

SUMMER/FALL 2022

THE medical evangelist

A PUBLICATION OF

ADVENTIST MEDICAL EVANGELISM NETWORK

- 6 | The Value of One
- 9 | Working Together for Good
- 31 | A Mission Trip to My Homeland



Abundant Living, Abundant Giving

"I have come that they may have life, and that they may have it more abundantly" (John 10:10, NKJV).

In this edition of the Medical Evangelist you will be encouraged, stimulated, and blessed as you see what God is doing through AMEN members. You, too, can get involved in a more abundant life through ministry.

Dr. Adrian Beyde shares this life of abundant ministry can and should start early and not be delayed by seemingly more important responsibilities. Dr. Randy Bivens shares how self-denial and frugality can make it easier to share throughout our lives as we gain financial independence.

Dr. Yuri Bondarenko writes of how God pulled a team together in the middle of a crisis for service in Ukraine which actually expanded his ministry's impact. Gratiela Sabangan, Susan Duehrssen and Noura Elloway tell of how answering the call of service inspires rewarding medical ministry. Dr. Shannon Calaguas shares how God takes our nascent desire to serve and expands and enriches that desire from early training through residency. Dr. Joseph (Won Jin) Jeon reminds us that even as we are in training, we can share the special Sabbath blessing when we are required to serve on Sabbath.

"God would not have a forced benevolence, but one that is purely voluntary. The Lord loveth a cheerful giver.' The very best proof of our love for our dear Redeemer is to make offerings of our time, strength, and means to bring other souls to Him. We are to love God with all our soul, heart, mind, and strength, and our neighbor as ourselves" (Pacific Union Recorder, October 24, 1901).

Dr. Michael Robinson reminds us that we should never give up on the unlovely or challenging patients, because God is calling them at every opportunity, and where there is life, there is hope.

Dr. Phil Mills gives a sobering reminder that investment in our families is a necessary part of the abundant, rewarding life. Dr. Neil Nedley and Dr. Roger Seheult give practical counsel on things we can do to maintain abundant health.

Drs. Andrew and Megan Trecartin lay out the stark needs for service and the amazing responsibilities and rewards of saving even one. Dr. Charlene Wang echoes the call through her transformational testimony.

How is God calling you to serve?

"There are even more urgent necessities upon the Israel of God in these last days than were upon ancient Israel, for there is a great and important work to be accomplished in a very short time. God designed that the spirit of sacrifice should broaden and deepen for the closing work. As followers of Christ we do not realize our true position. We do not have correct views of our responsibilities. We are stewards of our Lord, and the interests and prosperity of His cause should receive our first and best attention. In the balances of the sanctuary our gifts are not estimated according to the amount given, but according to the self-denial, prompted by love for Christ, that the gift has cost.



TODD GUTHRIE, MD
is editor of the Medical
Evangelist.

THE medical evangelist

SUMMER/FALL 2022

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.

THE MEDICAL EVANGELIST STAFF:

EDITOR

Todd Guthrie, MD

MANAGING EDITOR

Patti Guthrie, MPH

EDITORIAL COMMITTEE:

Todd Guthrie, MD

Donn LaTour, MD

Adrian Charles-Marcel, DDS

Norm McNulty, MD

Phil Mills, MD

Brian Schwartz, MD

John Shin, MD

DESIGNER

Susie Kuhlman

The Medical Evangelist is provided to AMEN members. If you would like to receive a copy regularly, we invite you to join AMEN. To receive multiple copies and/or for an institutional subscription, please email barnhurst@amensda.org.



amen

Adventist Medical
Evangelism Network

PO Box 2528 | Greeneville, TN 37744
(530) 883-8061 | www.amensda.org

contents

- 2 | Editorial
- 3 | Contents
- 4 | Finding Sabbath Rest
- 5 | The Medical Missionary's Family
- 6 | The Value of One
- 9 | Working Together for Good
- 12 | 'Radical Rescue' Mission Team Responds to Ukraine Crisis
- 14 | The Health Effects of Technology
- 18 | Providing for the Least of These
a sustainable model for a church-based free medical and dental clinic
- 20 | Against All Odds
- 22 | The Turtle Wins the Race
- 26 | A Steward of God's Blessings
- 28 | The Body Clock
- 31 | A Mission Trip to My Homeland
A Cause for Reflection and Refocus
- 35 | Three Reasons You Should Put Off Doing Mission Work
- 37 | Would You Ever Be a Missionary?

Finding Sabbath Rest

by Joseph Jeon, MD



JOSEPH (WON JIN)

JEON, MD, is a first year resident in internal medicine at Loma Linda University. He recently married Alysha, who is a middle school math/science teacher at Mesa Grande Academy. They enjoy walks around their neighborhood and hosting friends and family at their home for home cooked meals.

Throughout my third year of medical school during clinical rotations, I kept an ongoing journal of thoughts, prayers, and meaningful patient encounters I had for each rotation. Looking back in my journal, I see these words written on the second week of third year:

“If you look at the world, you’ll be distressed. If you look within, you’ll be depressed. If you look at God, you’ll be at rest.” Corrie ten Boom - Week two of Surgery rotation (Sabbath).”

I recall that particular Sabbath morning as I was pre-rounding on my patients on the general surgery floor. Prior to this, Sabbath had been the day of rest, worship and interaction with my church community. Throughout medical school, Sabbath was truly my source of strength and rejuvenation. However, I felt misplaced at the thought of being unable to spend Sabbath at church. There was a medical student on the same team as I who shared this feeling. We prayed to God asking that we would learn His purpose for us that day. Then, while pre-rounding, I passed by a nurses’ station, which had a small placard with these words:

If you look at the world, you’ll be distressed. If you look within, you’ll be depressed. If you look at God, you’ll be at rest.

I stood there, reading and re-reading those words. At that moment I realized being in the hospital on Sabbath, instead of a loss of connection with God, was an opportunity for ministry and a chance to walk in the footsteps of Jesus.

Sabbath had always been a reminder which lifted my thoughts above the busy details of life to eternity and heaven. These thoughts came into mind: What if I can extend the Sabbath experience to the patients I see? What if they can be invited to look beyond their medical conditions and hospitalization to the God of heaven? What if the patients can be given an opportunity to experience the Sabbath rest?

Now, as a resident physician, there are Sabbath mornings where I am at the hospital. Though it takes intentional effort and I need a constant reminder from God, the Sabbath experience in the hospital is a reminder that God is above all, He is coming soon, and both patients and I are invited to experience God on His holy day. Each Sabbath morning my prayer as I walk into the hospital is, “Take me, O Lord, as wholly Thine. I lay all my plans at Thy feet. Use me today in Thy service. Abide with me, and let all my work be wrought in Thee” (Steps to Christ, p. 70).

The Medical Missionary's Family

by Phil Mills, MD



PHIL MILLS, MD, is board certified in physical medicine as well as dermatology. He is past president of AMEN and past editor of *The Medical Evangelist*. He currently serves as chairman of the Weimar University Board of Trustees. He and his wife Sherry are the founders of the children's lesson series *My Bible First*.

For all intents and purposes my wife might as well have been a single mom. Most of you know the schedule: Every morning, I left the house at 6:50 a.m. for rounds.

The day was filled with outpatients, hospital responsibilities, and church commitments; I was seldom home before 9:30 p.m. in the evening. I did not round on Sabbath, but would go into the hospital and round after sundown, thus missing out on Saturday night family time.

I got up at 4:00 a.m. and had devotions. Exercise was at 5:00 a.m. I took a fast shower at 5:30 a.m. then read to the children from 5:45 - 6:00 a.m. We had family worship at 6:00 a.m. followed by breakfast at 6:15 a.m. We were together as a family for prayer meeting and church. We took no vacations. And this was my life for 17 years! From time to time I told my wife I was going to change my schedule. At first she had hoped that my resolutions would actually happen. But each time some "important" and necessary interruption would interfere with my intentions to change my pattern, and I would disappoint her and become even more busy.

Unsurprisingly, as our children became primary age, none of them were interested in becoming physicians. When my children were asked if they were going to be doctors when they grew up, their response was always the same. "No. Doctors never have time for their children."

I loved being busy. Like alcohol, it was a wonderful escape. I could pick and choose what I wanted to do. If I didn't want to do something, I could always get by with simply saying, "I am too busy." And everybody knew it was true and would give me a pass. If I did something in an under par manner, people would excuse me, because I was so busy. It was great. I could be respected and do what I wanted.

I finally woke up during a special weekend on the home. The speaker talked with me and warned me about his observations of my children. Our oldest child Rachel, nearing her teenage years, was becoming more and more rebellious. Although she hid it well, the speaker who specialized in problem children told me that Rachel was becoming alarmingly rebellious. I could not dismiss this information. And I was confronted with the reality of something I did not want, a child that was in the process of rejecting Jesus.

With earnest prayer to adjust my schedule to save my children, God gave me strength to make immediate changes. My wife had given up hope and was astonished to see real changes come into our schedule as I dropped committees, cut back on work hours and dropped privileges in all but two hospitals.

For the first time we actually took a family vacation. I began to learn how to interact with my own children. Rachel and I planned and took a daddy-daughter trip to Washington, D.C., where we went through the Smithsonian Museum and saw various historic sites and monuments.

Later, we attended a seminar together. Although she was softening, it was not until she participated in Net '95 and in response to an appeal by Mark Finley completely surrendered her life to Jesus and turned her life over to Him. The change in her was both immediate and dramatic. She became a powerful influence for her younger brother and sister as well as the young people in the church. My income was cut nearly in half, but my happiness was more than doubled. I thank God for rescuing me so he could rescue my children.

The Value of One

by Michael Robinson, MD



MICHAEL ROBINSON, MD, is a family practice physician serving as medical director of the Guam Seventh-day Adventist Clinic. He and his family have lived on Guam since 1998.

At the Guam SDA Clinic it's almost impossible to remember every patient that passes through our doors, but some leave a lasting impression.

Roger was one such patient. Dr. Hugo Leon heard Roger in the next room before they met. As Dr. Leon finished up the last sutures on an elderly woman with a bad laceration, he silently prayed that the Lord would help him with the next patient.

He finished the paperwork and aftercare instructions, and then it was on to Roger, who was in a bad mood. He had waited 15 minutes for the doctor and he was in pain.

Roger was born and raised on the island of Guam. He dropped out of high school and started working in construction. On the job he connected with a friend group that led him into a life of drugs and homelessness.

One day the unthinkable happened. Roger was on a new job putting up a steel building which required a lot of strength and heavy lifting. Roger was in a weakened condition from a life of drug use, and he sustained a work-related back injury. This led to multiple back surgeries and chronic pain medications.

Dr. Leon was on duty at the Guam SDA Urgent Care and it was now time for him to enter the patient's room. Roger demanded pain medication now. It didn't matter that Dr. Leon wasn't his primary care doctor. Dr. Leon wisely referred him to a pain specialist since Roger's primary care provider was off-island.

A week later Roger was back to see Dr. Leon. The pain specialist had advised a complete taper from all narcotics which made Roger upset. But Dr. Leon's fair and consistent approach softened Roger's heart and he reluctantly agreed to the treatment plan. He asked if Dr. Leon if he would be his new primary care provider.

At Roger's next clinic appointment, Dr. Leon said, "Roger, we have a Bible study for patients that meets at our home each Tuesday night. Would you like to come? You'd be most welcome."

Roger accepted the invitation, and the following Tuesday night he attended his first-ever Bible study at Dr. Leon's house. We were there that evening, my family and I, and that's how we first met Roger. It was a joy to witness his growth in the Lord week after week as he came, eager to learn of Jesus and His amazing love.

Over time Roger learned more and more about the wonderful Creator God who was preparing a home in heaven for him. He learned of the prophecies in Daniel and Revelation.

"This is so interesting!" he exclaimed.

Six months passed and Dr. Leon announced he was returning to the States. I became Roger's new primary care provider, and my wife Tina and I took over leadership of the Bible study that Dr. Leon had begun.

Our friendship with Roger deepened and he even began attending church on Sabbath. As he continued his treatment plan to end narcotic use, Roger transitioned to a non-opioid based treatment plan with full consent and approval.

However, 30 days later Roger was back at the clinic asking for a 30 day supply of narcotics . . . again. I reminded him that we had already given him his last prescription for narcotics and now we were continuing the non-opioid treatment plan he had agreed to for pain control.

Roger was very angry. He left the exam room and went to the lobby where he asked to use the receptionist's phone. After placing a call he slammed down the receiver and broke the phone. He was dismissed from the practice that day.



Roger stopped coming to church and Bible study. He found another primary care doctor. Sometimes he would still call to ask me questions.

Another six months passed and one Thursday afternoon I drove over to the hospital to do rounds. At a stop sign just outside the hospital entrance I glanced across the street and spotted Roger standing on the sidewalk waiting for a bus ride home. He had just been released from the ER.

I rolled down my window. "Hey Roger! Do you want a ride home?" I called out to him. Roger looked at me as though he had seen a ghost.

"Do you want a ride home?" I repeated my question.

"Yes," he replied, as he came over to the car and jumped inside. On the way to his home he told me what had happened over the past few six months. He had been through a lot.

"Roger, do you remember the song, 'Jesus Loves Me'?" I asked.

He didn't. So I sang it for him: "Jesus loves me this I know, for the Bible tells me so. . . ."

"Roger, would you like to invite Jesus into your heart today?"

"Yes!!!" Roger exclaimed. He prayed and invited Jesus into his heart as Lord and Savior.

I shared with Roger the gospel message so beautifully expressed in John 3:16, "For God so loved the world that He gave . . . " and



explained each word in the verse. The deep significance of this passage seemed to penetrate Roger's mind.

Soon we arrived at his home, a simple one bedroom apartment that he shared with his mother. His bedroom was the living room and the couch was his bed. His mother welcomed him home.

I waved as I drove away.

The next morning (Friday) at 6:20 a.m. my phone rang. It was Roger's mom. "He's gone! He's gone!" she cried out in anguish.

"Who is gone?" I could hardly process what I was hearing.

"Roger," she wailed. "He is dead. The ambulance just picked up his body and took it to the hospital."

Later that day the rest of the story unfolded, as related to me by Roger's mother: "Roger was so happy when you dropped him off last evening. He ate dinner with me, prepared for bed, and went to sleep on the couch. This morning he was still asleep when I got up to make breakfast. When I went to awaken him, I found him dead. The ER doctor said he died in his sleep from a heart attack."

I was so glad Roger had accepted Jesus into his heart the night before.

Medical missionary work can be messy, but it's worth the effort and the rewards reach to eternity.



Guam SDA Clinic Update

At the Guam SDA Clinic our 11 providers see 3,000 patients a month. We are one of the busiest medical clinics on the island, and we strive for excellence in patient care.

Pandemic response

During the Covid-19 pandemic, God blessed by providing all the staffing we needed ahead of the lockdowns when we were unable to recruit or leave. We put up a tent outside where we saw 9,000 patients with Covid symptoms.

God protected us. I ended up getting sick myself and was hospitalized in the ICU and placed on high flow oxygen. Thanks to God's blessing and the prayers of many friends on my behalf, I recovered.

Post-Covid evangelism

During Covid we were unable to conduct any outreach programs, but we have now had our first evangelistic series since the pandemic began and the response has been very favorable. Many people are asking questions now about how to prepare for the future and wondering what is going on. It was a great opportunity to share.

In home medical care

Once the Covid restrictions were lifted, we sent out a team to villages in the south part of the island where the needs of the native Chamorro people are great. For the past five years the Pathfinders had been working with the mayor's office to provide food and clothing for these people. Because of that connection, the mayor's office was happy to work with us and assign us homes to visit. Under the leadership of Dr. Daniel DeBardalban, our team has been visiting people in their homes and providing much needed medical care.

Personnel needs

We have significant needs for an ob-gyn and a pediatrician. If anyone is interested in finding out more please contact me at mrobinson@adventistclinic.com.

Vision

Our focus at the clinic is on providing excellent, high quality healthcare. We recently added a full time chaplain to our team. He is working with our patients and providers and following up with Bible study interests. Many people were anxious during the pandemic and now they want to know more.



Photo #1 - Dr. Hugo Leon held a Bible study at his home each week while he lived on the island of Guam.

Photo #2 - Dr. Hugo Leon, his wife Rachel, and daughter Nathania befriended Roger during their weekly Bible meetings.

Photo #3 - Bethany Helm, a physician's assistant at the Guam SDA Clinic, checks a pediatric patient during a home visit.

Photos #4, 5, 7 - The Guam SDA Clinic team enjoy the opportunity of working with patients in the home setting.

Photo #6 - Dr. Michael Robinson sees a patient in the Guam SDA Clinic.

Working Together for Good

by Yury Bondarenko, MD



YURY BONDARENKO, MD, MPH, is a psychiatrist and addiction specialist. He grew up in Russia (formerly the USSR) where he studied medicine and later worked as director of the health ministry department of Rostov-Kalmykian SDA Conference from 2001-2013. In 2013, the Ukrainian Union of Seventh-day Adventists invited him to open a medical clinic on the outskirts of Kiev where he oversaw the building project to completion. Since then the Kiev clinic has served as a center of influence, offering lifestyle programs as well as acute dental and medical services.

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

Before the latest escalation of the war between Russia and Ukraine on February 24, 2022, the Angelia Clinic, of which I am a part, operated only in Kiev. At the time our medical team consisted of ten doctors working in our outpatient clinic, and three doctors worked in our 13-bed inpatient clinic. Services included mental and family health, dentistry, family medicine, neurology, obstetrics-gynecology (ob-gyn), ultrasound, clinical laboratory, cardiology, and otolaryngology (ENT).

When the war started we activated our emergency plan, which included evacuation of the Kiev clinic; however, several dentists, physician’s assistants and nurses stayed behind. For their safety they moved into the clinic, which served as makeshift living quarters by night and clinic by day. The limited staff have continued to treat patients since the war began.

The rest of the healthcare providers from the Kiev clinic relocated to a Chernivsti, Ukraine, near the Romanian border. There, we opened a mobile Angelia clinic.

With so many people in turmoil over the war, we decided to provide all our services for free except some major dental procedures and prosthodontics. This hasn’t been easy, as we ourselves are internally displaced people who are also in need of support.

Our friends and donors of supporting organizations in the United States like Outpost Centers International are helping with operational expenses. And now, gradually, some patients are starting to make donations after they are seen.



Some pay cash. That helps with our income stream although we are still dependent upon donations for operations.

Now the Lord has opened the door for the Adventist-run Bethany clinic to accommodate the Angelia clinic with them in one building in Chernivtsi City. We are now friends and partners, working together at a second location. Meanwhile, three doctors have returned to Kiev to restart the inpatient program.

Many people do not have access to medical care. To accommodate this need we purchased ambulances, a trailer, and a truck to serve as infrastructure for a new mobile clinic. This doctor’s office on wheels is now providing services for displaced persons in Western Ukraine.

Seventh-day Adventist churches have joined together with us in organizing medical clinics for their various communities. So far, we have visited 28 cities in the ten weeks since our mobile clinic was established. We operate two mobile clinics each week, seeing about 50 patients per day, and we are planning for a week-long, mobile clinic trip to visit several cities in a short time.

Our set up includes a staff van, an ambulance equipped for ob-gyn services, a medical laboratory on wheels, a mobile dental office and a dental hygiene unit. We are planning to get a truck for mammography and x-ray. Women’s health is a priority as breast cancer rates are very high.



We have visited rural areas where displaced people are living, including formerly occupied cities and villages in Northern Ukraine. There is a lot of work today. The UN published a report that 1,000 schools and 500 hospitals have been destroyed in the war thus far.

Most of the patients we see are refugees or displaced persons. Seventy percent are women and children and include people of all ages and from all walks of life. Many are poor and jobless.

I am amazed to see how God is working, and now we are praying for God's leading and wisdom to manage these new services.

Addressing spiritual needs is also something we have always done, and now patients seem particularly receptive.

In a patient feedback meeting they said they are happy to see a doctor, but they appreciate prayer even more. People have experienced so much pain; only prayer can heal these wounds. Our chaplain conducts anointing services for those who desire it. We are distributing GLOW tracts and inviting people to our worship services on Sabbath in Kiev and Chernivsti. We have also had baptisms during the war.

As we care for both the spiritual and physical needs of our patients, we see the value of having like-minded Adventist staff. At present 75% of our team are Seventh-day Adventists.

God has also brought others to help us, such as an orthodox nurse from Mariupol city. She escaped and has been working for us and joining our daily prayer service at 12:45 p.m. She is part Greek, part Ukrainian. She prays in her native Greek language. We've also been blessed with a young dental assistant from Mariupol. Recently a third nurse from an occupied area joined our team. Her parents used to visit the Adventist Church and now have church at home. When they heard about our clinic, they were very happy for their daughter to come and work for us. So our mission fields extends to our staff as well as the people we treat.

What Satan intended for evil, God has turned to a blessing. At the start of the war we had only one clinic in Kiev. Now we are operating two clinics plus a mobile clinic.

Please pray for us. We need your prayers and your help. We are inviting foreign doctors and health professionals to come and join us as our work expands. For more information please refer to our website, angelia.ua, or email me at yury.bondarenko.llu@gmail.com.



Blessings after 100 days of war

"For we can do nothing against the truth, but for the truth" (2 Corinthians 13:8).

The 65 Ukrainian Angelia clinic team members have dedicated their gifts to the Lord to be used in His service, including 16 doctors, 17 additional medical staff, 14 technical and management support, and 18 volunteers. The results of their self-sacrificing efforts are summarized here:

Approximately **20-40** displaced people sheltered in the Angelia clinic building daily.

Forty evacuation convoys were made from Kiev, enabling the evacuation of **600-plus** people.

Sixty-two vans loaded with humanitarian aid delivered supplies to more than 10 cities.

More than **4,600 medical services** were provided in two Angelia clinic locations.

More than **30,000 loaves of bread** (over 30 tons) were shipped, delivered and shared.

Over **50,000 kilometers** were covered by our drivers.

An **8-12** member Angelia mobile clinic team visited **26 cities, towns, and shelters in 25 days**. They treated more than **1,000 patients** and provided more than **2,500 medical services for free**.

Over 2,700 patients received free medications from the Angelia pharmacy.

God is so good to us!

Thank you very much for your support!





'Radical Rescue' Mission Team Responds to Ukraine Crisis

by Susan Duehrssen

①

②



SUSAN DUEHRSSSEN, RN

coordinated logistics for Radical Rescue's mission to Ukraine.

Twelve days after Russia's attack on Ukraine, Dr. Michael Duehrssen, a life-long emergency physician with rescue task force and tactical team training and experience, deployed with a nine member medical team for Ukraine. Having led large medical groups into remote areas of underdeveloped countries on many occasions over the past 15 years, it seemed to him the natural thing to do.

Several years after starting his career in emergency medicine, Duehrssen had a deep desire to provide young people with the opportunity he wished he could have had — funneling a love of adventure into helping others. God directed that desire into the development of the International Rescue and Relief Program at Union College. It was one of Duehrssen's former students, a graduate from the IRR Program, that prompted Duehrssen to respond to Ukraine. Kory Meidell, a leader in the Christian disaster response organization Gideon Rescue Company, called at 5:00 a.m. Sabbath morning. It was day six of the war. Kory was in Ukraine and eager to share with Michael how his team was responding to the people's needs in their desperate hour. Kory encouraged his former professor to respond, too. After their long conversation, Duehrssen was eager to investigate if there was a way his skill set could be useful.

Within three days of that unexpected call, Duehrssen had made contact with Dr. Yuri Bondarenko, an Adventist psychiatrist in Ukraine

and director of Angelia Clinic in Kyiv. Dr. Yuri confirmed there were needs for which a medical team could provide assistance. A wide variety of basic medications and supplies were desperately needed.

Tactical medical training to territory defense units deploying to the front lines was urgently desired. Mobile medical clinics to refugee camps located throughout the Chernivtsi region were also an imminent need. Everyone of these needs matched Duehrssen's skill set, experience and resource connections. He was ready to move forward.

In the interim of those three days, Duehrssen also received phone calls and personal inquiries from medical professionals across the country. People were inquiring if he had plans to deploy and asked if they could join his team. Family members and colleagues, both near and far, heard about his plans and volunteered to assist him in urgently acquiring everything from tourniquets and bandages to antibiotics and suture under the umbrella of his non-profit organization, Radical Rescue. God's inspiration and orchestration was obvious in the cascade effect of so many people coming together — largely unsolicited — to help.

Within five days of Meidell's prompting call from Ukraine, a team of nine, comprised of physicians, nurses, a paramedic, an EMT, an EMR, a medical student and a chaplain/interpreter, with more than 18 trunks of medical supplies, pharmaceuticals and hygiene items, began departing for Ukraine.



Dr. Yury coordinated the medical team's transportation across the Romanian border into Ukraine. Angelia Clinic's medical director Dr. Serhii Serdenicek coordinated the assembly of multiple large groups for training in tactical medicine, distribution of 100 tactical medical kits to soldiers, arrangement of mobile medical clinics at several remote refugee camp locations and restocking and distribution of the extensive pharmaceutical, medical and hygiene supplies the team brought with them.

An additional evidence of divine orchestration was realized when a group of nine volunteers from Weimar, California, under the direction of John Peacock, arrived in Ukraine at the same time. This team's purpose was to aid those traumatically displaced by the war with emotional and spiritual support. The healing ministry of this group was profoundly evident as they worked alongside the medical team.

If God has placed on your heart the desire to be of service, He will certainly lead the way for you to make a difference. As there is no assurance for any of our futures, be prepared mentally, spiritually and physically for any possible scenario, particularly if God is directing you to an area of instability. Should you find yourself being directed to serve in Ukraine, you will find your brothers and sisters in Christ there to be an incredible inspiration and blessing as they are indeed a model of true Christian service.

Angelia Clinic Contact:

Dr. Serhii Serdenicek, Medical Director
Mobile Medical Clinic Coordinator
+380 93 986 9246 | WhatsApp



Photo #1 - Grant Hartman, a mechanical engineer who is also a medical first responder assisted in tactical training as well as triage at the mobile clinic.

Photo #2 - Miles Stafford, a highly experienced paramedic who spent time on the front lines in Iraq, teaches a civilian group eager to learn basic tactical rescue skills.

Photo #3 - Susan Duehrssen participates in tactical training.

Photo #4 - A Territory Defense Unit was trained by Radical Rescue's medical team.

Photo #5 - Everyone receiving tactical first aid training learns to bandage wounds.

Photo #6 - A Ukrainian civilian practices first aid skills.

Photo #7 - Drs. Michael Duerhssen, Serhii Serdenicek and Heath Cotter sort medical supplies.

The Health Effects of Technology

by Neil Nedley, MD



NEIL NEDLEY, MD,
is the president of Weimar University, an author, and founder of Nedley Health.

Someone asked me the other day, “Why is mental illness so much more common among young people today than in previous years?” But not everyone is in agreement with that assessment.

Some young people believe that there has been no real increase in mental illness, but rather a greater awareness of a long-standing issue. Since it is now socially acceptable to be mentally ill, people are willing to talk about their issues. In the past there was a stigma attached to being mentally ill. Things have changed to the point now that if you’re a young person and you’re not on antidepressants, you aren’t normal!

The idea that being mentally ill is normal is actually false. This supposed normalization of mental illness in society does not account for the rapid rise that we see now. The truth is that symptoms of poor mental health were in reality far less prevalent before 2011 than they are now. Rates of depression and anxiety have more than doubled since then.

America has led the way worldwide in this rise of mental illness in the young, but other countries are catching up. It turns out that there is a very consistent association between the use of technology, and smart phones in particular, and mental illness. By the year 2011 when over half of Americans owned a smartphone, a noticeable rise in mental illness was noted in the young; this correlation is seen in every country once over half of its population owns a smartphone.

Why? The smartphone is a super stimulus. It has all of your friends, the public library, any newspaper you want, and photos of everyone you know, a TV, a radio, and additional photos and information on almost everyone in whom you might have an interest. Plus it’s a camera and a

theater. It can host boisterous parties. And it’s all compressed into one small object about the size of your hand.

Whenever it rings or buzzes it interrupts your train of thought. You can’t keep your mind off of it. Studies show that when a text message comes in, blood pressure goes up whether you check the text or not. The same is true of cortisol levels.

Using phones or devices for education has not proven to be very effective. Students who go online to do their homework or to find information for class are distracted from their original purpose within 0-5 minutes and begin looking at other things. They might be innocent things, but it is the division of attention that is causing changes in our ability to focus in a very important part of the frontal lobe: the anterior cingulate gyrus, which is precisely the area that is needed to handle distressing emotions. If the brain doesn’t develop the ability to focus, it will not be able to handle stressful emotions. Humanity’s ability to focus is at an all-time low. That’s why two minute YouTube videos are much more popular than one-hour long videos, unless the longer video has rapid scene of reference changes found in entertainment movies. But these movies also impede the ability to focus. People who can’t focus can’t learn.

When 50% of the population of a country owns a smartphone, rates of depression and anxiety skyrocket. Even in countries like Kenya, which historically have very low rates of depression, we are seeing massive increases in suicide rates and depression, corresponding to when over 50% of Kenyans acquired a smartphone.

One of the reasons smartphones are so dangerous is social media, which is based largely on images. These often digitally-altered images are not based on truth. Sometimes people will take 1,000



pictures of themselves before finding just the “perfect” photo to post. While social media purportedly exists to foster connection and friendship, in reality it engenders competition, comparisons and feelings of low self-worth.

The Bible says, “For we dare not class ourselves or compare ourselves with those who commend themselves. But they, measuring themselves by themselves, and comparing themselves among themselves, are not wise” (2 Corinthians 10:12, NKJV).

People at first are attracted to social media in order to connect, but most people eventually end up comparing themselves to others much more than connecting with them.

We once witnessed a telling example of how social media posts do not portray the truth. We were traveling up a fjord in New Zealand on a tour boat. Before us was a gorgeous, 5,000 foot waterfall. Two ladies who were traveling together were engaged in a heated argument. They were very upset with each other. But when the boat reached the perfect location for a selfie, they paused their argument to take a selfie of them smiling and looking happy. After taking the selfie, they stopped smiling and the fighting resumed. Anyone seeing their post would think they were having a great time, but in reality they were miserable.

What is really happening is that we are comparing straw men and women. People edit out their flaws in the pictures they post. It is an unrealistic representation of who they are. A few months ago an uncomplimentary, unedited photo of one of the Kardashians surfaced in the media. They were so upset to be revealed as less

attractive than the false images that had been up until that point exclusively portrayed to the public.

Add these challenges to the fact that accurate, truthful information is often censored by the ten tech giants that often only allow their distorted narratives on crucial topics to be viewed on the internet.

When people do a search for gender dysphoria, for example, they won’t find the truthful scientific answer. If they are curious to know about sex, they will not find a portrayal of the biblical model of exclusive sex within marriage. They will only be able to access false views of intimacy such as pornography, prostitution or casual sex which are false pictures of love. When people become attracted and drawn to falsehoods, it can ruin relationships and ruin the brain.

God Himself knew there would be major adverse consequences if He were worshiped through images. All the images of Christ portray Him in a false light. The internet is full of such representations. Often the real truth about various issues cannot be found on the internet or it has been censored.

What is the answer?

In this age it is unrealistic for most people to get rid of their devices altogether. That isn’t the long term answer. However, for those who are addicted to their phones, taking a complete electronic fast for six weeks has been found to be very helpful. After that, use of digital media should be minimal and restricted to less than one hour a day for non work-related activity. And it’s



not just what you want to look at, because being on the internet with no purpose is more than a waste of time — it actually causes adverse biochemical changes to the brain.

I highly recommend the book, *Digital Minimalism*, by Cal Newport, a secular computer programmer. He says the only way we can have success in utilizing our devices is when we treat tech the way the Amish do. When a new technology comes out, the Amish look at it and ask, What are the downsides? If they decide the downsides, even on occasion, outweigh the benefits of technology, they don't allow it in their community.

It's alright to use apps that don't get you hooked, like the alarm clock, maps, a calculator, All Trails, Audioverse, EGW or the Bible, for example.

Eliminating social media will be very helpful for most people. I have a Facebook account but I don't even know how to get on it. I don't monitor it. Someone else posts announcements on it for me when I have a face to face presentation. I never use social media as a means of connecting personally with people because that would take me away from real face to face interactions with people.

If you're someone who gets stuck on YouTube, the wise choice would be to prevent it from ever being available or make it password-protected with an accountability partner.

Other major distractions created by smartphones are the push notifications for such things as new text messages and emails. It's a good idea to turn these off. Check your email once a day instead of throughout the day.

Everyone needs to focus their brains on the task at hand.

Otherwise, if your brain is being interrupted by notifications throughout the day, the anterior cingulate gyrus in the frontal lobe begins to prune itself because focused attention is no longer needed, also compromising the ability to manage distressing emotions.

These challenges point to an underlying need for each of us to exercise self-control, a fruit of the Spirit which results from full surrender of the heart and mind to Christ. In Romans chapter seven Paul wrote of the challenge of being lured into doing the things he didn't want to do. But personal encounters with Christ such as he had on the road to Damascus led to a new experience in Paul's spiritual walk. No longer was he captive to the discouraging cycle of stumbling and falling, sinning and repenting as he surrendered to his new identity in Christ. As he was taught of the Lord, he would submit his will to Him and not go back to his old ways.

When addressing these issues with our children, we need to understand that they don't have a mature frontal lobe capable of controlling their media choices on their own. They might have right desires, but they need a guide in making right choices.

Recommendations for children

It's best to keep children away from screens and phones as long as you can — none before age 12. When a child reaches age 12, you will want to make sure all the child parameters are in place on their device. They should not be able to surf freely.

Unfortunately, a lot of children will learn more from their devices than they will from the average parent. When this occurs they will stop asking parents questions, instead seeking out answers online and thinking that the device knows more than mom and dad. The internet is biased. Children will not learn factual answers on issues such as gender or other important issues facing families today.

We have found that many of the individuals who attend our inpatient anxiety and depression recovery programs are so addicted to their devices that they say they would rather fast from food for 10 days than be without their devices (or smart phone) for 10 days. They believe their anxiety and depression will increase without their phone.

I've seen situations where children hate their parents if the parents try to take their devices away. I've seen them threaten suicide. In one case a child jumped out of a moving car and died because their mom took away their phone. The addictive element with devices is stronger than alcohol. Alcohol is very addictive, but this is even worse.

It was never God's intent that all humanity would live in one place, united, all receiving the same information. To slow the proliferation of sin, it was His purpose that we would spread out, rather than congregating in cities. When the tower builders at Babel ignored God's instructions, He intervened by confounding the languages and separating people so they would be raised by families, not by cities.

These devices have effectively nullified the division of languages. All humanity is now uniting over the information shared on the internet and which is accessible to all via their phones. And it's possible to predict what people will believe based on how much time they spend on their phones.

In order to preserve God's order in the home, parents must have good media restrictions in place, such as not allowing it at home or else carefully regulating its use.

Families can benefit from spending time together, time with God, and allowing time for meditation and prayer. Children especially need to spend time working with their hands to aid in the development of their brains.

In our culture children experience a lot of pressure from peers to view content on their devices. When I was growing up, my father was ahead of the game regarding entertainment TV. None was allowed in our house. My friends would talk about all the shows they were watching. It all sounded so appealing. But the only time I got to see these programs was when I was visiting at a friend's house. But as we got older I noticed that my peers were interested mostly in superficial things while I was more interested in acquiring true knowledge. At campmeeting I preferred going to adult meetings even as a youth.

Parents today can stimulate a love for learning in their children by restricting media input and spending time with them in the garden or doing chores. When I was growing up my father utilized mealtimes as an opportunity for education. He was always teaching and very engaging. He would teach us by asking questions. He would ask us to tell him about the events of that day.

Today, parents often have little idea what is going on with their kids who are absorbed in their media devices; kids seldom tell their parents what they're going through.

Doctors, if you are addicted to your device, your children will be addicted 10 times more. It's important for us as health professionals and parents to lead the way. When you get home, don't sink into a device. If you do, your kids will model that. I would recommend you turn your own smartphone into a "child phone" which can be done on I-phones and androids. Work with an accountability partner to take away any problem apps for you or any problem sections of the internet such as YouTube. Let them know the password so you can't override it unless your partner agrees. This has helped scores of people be far more successful in their families and has opened the way for them to flourish.

Furthermore, godly intimacy, which is the only basis for true happiness in marriage or the family, is never displayed online. There are a lot of things you miss out on when a portion of your free time is spent online. Many think that if they are not on their device they will just be bored by sitting within four walls of their house with nothing to do. False! It is not natural to do that. When you quit using devices you will spend more time outdoors, working with your hands, or in real face to face interactions with family and others. This is so much healthier for your brain and your relationships.

May God help us and give us wisdom as we seek His guidance and protection from Satan's traps.

May God help us and give us wisdom as we seek His guidance and protection from Satan's traps.



Providing for the least of these

a sustainable model for a church-based free medical and dental clinic

by Noura Elloway, RDH



NOURA ELLOWAY, RDH,
is a Loma Linda dental hygiene graduate. She manages the dental practice of her husband Randal Elloway, DDS, in Red Bluff, California, and serves as secretary of their 501(c)3 corporation Adventist Compassion Care.

In the parable that Jesus told of the sheep and goats, Jesus [the King] made this profound observation: “Verily I say unto you, Inasmuch as ye did it not to one of the least of these, ye did it not to me. And these shall go away into everlasting punishment: but the righteous into life eternal” (Matthew 25:40).

After Randal completed dental school at Loma Linda in 1992, he joined an existing dental practice in Red Bluff, California. Eventually the senior partner retired and we bought the practice. We built a new office building in 2003.

Everything was going well. God was blessing our business and our family which now included four children. It was my job to answer the phone when people would call the office to make an appointment. Sometimes people in great pain would call requesting to be seen. But since they couldn’t afford to pay, I had to turn them away because we are a private pay, private insurance-only practice.

I felt guilty about this. Something wasn’t right. I thought of the words of Jesus quoted in the text above. I thought of how we are going to be judged based on our treatment of the poor. Randal said, “We travel to the other side of the world to do missions but we don’t do it in our own home town.” He said, “We are told that we are going to be judged based on our treatment of the poor.”

These thoughts were still stirring my mind about the time one of the first large Pathway to Health events was held in Oakland. We decided to participate. It was a good experience for us, but the hard part was seeing so many people who had come for help turned away. There were too many of them and not enough providers to see them all.

After that we started thinking. What could we do in our community to meet the needs of the poor? Pathway to Health had planted a seed, but we wanted to create a sustainable free health clinic model that would provide for the needs of the poor in our community on a regular basis. We decided to aim for quality over quantity and schedule accordingly so we wouldn’t have to turn people away.

We discussed ideas with our pastor and our fellow church members. What if we were to set up a free clinic at our church? After investigation, we learned that local zoning codes prohibited us from doing that. We asked the conference for help but they said they were unable to do so.

That led to a decision to start a non-profit organization called Adventist Compassion Care (ACC) with officers from our church including Bradley Smith, MD; Gordon Lui, MD; my husband Randal Elloway, DDS; and Stan Ramley, DDS. I would serve as secretary for the group. An additional nine persons from our church served on our advisory board.

Since we couldn’t start a clinic in our church, we decided to use what we had: our dental office building. In 2014, we welcomed patients for the first time to our free clinic on a Sunday morning from 9 a.m. to 1 p.m. We offered basic dental and medical services for free. Janet Lui became our operations manager, an indispensable part of our team. Our pastor served as chaplain. Prayer was offered for every patient.

That template has served us well. We have become known in our community for the free and compassionate care at the clinic each month. We limit the number of patients seen to 20. Our services are funded by donations.



Initially we did not see much fruit from our effort, if one is looking to baptisms as a gauge of success. But God was refining our characters and preparing us for a later harvest.

One of the keys to our success has been prayer. We have asked God to guide in every detail from the inception of our ministry until now. Our ACC team meets each Monday night to pray and ask for the Lord to continue to lead.

The rewards have been immense. We started a health and wellness Sabbath School from 9:15 - 10:30 a.m. at our church each week where we share the principles of healthful living. We refer our patients to that class and many have attended. Three are preparing for baptism. More than that, we have built many relationships with our clients.

We praise God for our team. Every member is valuable. And our community has learned that there is more to Adventism than avoiding meat or pork!

Our vision for the future includes adding a vegetarian cafe on the property with our office building and acquiring a pristine 40-acre property in Northern California for an outpost center that includes 17 bedrooms and 50 RV sites.

God's ways of reaching people are the best. We are attempting to pattern our ministry after that of Jesus. "Christ's method alone will give true success in reaching the people. The Savior mingled with people as one who desired their good. He showed sympathy for them, ministered to their needs, and won their confidence. Then He invited them, 'Follow Me'" (*Ministry of Healing*, p. 73).

We would be happy to share more of our experience with those who are interested in developing a similar community outreach with their church. Our contact information follows:

Dr. Randal and Noura Elloway
(530) 527-6777 (office)
(530) 518-3420 (cell)
noraelloway@hotmail.com



Against all odds

by Megan Trecartin, MD, and Andrew Trecartin, MD



At the time of writing, **MEGAN TRECARTIN, MD, AND ANDREW TRECARTIN, MD,** were physicians (family practice and general surgery, respectively) at the Bere Adventist Hospital in Chad, Africa. Chad is in the 10/40 window and has over 80 unreached tribes within its borders. Andrew was accepted into pediatric surgery fellowship in Colorado starting August 2022 and the surgeon originally planning on filling his place at the hospital was unable to come.

The young girl with eyes typical of her nomadic tribe arrived at the hospital with a swollen face and neck. It was a Friday, and the operating room was booked. Her symptoms began with a toothache that just got worse and worse. Intravenous antibiotics were started immediately, but the patient showed no signs of improvement. Soon it was obvious that she had the dreaded necrotizing fasciitis of the neck.

Necrotizing fasciitis is an incredibly dangerous infection that kills living tissue and spreads rapidly. Even with rapid debridement, mortality in the United States is quite high, and it's even higher here in the heart of Africa where intensive care is basically non-existent.

Andrew and Dr. Bobabe, a young first year Adventist Chadian doctor, took the patient to the operating room to prepare for surgery. Jorrdan Bissell, a fourth year medical student from Loma Linda was also assisting.

As Andrew prepared his materials, the young woman who we will call Hawa started breathing with stridor. Hawa grabbed Andrew's arm and looked at him with sheer panic. Andrew knew death was near and told Dr. Bobabe to run inform her family. The girl collapsed back on the operating

room bed, not breathing. "I have to cut, and fast," Andrew told himself internally as he found the closest scalpel.

The pressure mounted as her oxygen saturations dropped to zero percent. She was blue and her blood was black. Reaching her trachea amidst the putrid tissues and placing a tube, they were able to start breathing for the patient. Her eyes rolled back in her head and she convulsed with a violent seizure. Even though her heart was beating, she could be brain dead. As her lungs received the life giving ventilation through the tube, her oxygen saturation on the monitor started to rise to 30%, then after a few minutes to 60%.

"Maybe she can survive debridement," Andrew thought, "if her vitals improve and stabilize."

Deciding it was worth it to try for this young woman, the surgery began. Massive amounts of dead tissue were scraped away from her neck. Finding live tissue finally deep in her neck and chest, her wound was packed. Hawa was transported to the surgical ward.

The surgical ward here is a dusty and dirty place. Patients are housed together in open air rooms with beds separated by 3 feet. Whole families camp out on hospital grounds and around hospital



①



②

beds for weeks as they wait for healing. They also may wait for months here for elective surgery. For many people in Chad who live mostly outdoors, spitting and urinating on the floor happen frequently. The nursing staff try desperately to keep up with the dirt and filth, but it is challenging. This is not the environment you want to send your freshly debrided neck with now a tracheostomy—not to mention the nurses are not trained in tracheostomy care. There is no suction on the wards. The last patient who required a tracheostomy died after 2 weeks from a mucous plug despite trying to suction regularly. It was a risk and a gamble, but our young patient's only option.

Together, the OR staff grabbed one of three suction machines in the operating rooms, a converter and an extension cord. They looked for an outlet on the surgery ward. Patiently they taught the family how to suction. A humidification tent was fabricated from a plastic bottle. The family was counseled to moisten the gauze over her tracheostomy every 30 minutes. Everyone prayed for healing.

Hawa survived that night and the next night. Hawa communicated with her eyes and hands. The family and nurses faithfully suctioned out her tracheostomy. She underwent multiple follow up

debridement operations to control the extensive rotting flesh. Weeks passed. Hawa began to improve. After living within seconds of death from a mucous plug for two weeks, the tube in the trachea was able to be removed. She lost no time in talking. She wasn't brain dead! God had saved her!

The day she was discharged from the hospital, she met with all the nurses and staff to express her gratitude for how God had saved her through the care she received at the Hôpital Adventiste de Béré.

Here in the 10/40 window, many tribes do not have an opportunity to encounter Jesus in a meaningful way. We pray that the interactions and miracles that happen in our rural hospital will give just such opportunities.

Photo #1 - Our house in Chad during the rainy season.

Photo #2 - Twice weekly produce market on the hospital compound. The women travel 2-3 hours one way on terrible roads to bring it to Béré.

We desperately need short-term and long-term surgeons to provide coverage at the hospital. We also need volunteers from other specialties and health professions. If interested, please email Dr. Staci Davenport at stacild@gmail.com.

The Turtle Wins the Race

by Randy Bivens, MD



RANDY BIVENS, MD,

is a financial planner and president of Bivens Medical Corporation. He also owns a Washington corporation providing consultation in imaging, and he is a partner in six LLCs which provide apartments to people mainly in Tennessee. He is also a partner in two LLC's which own commercial property on the East coast.

I don't know how many doctors in their early 60's have said to me, "I don't want to work anymore but I have to." They're unprepared, financially, for their retirement years. It's not uncommon for them to have made bad financial decisions during their working years, and as they get older they're in no position to support themselves at a time when it is really needed.

How and why does this happen?

There are exceptions, of course, but typically the decision to pursue a career in medicine or dentistry is made early in life, even before or during the academy years. Teachers and parents alike encourage bright and aspiring students who do well in math and science to choose this path. In our culture these fields are associated with status, honor, and glory. And because of the call for medical missionaries, pursuit of a medical career is affirmed by the Adventist faith.

In college, pre-med and pre-dental students excel in the sciences — biology, chemistry, math, physiology — and receive high honors. The problem is in many cases these students are not balanced through the study of other subjects or experienced in other lines of practical life or employment.

The medical and dental school experience provides more of the same — study of the sciences, preparation for boards, residency selection and achievement upon passing the final set of boards. Now these young graduates are ready to enter mainstream life and begin earning a high salary because of their training and credentials. Finally! After years of frugality necessitated by the high cost of their education, they start getting paid a lot of money.

The problem as already stated is that many of these graduates lack a basic knowledge of

areas outside the sciences such as business or psychology. But since they have excelled in everything they have tried so far, they sometimes develop the inappropriate opinion that they are good at everything.

Financial planners say physicians are the worst people to advise on finances, because they think they are already good at it. The second thing financial planners and accountants will tell you about their physician clients is that they aren't good at taking directions.

This creates a difficult problem. Here you have highly trained, productive, talented individuals with a huge defect which they are either unaware of or unable to admit to. Many physicians approach me and say, "I'm completely underwater, upside down financially. What do I do?"

Several years ago I enrolled in a course so I could become a financial planner. I offered free financial advice to anyone who wanted it. An ER doctor and his wife came to me for help. They owed money on everything — their car, their home, and more — and step by step they made changes which brought them peace and financial security. They don't live in an expensive home anymore, but it's paid for. The same is true for their cars. They gave me a big hug and thanked me, saying, "You completely changed our lives."

I encourage everyone — especially young professionals with the most to gain (or lose) — that they become educated and seek professional help whenever possible in any area in which they do not have expertise. Just because you're a neurosurgeon doesn't mean you know how to build a bird house.

Schemers and scammers often take advantage of the fact that medical practitioners are very busy with little time to evaluate financial opportunities.



They may make a very appealing pitch for investment in some entity that will either shelter their funds from taxes or provide a high rate of return. Doctors are vulnerable to falling for such schemes and not a few have lost a lot of money (and more) as a result.

If it sounds too good to be true, it isn't true.

People will say, "But it is such a good deal." I would walk away from it.

The best financial advice I can give is this. Be a turtle. Invest slowly, wisely, and keep plodding along. And always spend less than you earn.

If you're young, start planning now.

I just completed teaching a semester of economics/personal finance to a class of high school seniors. One of their assignments was to create a graph. The x axis (vertical) represented time and the y axis (horizontal) included their academic, financial, and spiritual goals.

Seven of the students in the class set a goal to be financially secure by age 42.

I told the students in my class, "You don't have to come. You can leave if you need to go to the restroom. Don't ask for permission. Just go. If you're not here, I blame myself (for not being an engaging or relevant teacher). They came every day. One kid was sick but came anyway. It was rewarding to see these young people mature and make wise plans for their future.

Within the Adventist subculture there is an undercurrent of thinking that somehow it is sinful or wrong to be financially stable and secure. God asks for ten percent of our income, but

it is easy to give 20 or 30%. We can't have passive income and financial security unless we follow the rules. Students typically receive little or no advice about planning for their financial future.

But the students in our class learned how wise stewardship now will translate into having significant financial resources later which can be used to support God's work and help others.

That's where most doctors want to be, but they don't make the right decisions to achieve that goal. When they are high income earners, it seems like there is no end to the money supply. But if they spend as they go, they will discover, like my friends who are in their 60's and wishing they could retire but can't, that they don't have enough passive income in place to retire.

It's unfortunate, because at the income most doctors are at, they should have significant income to invest within 10-15 years of starting practice. But this requires a sacrifice. It means trading short term gratification (ski boats, fast cars, big houses) for long term security.

The desire to gain wealth is biblical. Abraham was considered a prince because he had so much wealth. But he knew how to handle it. When he rescued Lot, he could have kept all the booty. It was his right. But he said, "I'm not taking a penny. You didn't make me wealthy, God did. No thanks on the plunder."

If your ultimate goal is for financial security, ask yourself: Do you want to work for your money or your money to work for you?

For those who are young, the wisest choice you can make is to continue living frugally after you complete your training and begin working. Don't fall for the material trap. Save as much as 50% of your income. Investments that are made before age 30 will have the most significant long term gain.

Sometimes financially it's better to work for someone else than be on your own because of the group employment benefits. Ideally, you work for your money, you save a significant portion, you invest in a group retirement plan (you can even do this as a resident) with 5-7% matching funds. Find out what the maximum amount is that you can put in — perhaps even up to 15% of your income. Get a self-directed IRA and invest pretax dollars. Compel yourself to do this! Money invested in this way will generate huge returns later.

About 17 years ago I started a defined benefit pension plan through my corporation. I purchased an annuity — a life insurance policy that annuitizes and they will pay you a fixed amount for the rest of your life. Life insurance returns are better.

About five years ago I closed down the defined benefit plan. I took the money out and paid tax. Now my assets are in after tax dollars, and the government can't charge me 70% tax like they did in the 1980's.

You should also consider diversifying your assets by investing 10-15% in precious metals. That is an investment and a huge hedge against inflation. Over time we see that metals hold their monetary value. That hasn't changed over the past century.

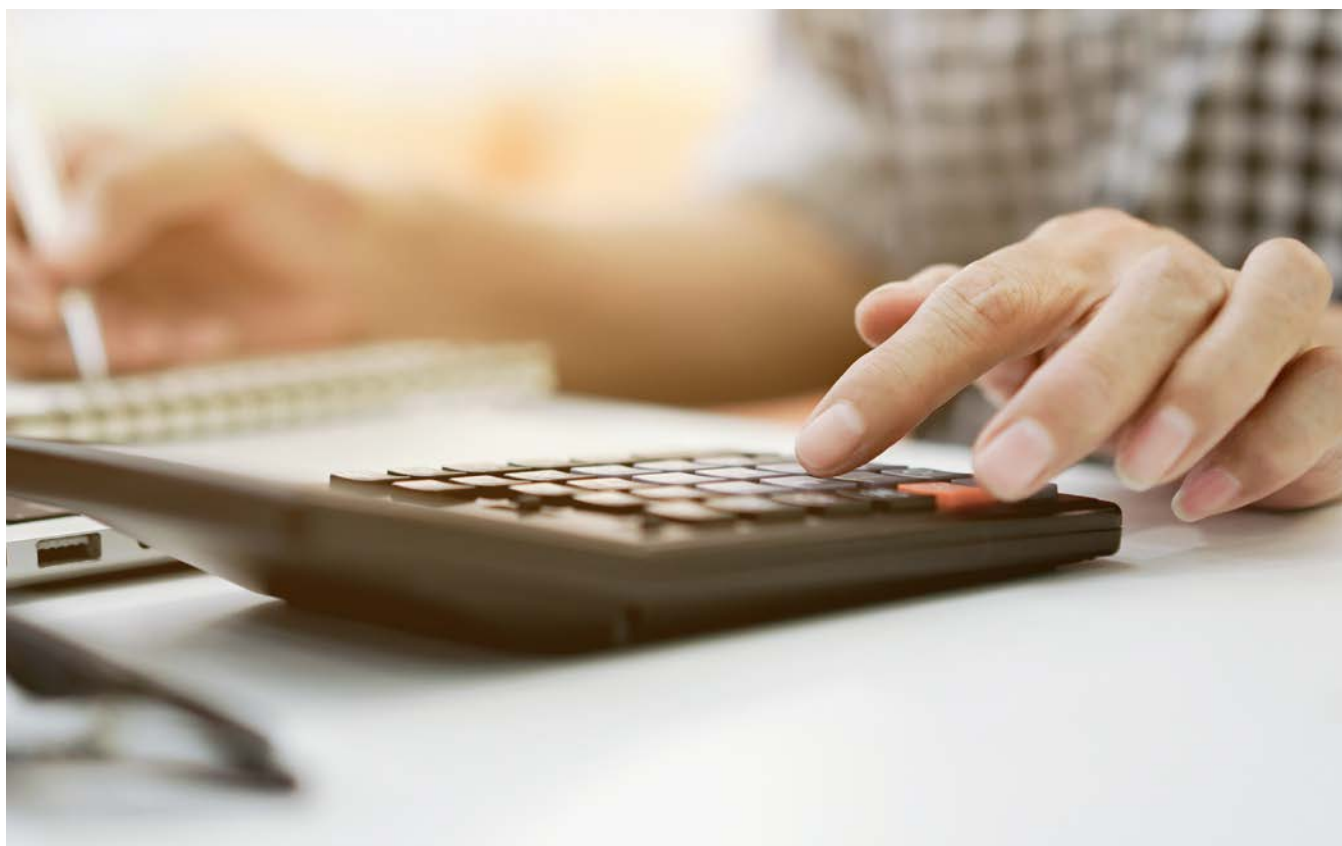
In summary, the key to wise financial stewardship is to start heavy and start early. Put in the maximum amounts early. Always spend less than you learn. Read books like *The Millionaire Next Door* and *Rich Man, Poor Man*.

Don't rely on your financial analyst to do your thinking for you. When your taxes are done, understand what they are.

Avoid unwise investments. For most physicians owning an airplane is not a great idea. It's a depreciating asset. The same is true for boats, big houses, and swimming pools, horses, motorcycles, and ATVs.

Self restraint is biblical. Men especially need to guard against keeping score when money is the scoreboard. People look at the car you drive and make value judgments like, "He must be rolling" [in money]. This is one of the principles I taught the academy students, and here's how it played out.

We were traveling in Los Angeles with the academy seniors who were just finishing the semester of personal finance training. One of the students spotted a beautiful Lamborghini cruising down the Pacific Coast Highway. The kids sized up the situation and





said, "He's probably leasing the car with no net assets in the bank!"

In our society we judge people by status symbols such as the places they live and the cars they drive, but in our country a lot of people are doing this on credit. They don't really own these things outright. They are living above their means. They are making payments and saving nothing.

Another primary rule for financial success is to make no payments. If you have to make payments to own it, you don't need it. Cars lose their value faster than you can pay off the loan. The exception to this rule is the home mortgage. Live within your means. Always spend less than you earn. Government loans are easy money. Don't take out one because you will have to pay it back. The turtle wins the race.

The back story

My dad cut firewood for a living. He was a logger in Sacramento. I acquired most of my business and marketing skills from my father. He never advertised. He produced a top notch product. Whenever he sold a cord of wood, he always added extra wood to the cord. He told customers, I have a money back guarantee. No questions asked. If you aren't satisfied with the product for any reason, you'll get your money back and I'll never accept an order from you again. Only one person ever exercised that guarantee.

Dad always gave more than they asked for at a fair price with an iron clad guarantee. If he needed a truck, he saved money until he could buy it with cash. We built a house for our family as we had the money on hand to pay for it. We didn't take out a home loan. We were in business together, my brother and I. He took accounting and business and became a millionaire before age 30.

Another principle my father taught me is that the customer is always right. Give them what they want. Build into your price structure enough to fund your overhead and pay for future purchases. When we were 17 years old, my dad said, "You boys have an amazing work ethic (also inherited and earned). You could make a living at wood cutting, or you could go to school. But I'm not paying for it."

I made it through college without debt. I received a scholarship for college which covered all my tuition at Pacific Union College. My brother got grants. We worked through college. When you do that, you learn how to be frugal. One time we ran out of food. I was married and a senior in college. My mom sent me \$25. That was the only money we ever received from my parents. That made us who we were. Entitlement is not a good financial plan.



A Steward of God's Blessings

by Shannon Calaguas, MD



SHANNON CALAGUAS, MD, is in her fourth year of residency at Loma Linda University Department of Otolaryngology—Head and Neck Surgery.

My heart was heavy as I looked into the concerned face of the Syrian refugee woman speaking to the translator, her ailing daughter lying on the couch beside us. “She is asking if you are a doctor.” Caught off guard and realizing my inadequacy, I hesitated before responding. “No, but just give me ten years.”

Still vivid in my memory, this encounter while on a trip to Lebanon as a college student helped to solidify my sense of God’s calling for my life to serve Him through medicine. I quickly scanned through the remainder of the personal statement, which I had written for application to medical school years ago, until my eyes rested on the last sentence—the sentence I was looking for:

I am excited for the day when I am asked if I am a doctor and I am able to respond, “Yes, I am. What can I do for you?”

Pausing to reread it several times, immense gratitude for God’s faithful guidance mixed with a sense of solemn responsibility and indebtedness wells up inside as I reflect on how that anticipated day became reality. As I write this, I am returning from Honduras where I had the opportunity to go on my first international mission trip since graduating from medical school, now as a resident physician and part of a group from the Loma Linda University Department of Otolaryngology—Head and Neck Surgery, which has partnered with Drs. Joel and Jennifer Mundall at Hospital Adventista Valle de Angeles (HAVA) for the past decade to



provide ENT services and surgeries during annual trips.

The week started off with a full day of preoperative clinic, during which we saw patients previously screened by local physicians and who needed ENT evaluation and possibly surgery. During the rest of the week, we performed over 70 surgeries that spanned the broad scope of ENT, including pediatric, sinus, ear, head and neck, and facial plastics and reconstructive cases.

Many highlights for me came from morning rounds as we interacted with patients who had spent a night in the hospital after their surgeries. The expressions of happiness and gratitude for their much-needed procedures were humbling, as I recognized with more clarity how God is equipping me with practical skills and talents to serve His children and be His hands in the world.

Reflection on my time in Honduras reiterates to me this main lesson: I have nothing except what I have received from God. As eloquently penned by Ellen White, “Whatever we possess—whether it is the gift of money, of houses, of lands, of reasoning powers, of physical strength, of intellectual talents—in this present life, and the blessings of the future life, are placed in our possession as God’s treasures to be faithfully expended for the benefit of man. Every gift is stamped with the cross and bears the image and superscription of Jesus Christ. All things come of God... This must be kept before the people wherever we go—that we possess nothing, can offer nothing in value, in



work, in faith, which we have not first received of God and upon which He can lay His hand any time and say, They are Mine—gifts and blessings and endowments I entrusted to you, not to enrich yourself, but for wise improvement to benefit the world” (*Faith and Works*, pp. 21.2-22.2).

May God grant us the grace to faithfully live out this reality wherever He may have us, joyfully returning in dedicated service the gifts and blessings we’ve received to Him who sacrificed all.



May God grant us the grace to faithfully live out this reality wherever He may have us, joyfully returning in dedicated service the gifts and blessings we’ve received to Him who sacrificed all.

The Body Clock

by Roger Seheult, MD



ROGER SEHEULT, MD,

is a pulmonologist, critical care, and sleep medicine specialist in Banning, California. He also serves on the teaching faculty of the University of California, Riverside, School of Medicine, and the School of Medicine and Allied Health at Loma Linda University. He is the co-founder of MedCram.org and is passionate about demystifying medical concepts.

Our daily habits of eating, sleeping, and outdoor sun exposure dramatically impact our health and well-being in profound ways scientists are just beginning to understand.

For most of human history, our ancestors got up with the rising of the sun. Many of their waking hours were spent outside, thus exposing them to bright light which provided numerous health benefits.

Modern life has eclipsed the need for working during daylight hours. Technology is at our fingertips day and night, and 24/7 restaurant service means meal time is anytime we feel like eating.

But there's a serious downside to these conveniences. The health of billions on our planet is in jeopardy, and the solution is an about-face return to heaven's plan for our well-being.

The human body is like a city.

A city is alive 24 hours a day. While many of its residents may sleep at night, city repairs continue to take place during the night hours, often unbeknownst to the residents. It is the same with our human bodies. Our bodies are capable of handling multiple functions throughout the day, but it is at nighttime when we get sleep that the body goes into restorative mode. During this time, the body and brain undergo cellular repair, removal of toxic waste, and release of molecules such as hormones and proteins — to name just a few processes. Without this restorative sleep, our bodies can get out of balance quickly, leading to long-term health consequences.

Our bodies have an internal clock that is called the circadian rhythm. Circadian in Latin means “around or approximately a day.” This is our sleep-wake pattern that occurs over the course of 24 hours in a day. It is triggered by light. God

has given our bodies an internal regulator, but our human activities often derange this clock's timing.

What do we do with light?

Prior to the invention of electricity, humans lived by the rising and setting of the sun. Going to sleep happened with the sun going down and awakening with the sunrise. Candlelight was the only means to stay awake for longer hours. It is known that sleep itself is dependent upon the secretion of melatonin from the pineal gland, a small gland in the center of the brain that receives information about the light-dark cycle from the environment. Scientists know that any light, but more so light in the blue-tinged part of the light spectrum, can suppress the production of melatonin from the pineal gland. This occurs via the suprachiasmatic nucleus (SCN), a small region of the brain in the hypothalamus that sits directly above the optic chiasm. When light, but especially blue light is encountered by the eye, it sends signals through the SCN to the pineal gland that can lead to delays in the nighttime circadian rhythm. If this pattern continues habitually, the circadian rhythm can become significantly delayed.

Society today is experiencing significant disruptions to circadian rhythms. Surveys regarding sleep show that over 60% of respondents worldwide report some type of sleep disturbance on a nightly basis. In the US, 50-70 million or more people are affected by a sleep disorder. So why is this happening now?

Our modern culture allows us to work at all hours of the day and night. With the advent of electricity, there is little that is physically stopping us from work. When we get home, we get on the internet, watch television, entertain ourselves, and finish our work online. Over the last 20 years, screens have become increasingly involved in all of these activities. The common theme with the increased screen time is that computers, laptop screens, televisions, cell phones, and tablets all use LED



technology that can emit high amounts of light. As the sun goes down, the lack of visible light normally prompts our body through the SCN and pineal gland to release melatonin. Attempts at using blue-light-blocking glasses have not been found to truly resolve sleep cycle disruptions despite the fact that blue light is more effective at suppressing melatonin. The reality is that any kind of light can impact our circadian cycle. Light is so powerful that it penetrates the eyelids, and even ambient lighting at night can inhibit the secretion of melatonin.

Interestingly, Ellen G. White provides wise counsel on this topic. She says, "I know from the testimonies given me from time to time for brain workers, that sleep is worth far more before than after midnight. Two hours' good sleep before twelve o'clock is worth more than four hours after twelve o'clock. . . ." (Ellen G. White, *Manuscript Releases*, vol. 7, p. 224).

While light is detrimental to the human body in the late evening, the opposite is true in the morning.

Studies show convincingly that exposure to early morning light — either by opening the shades on the windows or by exposure to a gradually illuminating lightbox — actually anchors circadian rhythm, improves mood, and improves cognition.

Light intensity is measured via a standardized unit called lux. When an individual is outside on a sunny day, he or she can be exposed to about 100,000 lux. In order to get your circadian rhythm started you need 10,000 lux for 20 minutes. By comparison, the typical indoor light may only be around 50 lux, and thus people who only stay indoors may not get enough light to reset the circadian rhythm. Outdoor light is much stronger than indoor light, and ironically whereas blue light at night is considered detrimental, it is considered beneficial to get exposed to it during the day.

Although we know there are different types of wavelengths on the light spectrum, we are just now learning how important these different wavelengths are. As we move above the visible light

spectrum into the ultraviolet wavelengths, we know that UVB light helps to produce vitamin D in our skin, especially between the hours of 10 a.m. and 2 p.m.

Conversely, beyond the lower end of the visible light spectrum is the infrared light spectrum. This infrared radiation is emitted proportionally throughout the day. Scientists have proposed that infrared radiation is capable of penetrating through our clothes and skin directly into our cells to stimulate the machinery in the mitochondria, the powerhouses of the cell, to produce melatonin. Yes, this is the same melatonin made by the pineal gland, but in orders of magnitude higher quantity. Melatonin is not only a sleep hormone but it is also a powerful antioxidant. Like internal combustion engines generating heat while running, mitochondria generate hydroxyl radicals, which are extremely reactive oxygen compounds that can damage nearby proteins in the cell. When these hydroxyl radicals are created, melatonin is used to degrade them. Melatonin is actually the most powerful of all antioxidants. It also can ramp up other antioxidant systems like glutathione. When the mitochondria are not able to degrade hydroxyl radicals, they can become dysfunctional. Many chronic diseases such as diabetes, dementia, and learning disabilities such as autism have been associated with dysfunction of the mitochondria.

What about melatonin supplements?

The supplement industry is largely unregulated. There is no company or government agency that verifies that what is stated on the label of a supplement is actually what you are getting. There are, however, reputable drug companies that will use an independent third-party laboratory to verify a supplement. It is highly encouraged that people research the company from which they are buying supplements.

If you do decide to take a melatonin supplement, you need to take an appropriate dose. It is recommended that you should take no more than 1-3 mg in the evening before retiring. If you take high doses at night, e.g. up to 10 mg, this could lead to worse sleep than without the supplement; if you take it during the day it could



disrupt the whole circadian rhythm. Furthermore, oral supplements of melatonin are not capable of getting into the mitochondrial machinery to deal with the hydroxyl radicals and as such are of little benefit.

The best way to get melatonin and light therapy is to get outside and get sunlight exposure. It does not even have to be direct sunlight exposure as you can still reap the benefits of infrared radiation. Grass, trees, and plants are natural reflectors of near-infrared radiation. When in the sun, near-infrared radiation will be felt as warmth, much like a campfire which also generates infrared radiation. Unfortunately, due to new building codes and energy-efficient windows, the likelihood of getting adequate exposure to infrared light inside a building is extremely small. Furthermore, as Americans, we only spend about 7% of our waking hours outside.

What can you do to mitigate light exposure in the evening? Lights in the evening should be kept dim and screen time should be minimized as it gets closer to your sleep time. Switching from using overhead ceiling lighting to lights such as incandescent lamps that will be seen by your eyes in the lower visual field may also be useful. Bedrooms should not have any night lights as these again can penetrate the eyelid and disrupt the sleep cycle.

In addition to light, there is another factor that can influence our circadian rhythm called time-restricted eating.

What is time-restricted eating?

Also known as intermittent fasting, time-restricted eating limits the hours a person can eat during the day. It is not about restricting caloric intake.

Intermittent fasting enables the body to switch from building (its daytime job) to repairing (its nighttime job). In order for the body to go into repair mode it must be in a fasted state, which occurs 4-6 hours after the last meal. In a fasted state, the body uses up its excess circulating glucose stores and then switches to a metabolic

state utilizing ketones instead. Ketones signal the body to switch into repair mode and allow the body's "construction crew" to come out.

The metabolic effects of digestion far outlast the last meal ingested, so it is important to coordinate the fasting state with the sleeping state. As in a city, road repair is easier to maintain when there is no traffic. This allows the maximal effect of fasting to be realized.

Another important point to note is the body clock's effect on metabolism. A calorie in the morning is not the same as a calorie in the evening. Circadian rhythm studies show that the body is more sensitive to insulin in the morning than in the evening, meaning that less insulin is needed in the early hours. This translates into better metabolic health. For this reason it is important to limit the time that we are eating in a 24-hour day so that the time our body has for repair is expanded. Biologically it appears that the best time to take in calories is earlier in the day.

When I first switched to intermittent fasting I decided to skip breakfast and eat only lunch and supper. Many people are doing this thinking they are getting the benefits of time-restricted eating. But on this plan I lost no weight. After a one-month trial I switched to eating breakfast and lunch only and noticed a difference.

A recent study out of China with 120 subjects restricted their eating to ten hours a day. They ate only between 8 a.m. and 4 p.m. They weren't told what or how much to eat - the only restriction was the time allotted for eating. The results were that the HbA1c, a measurement of diabetes, dropped 20% in the intervention group (versus 8% in the control).

Seventh-day Adventists have known for more than a century that eating two meals a day (starting with breakfast) is the optimal dietary plan for most people. Today scientific research validates this principle.

Many aspects of our modern culture work against the natural circadian rhythm of our internal body clocks.

While God grants us freedom of choice, He does not give us freedom from the consequences of our choices. Our bodies have not changed. When we live contrary to God's plan and design for our health, we suffer because of it. But when we yield ourselves to Him and live according to nature's laws, we are blessed.

"If you diligently heed the voice of the Lord your God and do what is right in His sight, give heart to His commandments and keep all His statutes, I will put none of the diseases on you which I have brought on the Egyptians. For I am the Lord who heals you" (Exodus 15:26).

A Mission Trip to My Homeland

A Cause for Reflection and Refocus

by Gratiela Sabangan



GRATIELA AND JOEL SABANGAN, MD,

operate a private practice in Oklahoma. Dr. Sabangan is board-certified in pulmonary, sleep, and lifestyle medicine and Gratiela is the office manager. Their son Adam is a pre-med student at Weimar University.

AMEN leader Steve Chang, DDS, and Alan Parker, DTh, from the department of religion at Southern Adventist University, announced plans for a medical-dental mission trip to Romania to care for refugees on one of the Outpost Centers International (OCI) Ukraine video updates. When I saw it, I felt a growing desire in my heart to go.

I was born in communist Romania at a time when people desiring political or religious freedom risked their lives to escape the clutches of tyranny. My parents were among those who fled, and a few weeks after their escape they held a bittersweet celebration to mark my second birthday by drinking a special juice. The only problem was, I wasn't there. My refugee parents had left my three sisters and I in the care of our grandparents. God worked mightily and eventually we were allowed to join them as refugees in Italy and then in America.

Fast forward almost 50 years. Stories of fleeing refugees brought back vividly to mind my own family story. Only now the refugees were not fleeing from Romania but escaping into Romania to avoid the horrors of war and the attacks of another tyrant. Initially, up to 7,000 persons were arriving each day. Though the numbers are less now than at first, new refugees continue to arrive daily. Displaced and desperate, these individuals have found empathy and open doors in the surrounding countries, yet they continue to experience unimaginable challenges and loss.

My husband and I and our son decided to join the group of about 50 AMEN volunteers and 20 students from Southern Adventist University for the second half of a two-week mission trip to Bucharest, the capital of Romania.



The free clinic was set up outside under a tent on the grounds of a medical clinic owned by the local Seventh-day Adventist conference, while the pharmacy, stocked with donated medications, and the dental clinic, were housed in the basement.

My husband Joel, a pulmonologist and sleep specialist, was one of several physicians who provided medical care to the Ukrainian refugees. The dentists and hygienists on the team performed cleanings, extractions and fillings; they never lacked for patients and worked past the closing



time each day. Others on the team, including myself, offered dietary, lifestyle, and mental counseling.

Hundreds came seeking medical and dental care and stood in line in thunderstorms or sunshine. Nurses and students registered and triaged each one and were instrumental in ensuring the flow was smooth and that each person saw the provider they needed. Translators were always in high demand. Sometimes two translators would be required: one to translate from English into Romanian, and another to translate from Romanian to Ukrainian or Russian. We even had some patients offer to come back after being treated to help translate. Everyone who came through the clinic was offered literature and prayer.

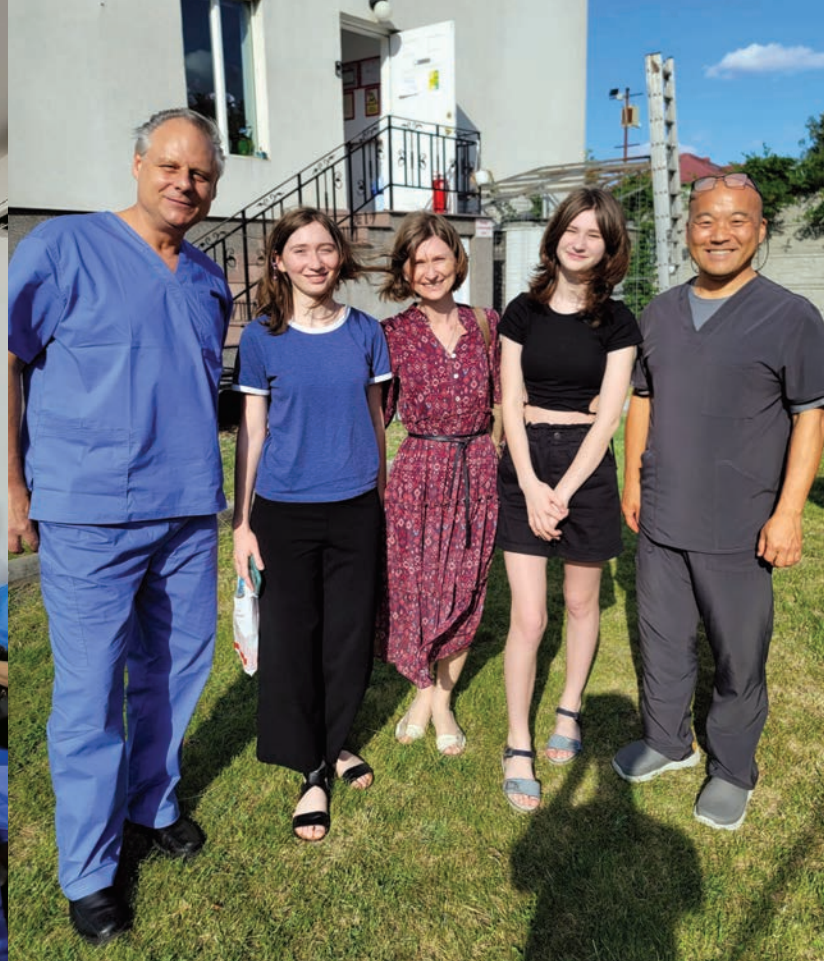
Repeatedly we heard the patients express deep appreciation for the care they received and not a few had tears rolling down their cheeks after the prayers ended. It was truly inspiring to meet so many Adventist health professionals and volunteers from many different backgrounds united with a common desire to serve. Regardless of our certifications, abilities, or education, there was something that each could do. “To all who shall serve Him He has appointed a work. He bids us interest ourselves in every case of suffering or need that shall come to our knowledge” (*Christian Service*, p.161).

The varied talents needed to successfully orchestrate this trip included the AMEN leaders who shared the need and the vision, organizers who planned the details, local church members who

cooked, translated, and provided transportation, volunteers who enlisted, and many others who could not go but donated funds and prayed earnestly throughout our trip. Most importantly, it was God who gave to each their gifts and skills, provided divine appointments and wisdom to meet them, and shielded us from dangers both known and unknown.

At times while counseling I would pray for wisdom and God would bring to mind just what I should share to meet the need of the individual at that moment. “Put your talents into the work, ask God for wisdom, and it will be given you” (*Christ’s Object Lessons*, p. 146). We felt humbled that God would use us—frail, faulty human beings—to touch another person’s life and point them to Jesus. It does not require huge heroic acts in order to do that; it could be as simple as “speaking sympathizing words and doing kindly deeds” that we may let “the light of Christ shine to brighten the lives darkened by many shadows” (*1 Selected Messages*, p. 87).

The people we served on this trip have certainly had their lives darkened by shadows. We found them to be wide open for spiritual discussions and counsel. It strengthened my desire to grow stronger in my faith each day so that I can in turn assist others and offer them the balm that only the gospel can bring. It also reinforced the conviction that we need a better balance in our own work schedule at home to prevent burnout, so that our work, both in ministry and temporal affairs, at home or abroad, can be energetic, cheerful, and efficient, and we can represent Christ better.



This trip reminded us of the great needs and suffering that exist in the world. In my son's words, "It's valuable to be able to see firsthand the people affected by this crisis. Seeing individuals instead of just reading about the group as a whole gives you a greater desire to help them."

Are you ever tempted to buy things you don't need? I can tell you that going on a mission trip is an excellent motivator to reign in spending so that we can give more. "A cent seems like a trifle, but a hundred cents make a dollar, and rightly spent may be the means of saving a soul from death" (*Christian Service*, p. 290).

The connections we made with individuals, both Ukrainian and Romanian, will remain in our hearts forever. We had the opportunity to visit refugee centers during our time there and to offer consultations while other members of the group continued the clinic at our base. At the centers I made it a point to spend some time with the children. Many of these children and youth are separated from one or both of their parents, and some have even lost their parents. One of these visits happened to be on my birthday, and it was the highlight of my trip to be able to talk with them, teach them simple games, and deliver the small gifts and hand-signed cards we had brought for them with the help of patients, friends, and a group of VBS kids back home.





While in Romania, I celebrated my birthday, 48 years to the day after my refugee parents wept as they celebrated my second birthday without me. They had no rest in their newfound freedom until they secured our freedom as well.

Today Jesus is longing to be reunited with His children. Although He lives in the majesty and glory of heaven, His joy is not complete since His people are still subjected to the assaults of the worst tyrant of all. All heaven is focused on bringing salvation and freedom from sin to as many people as possible and reuniting the family on earth with the family in heaven. Is that my focus too?

Lord, forgive us for years of pursuing our own interests more than Yours, for allowing the love of the world to eclipse our faith and devotion. Help us to realign our priorities with Yours. Release us from the bondage of sin and selfishness and give us sacrificial hearts that are willing to spend and be spent for Your cause. Someday soon the redeemed from every nation will sit down for the supper of the Lamb and—what a thought!—the Lord will gird Himself and serve those He has redeemed with His own blood. With rejoicing He will once again partake of the fruit of the vine new with us. That is a celebration I definitely do not want to miss.

With rejoicing He will once again partake of the fruit of the vine new with us. That is a celebration I definitely do not want to miss.



Three Reasons You Should Put off Doing Mission Work

by Adrian Beyde, MD



ADRIAN BEYDE, MD, serves as the president of Bright and is an emergency medicine resident at the University of Cincinnati. He completed his undergraduate degree in biology at Oakwood University in 2017, and then obtained his medical degree at the Mayo Clinic School of Medicine, in Rochester, MN. To find out more about Bright and the Kentucky outreach, contact Dr. Beyde at adrian.beyde@brighttogether.org.

I started doing mission work in college and have been able to continue throughout medical school and now in residency. I am going to share the top three reasons to put off doing mission work and then explain why you should ignore them. But first, I am going to share a bit of my story to help you understand my later points.

I decided I wanted to become a doctor after joining a mission group while attending Oakwood University. Even though I knew my academic performance would be crucial if I wanted to get into medical school, I felt God calling me to serve more. I ended up leaving school and becoming a full-time missionary for two years. This was when people began sharing their well-intended reasons for why this was a bad decision:

"You will always have time after you finish."

"This may hurt your grades."

"God wouldn't expect you to..."

When I returned to school I continued to prioritize ministry and miraculously my grades only improved.

The summer I was supposed to take my MCAT exam, a group of friends decided to plan a summer-long mission to reach young people in the city. I was asked to lead the mission but I was conflicted because I knew how much this exam meant for my future. The reasons for not going were getting longer by the day. I prayed about it and decided to go anyway. That experience changed my life. We fed the homeless, visited

juvenile detention centers, brought healthcare to those in need, and helped a group of teens fall in love with service. We would go on to call our organization Bright and that mission turned out to be the beginning of a great work God was calling us to do. At the end of the mission, I only had a few weeks left to prepare for the MCAT. God did not forget about me and He pulled out all of the stops in helping me study. I ended up doing better than I had even hoped. A few months later, I was accepted into my dream school with a full scholarship.

While in medical school, even though there were more reasons to slow down than ever, God inspired us to continue investing in the ministry and take it to the next level. We felt called to open up an outpost to serve the cities of Cincinnati, Lexington, and Louisville. The plan is to have a center where we can teach lifestyle medicine, organize mission trips, have marriage retreats, produce healthy food, and host camps for inner-city kids. In a story for another day, God miraculously opened up the door for us to purchase 188 acres of beautiful land in Kentucky. We had been praying about it for years but could have never imagined what God had in store for us. Right now it is just trees, fields, creeks, and one white barn, but we have faith that in time God will provide the resources to turn it into a bustling center for outreach.

Over the years, I have heard and personally thought of so many reasons why I should put off doing mission work until later. Here are the top 3 (and why I never listened):



Adrian Beyde, MD, and his Bright team plan to open an outpost center on this 188-acre property in Northern Kentucky.

1. “You can always start later when things are better”

We tend to create idealized versions of the future in our minds where our current struggles are gone and we are magically freed from current limitations. Unfortunately, these versions of the future don’t include the new challenges that await you. Studying for tests turns into studying for boards. A new job turns into new kids. The reasons don’t go away, they just change over time. Tomorrow is not promised and it certainly isn’t promised to be any easier than today.

2. “Your career will suffer”

I have so many testimonies that I could share about how putting God first when the stakes are the highest has always paid off. God will not forget you when you need Him. When you make time for God, He multiplies your time and results in other areas. I don’t know how that math works, but I know it works.

3. “Doing too many things right now would only be a distraction”

My experience has been that doing ministry while in medical school has only helped me to be more focused and motivated. It gave me a clear reason to study when I was tired and felt like giving up. It

also helped me when it came to making difficult decisions like what specialty to choose and where to go for residency. It is often easier to hear God’s voice when you are doing ministry.

Now, I am not saying that doing a Bible study with someone will replace your need to study anatomy. What I am saying is that when we “seek first the Kingdom of God,” in often surprising ways, “all these things” do tend to be added to us.

Even though I struggle daily with putting off what God has called me to do, each day is a new opportunity to decide. God has a unique plan for each of our lives. I am excited to see what God will do through Bright.

You too should be excited about what God has planned for your life, not just in the future, but today.

Would You Ever Be a Missionary?

by Charlene Wang, MD



CHARLENE WANG, MD,
*is a first year pediatrics
resident at Loma Linda
University Children's
Hospital. She loves spending
time with people and helping
them come to know Jesus.*

“**W**ould you ever be a missionary?” my friend asked after vespers one night. I wasn’t ready to give a positive answer. I had felt called to the home mission field in the United States. Long-term missions scared me as they seemed to require so much sacrifice and potential peril to both life and limb. However, I knew that I wanted to experience short-term missions before I graduated from medical school. In the fourth year of medical school, med students at Loma Linda University are given the opportunity to do a mission elective lasting two to eight weeks at a hospital associated with Adventist Health International.

I ended up deciding to spend four weeks at Malamulo Adventist Hospital in Malawi. It was my first time in a foreign country without immediate or extended family. Thankfully, I had a classmate and friend who had already been in Malawi for the past month who helped orient me to life in the country. I remember the initial car ride from Chileka International Airport to the guesthouse where I would be staying. People could be seen along the streets going about their daily lives. I enjoyed seeing and learning about the people of Malawi. However, after a few days, I was having trouble adjusting to both the environment and the culture. This was coupled with physical discomfort that I began experiencing as a result of either my antimalarial medications, allergies, stress, or a combination of the three. And truthfully, there were times during the month when I felt frustrated or emotionally strained.

Many short-term and long-term missionaries face the same type of struggle. When the comforts and conveniences of life are not as readily available, when you get sick in the mission field, or when you don’t seem to understand why people around you act a certain way, it can become discouraging and isolating. It was a blessing that during my time in Malawi, I came across a book called *Passport to Mission* by the General

Conference’s Institute of World Mission, which helps prepare prospective missionaries for the changes that go along with serving overseas. Through it, I learned that every culture has a core worldview, which informs core values, which manifest as behaviors.¹ Because I was an American, I saw the world through a certain lens. I realized that my behaviors were shaped by the American core values and discovered that people from other cultures can think very differently.

More importantly, *Passport to Mission* taught me about being an incarnational missionary. What does this mean? Being an incarnational missionary means that you live and enter into the experience of the people you serve. You are not just an outsider standing separate from the people, telling the people how to change. It means learning the language of the people, living like they live (even if it isn’t with the accommodations we are used to), spending like they spend, wearing what they wear, and eating what they eat. It involves setting aside pride and experiencing the struggles of the people we serve alongside the people we serve. I learned that the ultimate incarnational missionary was Jesus,² Who was willing to leave His comfort zone in a perfect heaven, surrounded by the respect and honor that He deserved, to adjust to life on a hostile planet with disease, lack of sanitation, violence, oppression, and poverty so He could not only be with us, but so that he could also ultimately die the death that we deserved. This realization causes all the sacrifice, culture shock, and personal adjustments we have to make in the mission field to pale in comparison. When we look at all Jesus had to sacrifice in becoming one of us, how could we say that it is too much to leave our homes and adjust to a new culture and environment for the healing and salvation of others? Why was I complaining?

There is so much suffering in the world and the resources are so unevenly distributed. One night, I was watching the surgery team round when we came to the bed of a man who had had extensive gangrene resulting



in amputation of his leg and thigh. By the time the patient had come to us, the infection was too advanced and despite aggressive treatment, the patient ended up passing away secondary to the infection. The patient would not have died in America because he would have had more timely access to proper health care. I thought to myself that it wasn't fair that an individual would have to face an earlier death because of the place in which he or she was born. As a medical student, I had learned about serving the underserved. And yet, I had never seen a more underserved portion of society than I have seen in the mission field. This trip opened my eyes to the amount of suffering and need in the mission field and the rich abundance of spiritual, educational, and physical resources in America at our Adventist hospitals and institutions. We have been blessed with clinical expertise, abundant resources, and an abundance of medical personnel. We are surrounded by experts in their field who strive not only to teach the next generation of physicians, but also constantly strive to foster a culture of excellence. We are taught how to minister not only to the physical but the spiritual needs of patients. We have access to education, scholarships, loans and loan-forgiveness programs. If we were to share even a small amount of what we have with the developing world, it would make a big difference.

God is calling you. As Jesus said, "The harvest truly is plentiful, but the laborers are few" (Matthew 9:37, NKJV). God is calling you to share your time and resources. God is calling you to step out of your comfort zone. This may mean giving a week or two out of a year to work at a mission

hospital. It may mean living a less-expensive, simpler lifestyle so that you can give part of your income to help support missions. Whatever it may be, God is willing to show us and is willing to make us willing.

¹Dybdahl, John L, Pat Gustin, and Bruce C Moyer. *Passport to Mission*. Edited by Erich W Baumgartner. Berrien Springs, Mich: Institute of World Mission, Andrews University, 1999.

² Ibid.



GLOBAL MISSION
TOTAL EMPLOYMENT



Tentmakers Needed!

Dentist • Teacher • Eye doctor • Medical doctor • Male/Female • Even a construction worker

TotalEmployment.org



amen

Adventist Medical
Evangelism Network

PO Box 2528
Greeneville, TN 37744
(530) 883-8061
www.amensda.org

NON-PROFIT
U.S. POSTAGE
PAID
CHATTANOOGA, TN
PERMIT NO.1114



(life)⁺
LIFE *more* ABUNDANT
JOHN 10:10

AMEN Conference | October 27-30, 2022

Do you wish you felt more comfortable providing spiritual care to your patients? Does your heart beat with the desire to share Christ at your workplace more effectively? Then AMEN is for you!

Join this conference for health professionals* at the Hilton Resort in

Myrtle Beach, South Carolina

You won't want to miss this life changing event! **continuing education credits available*

FIND INFORMATION AT
amensda.org/conference



amen
Adventist Medical
Evangelism Network

EMAIL
conference@amensda.org

Save the Dates

October 26 - October 29, 2023 - Indian Wells, CA
October 31 - November 3, 2024[†] - Indian Wells, CA

[†]AMEN will return to Indian Wells, California in 2024 to celebrate our 20th anniversary.