lot of them giddy with excitement.

They decided they would like to read the Bible from beginning to end together during our morning worships, starting



but without personal spiritual identity. It is during these 10-minute morning devotionals that we come together with discussion and prayer to center our day. Sounds good, right?

While it has been nice to start our day off with prayer and a meaningful Bible passage, it has also been frustrating to

talk about church traditions and we don’t use the Bible much.” I was completely astounded. Finally, it all made sense. I had been doing morning worship for years without realizing my staff knew nothing of basic Bible stories or passages. This had to change. “Would you guys like to know more of the Bible?” I asked. “Oh yes!” they replied. The next morning as I gathered

with the great controversy in heaven that involved Lucifer’s rebellion which sets the stage for Genesis.

As we started reading each morning, the number in our group grew to include staff members from other departments. Morning worship became affectionately known as “story time.” One staff member

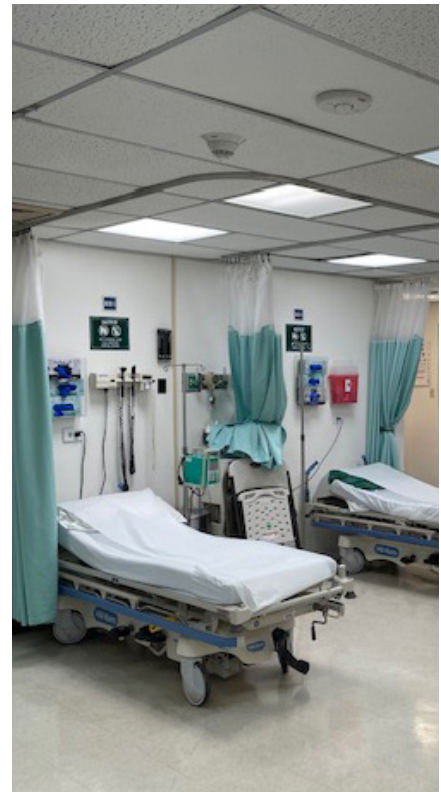


would even Zoom in on her day off so she did not miss out! When one staff member changed departments, they even suggested we start worship earlier so she would not have to miss our time together. We all decided to show up for work earlier than before so we would have adequate time. Over the past 10 months, we have gone from Genesis to Ruth, spending only 10 minutes per day and discussing how each passage relates to us personally in present time.

Recently, at the group's request we paused our progression and jumped ahead to the book of Daniel. In light of current

events, we felt it was necessary to study Daniel and his friends and how they stood for conscience. We are currently going through the prophecies in the book of Daniel and ask for your prayers as we grow together as a group. By God's grace, we will get through the entire Bible in His time.

Now as we begin each day with reading, discussion, and prayer, the group is much more interactive. Some have gone home and shared with their family members what they have been learning. Others still call in on Zoom for worship if they are not going to be working that day. And at



least one now listens to the Bible on audio while driving to work in case she misses anything.

The changes have been drastic and exciting! But I must admit I feel like I have been on the receiving end of the greater blessing. Leading out in these studies has forced me to see God and biblical events in a much different and brighter way. He is preparing us for the end of time. Just as my staff is learning things for the first time, I am seeing things in new ways also and deepening my Bible study. I challenge each of you to take opportunity wherever it arises, whether it be seconds or minutes. Understand your audience and be willing to meet their needs. This truly is the "last work."

The Unlikely Answer

Rachel Ann, MD, is a pediatric hospitalist for the Erlanger Medical System in Chattanooga, TN. Her children are the most important thing in her life. She loves her church and community. In her free time she enjoys backpacking, kayaking, and gardening.

I awoke on a Monday morning to an urgent text message. I was being called in to work on the hastily put together pediatric COVID-19 unit at my hospital. Honestly, I was annoyed. It was a scheduled week off and I had made a lot of plans. Grumpily I spent the next half hour rescheduling my life before heading into the hospital.

The mood was much more somber than it had been the week before. COVID-19 cases were rolling in, and everyone was feeling the strain. Workmen were hastily putting up a wall down the middle of our pediatric unit to segregate COVID patients because we had run out of negative pressure rooms. My charge nurse was struggling to find nurses to cover extra shifts. And the residency program director was posting signs everywhere reminding residents to wear their masks and social distance even in non-patient areas.

Rounds were slow and tedious: Gown, double glove, double mask; de-gown, de-glove, de-mask, then repeat. We started with the sickest and worked our way down. One of my last patients was a sweet little boy transferred out of the PICU the day before. Tragically, his mother had passed away from COVID-19 just a few hours ago. The grief and pain were palpable. Before leaving we prayed together. During the prayer I did something I never do; I prayed that God would help the discharge process go smoothly.

I don't believe I have ever prayed this before. And honestly, I'm not sure why I prayed for that this time. But I heard myself praying for a smooth discharge by a specific time: 4 pm. It was 12 pm. Even as I prayed the prayer, I did not think this was unrealistic, nor did I really think I would need God's help. All that stood between my patient and discharge was home oxygen, and the resident had already put the order in. I guess I was just praying for a smooth discharge because it seemed like a nice thing to say.

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Imagine my dismay when around 2 pm the discharge coordinator called to tell me that there was no oxygen available in the city. She had tried all known companies and all of them were out. Apparently, area hospitals were sending COVID patients home from the ER on oxygen, and all the oxygen was gone! I had not considered an oxygen shortage when I prayed my prayer. I slowly made my way back to the room to give the devastating news. My patient would have to stay until I could wean him off oxygen. As you can imagine, this was a big blow and I left with him crying.

I was a little upset, too. “God,” I argumentatively whispered. “He is already struggling to understand his mom’s death. Now I’ve made things worse by praying for something that now cannot happen.” Even as this thought left my mind, I heard God answer, “I know, I’m not embarrassed. I’ve got this under control.”

And God did have it under control. I suddenly remembered the name of a specialty pharmacy I’ve used in the past. Too scared to hope, but willing to try anything, I gave them a call. They had



oxygen! Eagerly, I gave their information to the discharge coordinator. Within 20 minutes she gave me the happy news that insurance had approved the pharmacy. Happily, I ran back to the room to let the patient and the dad know that they could go, after all! It was a happy ending. Dad and son were wreathed in smiles and around 4 pm they left the hospital with the oxygen!

I was very humbled. I had started the day in a grumpy mood, prayed an insincere prayer, and then doubted that God had the

ability to create oxygen. Yet, despite my lack of faith, God performed a miracle for a grieving child to remind me that in the midst of tragedy, He still loves and cares for us.

It Took a Tragedy



Timothy Arnott, MD, currently serves as medical director of the Rocky Mountain Lifestyle Center in Denver, Colorado. Specializing in family practice, he is a founding member of the American College of Lifestyle Medicine. He enjoys helping individuals regain health through plant-based nutrition, exercise, and other lifestyle changes. Dr. Arnott and his wife Sylvia have three adult daughters. They enjoy spending time together in nature — formerly in the coral reefs of Guam, and now in the Rocky Mountains of Colorado.

“**A**nd we know that all things work together for good to them that love God, to them who are the called according to his purpose” (Rom. 8:28).

These words came true for me on November 8, 2018. That day the Paradise Camp Fire destroyed our home, ended my medical practice, and left us with little but the clothes on our backs. I was unemployed for nearly six months. Then an email came that would change the way I practice medicine.

Unexpectedly, an invitation came to serve at the Seventh-day Adventist Clinic on Guam. After much prayer, our family agreed to go. While waiting for our paperwork to clear, I developed a new handout that would help lead patients step by step from dealing with their physical concerns to healthful lifestyle practices and to food for the soul.

Up until now, I had only incorporated praying with patients into my medical

practice at home. Now I wanted to take the next step and lead them to Christ.

Prior to the Paradise fire I participated in several mission trips including one to Bolivia. This is where I first experimented emphasizing the last “T” of the NEWSTART® principles, Trust in Divine power.

As the translator introduced these souls to our loving God and our only hope of salvation through knowing Him, I was taken aback at their responses!

Patient after patient wept when they heard this precious news. Their reactions impacted me profoundly. I was convicted that the Holy Spirit was guiding as we shared themes of eternal import. I wanted to do this again!

As I transitioned to a new job at the Guam SDA Clinic, I determined I would share Christ with each patient, and how thrilling it was to see them respond as warmly as the patients in Bolivia!



After an office visit one young man went home and shared Jesus with his girlfriend. Though we had never met, she gave me a wonderful endorsement because her boyfriend had learned how to know Christ for himself.

Another patient returned to express how thankful he was to learn about Jesus. After more encounters like these, I was invited to share my experiences with the Guam AMEN members and clinic staff. Though just a learner myself, I felt convicted that God wants us to share Jesus with every patient.

This resolve was soon tested. A man I'll call Jim came to see me. His foul language and coldness led me to presume he would have no interest in Jesus. I had almost decided not to pray with him, but at the last minute (and against my better judgment) I did

offer to pray. He agreed! No sooner had I said amen than Jim literally lunged at me with an outstretched arm. Taking my hand in his, he began shaking it back and forth for all he was worth.

I could hardly believe what was happening. He was so thankful, so appreciative. He said, "This was the best medical visit I've ever had." I thought that was the end, but apparently not.

The Lord delayed my punctual medical assistant's entrance to the exam room. With her nowhere in sight, I looked around for literature and saw the book, *Hero of Hacksaw Ridge*. I returned to the exam room and offered him the book. He recognized the title and said, "I saw that movie!" We discussed the film and life of Desmond Doss.

My medical assistant was still absent, so I went in search of more literature and returned with a handout called, "Do You Want to Have Eternal Life?"

At that moment she entered the room. What perfect timing! The man I judged to be far from the kingdom of God was closer than I knew. God was guiding me to share the message of salvation, and he used Jim to help teach me. This is exciting work!

Though we may never know the outcome of many patient interactions, I've learned that God is passionate about His medical professionals sharing the message of salvation with their patients.

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Ministry Expands with God as Partner

When Dr. Robert Ford became the sole owner of Pacific Cataract and Laser Institute (PCLI) in 1995, one of his first actions was to ask God to be his Senior Business Partner.

Based in Chehalis, Washington, the practice has grown to over 600 staff, including 38 optometrists and 14 eye surgeons operating at 17 locations in Alaska, Idaho, Montana, New Mexico, Oregon and Washington. Dr. Ford has found the most efficient means of mobilizing surgery staff to provide help for the more distant surgery centers is via private jet.

Paul Chung, MD, has worked for PCLI since 2001. He observes, “Dr. Ford has created a work environment that clearly upholds our church’s beliefs, such as no work on Sabbath hours, yet he honors people’s individual convictions by not forcing or coercing anyone to become an Adventist. Employees feel like they are free. They don’t feel pressured to believe the way Dr. Ford does.”

From the outset praying with patients has been a priority for Dr. Ford.

In more recent years he felt convicted to share Doug Batchelor’s book *The Richest Caveman*. Initially, his office mailed the *Caveman* book to each surgery patient after their first surgery. It included a mail-in offer for the *Great Controversy*, a special edition of which has been prepared using New King James Version Bible references along with many beautiful pictures and illustrations. Presenting the *Caveman* book along with something useful like a PCLI cap or insulated water bottle made the gift more desirable. Now, every patient receives a gift bag at their first surgery.

Since PCLI started doing this about 15 years ago, approximately 270,000 *Caveman* books have been distributed along with fulfillment of 11,000 *Great Controversy* book requests.

One patient writes: “Thank you so much for the book, *The Richest Caveman*. I was truly blessed by it. Even tears flowed as I read it. I could not put it down after I started reading it. God is so good. Who is so great a God as our God? It’s a gift I treasure more than I can say. Thank you, again! P.S. I am sending for the book *Great Controversy*. Thank you.”

Building his business with God as his

Partner, Dr. Ford says, has been exciting and rewarding, “but not without stress and seemingly insurmountable difficulties. However, countless challenges have resolved when I leaned heavily on God. What I perceive as major predicaments often turn into great blessings.”

On the PCLI website page which introduces him as owner, Dr. Ford openly shares, “I am a Seventh-day Adventist Christian.”

He invites those who may be “interested or just curious,” to click on a link which takes them to a page that tells more about who Seventh-day Adventist Christians are and what they believe.

With God serving as his Senior Business Partner, Dr. Ford has made sharing his faith an integral part of his business ethic.

“We work as a team and discuss ways of doing things more effectively,” Dr. Chung says.

For example, they have found that some methods work better than others when asking patients if they would like prayer before surgery.



Dr. Chung said that staff members have observed over time that the likelihood of a patient saying yes to prayer is affected by other factors as well. In large cities people are much less apt to agree than patients in more rural areas. Also, some of the intake staff are more adept at soliciting a positive response than others.

The full impact of these seed sowing efforts cannot be measured in this life, but even now a glimpse of the future reward is seen in responses such as this: “I have never seen such a truly amazing and thoughtful thank you ‘package’ from anyone I have ever paid for any kind of product or services. Thank you for sending me a wonderfully composed letter and amazing book.”



Dr. Chung explains that when a patient is checked in for eye surgery, they are told that the surgeon would like to pray with them. Then they are asked, ‘Would you be comfortable with that?’

If the patient says, “Yes,” then the monitor screen in the operating room indicates their desire for prayer and the surgeon prays with the patient before the surgery begins.

“We’ve tried other approaches,” Dr. Chung says. “If we wait until the patient is draped



and ready for surgery and the surgeon comes and says, ‘May I pray with you?’ Then sometimes the patient will feel anxious and say, ‘Why? Do you need it?’”

A patient from Bellevue, Washington, wrote, “As a Christian, I am mostly impressed with the fact that before the procedures, the surgeons I had both asked the Lord to be with us and to guide their hands in the surgery. I’ve never had any other doctors ever pray over me! I felt very safe and confident in the outcome.”

“At PCLI, we surgeons spend less than 30 seconds meeting our patients in the pre-op area. Then we spend five to 10 minutes with each patient in surgery. How can we make a spiritual impact? We introduce Jesus as the Great Physician and Creator by praying aloud to Him with each willing patient before surgery, and we provide an interesting book that introduces several key biblical concepts with a follow up offer to learn more.”

— Paul Chung, MD

Winsome Witnessing



Wes Youngberg, DrPH, is a practicing clinical nutritionist and lifestyle medicine specialist in Temecula, CA. He is the lead presenter in the Diabetes Undone Program. Dr. Youngberg spent 14 years on the island of Guam, researching the diabetes epidemic on the Micronesian islands of the Western Pacific region and directing the Wellness Center at the Guam Seventh-day Adventist Clinic.

One step forward, two steps back. That's often the way it is when trying to rehabilitate the homeless and those addicted to drugs or alcohol.

But the love of Christ is more powerful than Satan's devices. A lady in our church on Guam named Nellie Joy had a burden for the homeless. She felt impressed we should plan a Sabbath service in Liberty Park and invite them to join us. That Sabbath came, and Joe was the only homeless man who attended. We were impressed that he had made the effort to shower and dress well. Others from the homeless community waited across the road for the service to end and lunch to be served.

After that we resumed meeting in our church on the other side of the island. Since Joe lived in Liberty Park, he found a ride and began attending church regularly each Sabbath.

Soon after, Joe signed up to attend a ten-week depression recovery program at the Guam Seventh-day Adventist Clinic Wellness Center. Joe needed financial assistance so our church voted to sponsor him. Earlier in his life Joe had been a successful college instructor. A gifted linguist, he taught the native Chamorro language at the local

university. But past service in the military and significant PTSD had gradually torn Joe's life apart. He struggled with PTSD. He was estranged from his family, and now, homeless, he lived in Liberty Park.

The first day of the depression recovery program, I was busy preparing for the class when I realized we hadn't arranged for anyone to pick Joe up. Since I was busy seeing patients, I contacted one of our members who works in construction. He called his wife Nina and asked if she would go get Joe. She had three kids and a baby.

"Sure," she said. "I'll be happy to pick up Joe."

She jumped into her car with her kids and drove to Liberty Park. She walked over to the pavilion where Joe was still asleep. Everyone around there knows you don't go up to Joe when he is sleeping because he is armed and dangerous. One night four guys attacked him in the dead of night. He jumped up and knocked them all out, which earned him the nickname Rambo.

So Nina walked up, tapped him on the shoulder, and said, "Joe, Joe, wake up. I've been asked to take you to the depression recovery program at the wellness center."



He jolted awake, recognized her, and said, “Yes, that’s what I need right now.”

He cleaned up and shortly thereafter Nina drove him to our wellness center. A delicious lunch was served and people got to hear the PowerPoint lecture I gave utilizing both Nedley Solutions and Win Wellness slides.

With a heavy workload during the day, I had to prepare for each class the night before by watching Dr. Nedley’s presentation, then adding slides to it from Win Wellness. Integrating the two programs worked beautifully, and God made it happen.

Joe paid close attention as we explained our wholistic approach encompassing emotional, social, spiritual and physical health principles. As he listened, he took careful notes and decided to make every change we recommended, including eliminating junk food and beer, and adopting an anti-inflammatory diet. After going through the program, Joe went from suicidal ideation to a changed man. It was a modern day example of Jesus healing the demoniacs.

A year later I learned that he was so depressed the night before our program that he had decided to end his life the next

morning. Instead, he awakened to a tap on his shoulder by Nina and the rest is history. Joe began memorizing Scripture and reading his Bible every morning. He started walking after meals.

Partway through the program his niece committed suicide. The tools he was learning in the depression recovery program enabled him to process the grief without returning to unhealthy habits. He moved in with his sister and the Lord began the work of healing his family. Joe became a support to them as they dealt with the loss.

By the end of the program, Joe was working at the University again. Reintroduced into society, “Rambo” was a changed, born-again new man.

Since I hosted a show on the local Adventist radio station, I said, “Joe, why don’t you come and do an interview with me on the radio show?”

He came and did it. As he learned of the programming we offered, he became agitated. He said, “You’re broadcasting programs in Korean, Japanese, and all these other languages, but there’s nothing for the Chamorro people.”

Seeing his offense, I responded, “Joe, that’s not our job.”

“What do you mean it’s not your job?”

“You’re the Chamorro linguist,” I said. “That’s your expertise. You should be in charge of doing a weekly radio show in the Chamorro language.”

“Really? You would let me do that?”

We talked to the manager Matt Dodd. I introduced him to Joe. “Would you like Joe to share Bible studies in Chamorro?” I asked.

“Absolutely!” Matt responded.

Joe immediately began translating Bible studies into the local Chamorro language and broadcasting them on our Adventist radio station. Joe’s ministry caught fire and quickly spread through many households on Guam, Rota and Saipan.

This opened an avenue to reach many of the Catholic islanders, who were eager to hear the gospel in their own local language.

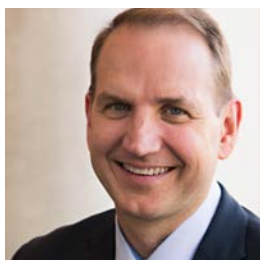
After having worked on Guam for 14 years, a year or so later I ended up leaving. I look back on this story amazed to see how God clearly worked to impact the lives of tens of thousands of people all because of one man was willing to be led to Jesus.

Following the Holy Spirit’s impression to minister to the homeless ultimately led more people to hear the gospel message than all the sermons we had preached in church.

The health message is truly the right arm of the gospel!

The Last Work

Restoring the Temple, Rebuilding the Wall



Brian Schwartz, MD, has served as AMEN president since 2017. He and his physician wife Lyndi reside in Ohio where he specializes in cardiology with an interest in general, invasive, and interventional cardiology. He is also active in treating peripheral vascular disease. He enjoys sailing, travel, and sharing the most precious message of Christ our righteousness.

I am becoming more and more convinced that God wants to restore two things before He returns. One is a heart appreciation and love for the message of righteousness by faith and Christ our righteousness, and the second is the ministry of the right hand or the gospel of health.

Ezra was called by God to rebuild the temple and restore true worship. The corollary today is our need to reestablish the gospel foundation of our faith.

Nehemiah rebuilt the wall of protection around God's people. In our day God purposes to restore the laws of life which govern our being as a barrier against temptation and a safeguard from disease. Now more than ever we need this wall as we seek to bless others.

Both the law and the gospel have a place in our medical missionary work. To advise our patients to stop smoking without introducing them to the only One who can help them is pure legalism.

The gospel contains the power of God and it is able to free people from every addiction, no matter how powerful. We should not hide this light under a bushel but let it shine.

I believe that our time in this world is short as evidenced by the events taking place all around us. Despite the anticipated restrictions of our liberties, the need for medical missionary work will only increase as we approach the end of time. Consider this:

"As religious aggression subverts the liberties of our nation, those who would stand for freedom of conscience will be placed in unfavorable positions. For their own sake they should, while they have opportunity, become intelligent in regard to disease, its causes, prevention, and cure. And those who do this will find a field of labor anywhere. There will be suffering ones, plenty of them, who will need help, not only among those of our own faith, but largely among those who know not the truth. The shortness of time demands an energy that has not been aroused among those who claim to believe the present truth." — Counsels on Health, 506.

First, engaging in medical missionary work protects me from being self-absorbed.

Second, it opens my heart to receive from God, which gives me something to share with my patients.

Third, medical missionary work will protect us, because when doors are closing all around us there will still be a field of labor. Even as we are losing our civil and religious liberties, we can still help others through the simple means God has provided.

Though the work of rebuilding the wall in Nehemiah's day had languished for decades, the final work under his steady leadership was completed rapidly. History will repeat itself. "The agencies of evil are combining their forces, and consolidating. They are strengthening for the last great crisis. Great changes are soon to take place in our world, and the final movements will be rapid ones."—Testimonies for the Church, vol. 9, 11.

"Let me tell you that the Lord will work in this last work in a manner very much out of the common order of things, and in a way that will be contrary to any human planning. . . . God will use ways and means by which it will be seen that He is taking the reins in His own hands. The workers will be surprised by the simple means that He will use to bring about and perfect His work of righteousness."—Testimonies to Ministers and Gospel Workers, 300 (1885).

Theory does no good if it isn't brought into practice. Since becoming a part of AMEN more than 15 years ago, I felt impressed to begin praying with my patients. Most people are willing, though some are reluctant.

Such was the case with a 40-year-old patient I first met about two years ago following his heart attack. I asked if I could pray with him. He hesitated, but agreed. I've seen him twice since, each time with a similar response to my request.

Recently, I saw him back in the office. When I asked about prayer this time, he enthusiastically responded, "Yes!" I wondered what had happened.

He said, "Dr. Schwartz, I just wanted to tell you, when you offered to pray for me at that first office visit, I thought it was ridiculous. But since then I've become a believer. Thank you for believing in me."

Often we don't see the fruit of the seeds that are sown. Patients will seldom tell you how your ministry has impacted them. So for me, this man's testimony was really affirming. It was as if God was letting me know I'm on the right path and that I should continue in it.

I pray God will richly bless you as you read the stories of medical missionary work in these pages. Jesus is soon to come and He needs more laborers in the world field.

"Beloved, I wish above all things that thou mayest prosper and be in health, even as thy soul prospereth." (3 John 2)

"The light God has given on health reform is for our salvation and the salvation of the world. Men and women should be informed in regard to the human habitation, fitted up by our Creator as His dwelling place, and over which He desires us to be faithful stewards. . . . Our bodies are wonderfully made, and the Lord requires us to keep them in order. All are under the obligation to Him to keep the human structure in a

healthful, wholesome condition, that every muscle, every organ, may be used in the service of God. . . . God, who formed the wonderful structure of the body, will take special care to keep it in order, if men cooperate, instead of working at cross-purposes, with Him.

"These grand truths must be given to the world. We must reach the people where they are, and by example and precept lead them to see the beauties of the better way. The world is in sad need of instruction along these lines. The time has come when each soul must be staunch and true to every ray of light God has given, and begin in earnest to give this gospel of health to the people. We shall have strength and power to do this if we practice these truths in our own lives. . . .

"Those who are enjoying the precious blessings which come to them through obeying this message of mercy will do all in their power that others may share the same blessings. But we may rest assured that Satan will do all in his power to prevent anything like a message of reform from being given to the world at this time. Shall God's people be found on the enemy's side either by failing to heed it themselves, or by neglecting to give it to others? 'He that is not with me is against me; and he that gathers not with me scattereth abroad.' Matt. 12:30. If we would be safe, we must not fail to know on whose side we stand."

— Review and Herald, November 24, 1901.



amen

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AMEN Mission Statement: To motivate, train, and equip Seventh-day Adventist physicians, dentists, and other healthcare professionals to team with pastors and members, uniting the church to restore Christ's ministry of healing to the world, hastening His return.

AMEN Exists To:

Inspire health
professionals to
share Christ

Connect health
professionals through its
annual conference and
mentorship program

Provide Christ-centered
medical evangelism
resources

Unite with local
congregations by
sponsoring free
outreach clinics



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