

# THE medical evangelist

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK



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# AMEN reaches 20 year milestone ...remembering the past informs the future

by Todd Guthrie, MD, with Phil Mills, MD, and Pastor Mark Finley



**TODD GUTHRIE, MD**  
*is an orthopedic surgeon  
and editor of The Medical  
Evangelist.*

**M**ore than two decades have passed since a small group of us—perhaps 40 physicians and dentists—met together for lunch at the August, 2003, Adventist-laymen’s Services and Industries (ASI) National Convention in Albuquerque, New Mexico. This gathering was initiated by Naren James, MD, who believed that medical and dental professionals would benefit from meeting together for spiritual encouragement and furtherance of medical missionary work. He would eventually become AMEN’s first president.

Phil Mills, MD, would later serve as AMEN’s second president. He recalls, “A surprising number of physicians came to that informal gathering.” They expressed a strong interest in meeting together regularly. The next year at ASI, Drs. Mills and James met with a small group of physicians who shared this vision. After looking at the various options, they decided to move forward in forming a new organization.

“The following spring (2005) some of the same medical professionals that had been present in Albuquerque met at Cohutta Springs Conference Center in Georgia to discuss the possibility of formally establishing an organization focused on equipping physicians and dentists to be more effective ambassadors for Christ in their medical practices and broadening their outreach opportunities,” Dr. Mills says.

“None of this would have happened without Pastor Mark Finley,” he recalls. “Mark encouraged us every step of the way. He strongly advised immediate action. In faith we planned the first AMEN conference in the fall of 2005, held in San Diego, California. He thought we needed to quit talking about it and just do it!”

There were challenges along the way. That first year there were not enough registrants to fill the hotel. “Mark had a way of turning obstacles into solutions,” Phil explains. “Since we needed people to fill the rooms, Mark suggested we pay the way for students to attend for free; we committed to raising the money at the conference to cover their expenses. The students came and the rooms were filled!” That early commitment became a tradition as AMEN has continued to provide financial assistance to enable students to attend the annual conference.

Pastor Finley and Dr. Mills share a common link in their history through their personal connections with three seasoned gospel-medical evangelists—Elders W. D. Frazee and O. J. Mills, both of whom worked with Elder John H. N. Tindall.

Pastor Finley explains, “Elder Tindall heard Ellen White speak while pursuing his studies in dietetics at the College of Medical Evangelists in Loma Linda. Elder R.S. Owen, a Bible teacher at the College of Medical Evangelists, and John Burden, the medical superintendent, encouraged Elder Tindall to accept Ellen White’s challenge to the students and give his life to gospel-medical evangelism. They encouraged him to answer the call of Ellen White’s vision of February 27, 1910, initially sent as a letter to conference presidents urging them to form gospel-medical missionary teams to reach the great cities of America.” She writes:

“During the night of February 27, a representation was given me in which the unworked cities were presented before me as a living reality, and I was plainly instructed that there should be a decided change from past methods of working. For months the situation has been impressed on my mind, and I urged that companies be

*Continued on page 4.*

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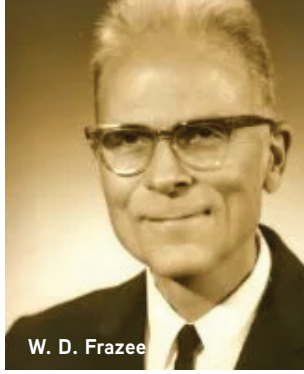
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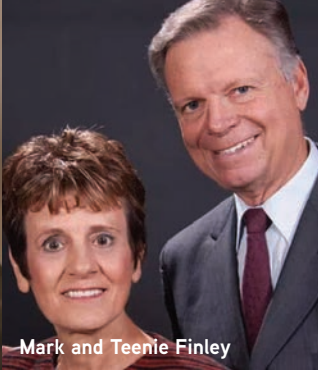
Cover photo credit: Katie Waterbrook



W. D. Frazee



J. H. N. Tindall



Mark and Teenie Finley

organized and diligently trained to labor in our important cities. These workers should labor two and two, and from time to time all should meet together to relate their experiences, to pray and to plan how to reach the people quickly, and thus, if possible, redeem the time.”—Manuscript 21, 1910.

After prayerful consideration and considerable soul searching, Elder Tindall accepted the invitation to model Christ’s methods of evangelism. Applying these principles in his work as a medical missionary evangelist, Tindall successfully won and baptized hundreds of people. His retention rate among converts (75-90% by some accounts) is noteworthy. He also trained future church leaders. Ellen White’s son W. C. White, then-secretary of the Ellen G. White Estate, served on the advisory board of the Field Training School in Gospel Medical Evangelism led by Elder Tindall in San Francisco in the early 1930s. This short-lived but highly successful training program equipped laity and professionals alike to apply the principles of medical missionary work based upon the counsel in the Spirit of Prophecy.

“Elder Tindall’s methods were shaped by the Christ-centered principles outlined in the gospels and the writings of Ellen White,” Pastor Finley explains. “These same principles guide AMEN today. They are AMEN’s guiding light. AMEN exists to model the principles of Christ in each of our medical offices, community outreach programs, AMEN medical clinics and overseas mission opportunities.”

At sixteen, a young Bill Frazee applied to the Medical Missionary Course at the College of Medical Evangelists in Loma Linda, California. Achieving high scores throughout the year, he was allowed to choose classes from the medical course.

Elder W. D. Frazee served as an apprentice to John Tindall for about five years; gaining all the wisdom and experience that he could. He taught chemistry, food, and evangelism at the San Francisco Field Training School and later founded Wildwood Medical Missionary Institute, where he taught many others the practice and benefits of medical missionary work.

Pastor Finley, who has served as advisor to AMEN’s Board since its inception in 2005, was encouraged by his senior pastor, Elder O.J. Mills (father of Phil Mills), to spend time under the mentorship of Elder Frazee. Pastor Finley subsequently applied the principles he learned in his very successful ministry with his wife Teenie; they both continue to promote health evangelism in their local community and worldwide through media outreach. Rebecca (Finley) Barnhurst has also played a key role in administering the annual conferences and overseeing the organization’s growth from the beginning.

“AMEN’s roots run deep. They are rooted in the call of Christ for every physician and dentist to be a medical evangelist. They are grounded in Christ’s methods of evangelism. In this context every medical office becomes a center of influence for Christ as physicians, and dentists pray with their patients and unite with Christ as medical missionaries,” Pastor Finley says.

As you read through this edition of the *Medical Evangelist*, we pray that you will be inspired to help us “redeem the time” that has been lost in reaching the world through effective medical missionary work, whether it be in prayer with your patients, participation in AMEN Free Clinics, or in broader service in foreign and domestic fields of labor.

# Spirit Filled Preaching

by **Pastor Mark Finley**

I first met W.D. Frazee in the late 1960s. I was a youth pastor in Hartford, Connecticut. Our senior pastor, Pastor O.J. Mills [father of Phil Mills], invited Pastor Frazee to come and hold a series of meetings in our church. The messages deeply moved me. They were spiritual, biblical, and life changing. I watched as people came forward and gave their hearts to the Lord and knelt at the altar weeping. I listened as others gave testimonies of what Christ had done in their lives and how their lives were changed.

Elder Frazee’s preaching was sincere. He was in earnest. He was a man on a mission. And when I listened to him preach, I sensed that his messages came from the almighty throne room of God. I knew he had been on his knees and that God had impacted his mind. His messages were in contrast to some of the surface, shallow, and superficial messages that we so often hear. These messages were deep. They were biblical, and they were moving. They helped to shape my concept of preaching over thirty years ago.

# Early Influence

by **Phil Mills**

John Tindall and his wife were at Madison when my dad was pastor. Tindall was a spry, wiry man, quite old at that time. He was interesting. From my very early years I remember him teaching how to give massages with my feet since I was too small to give them with my hands. I would then give my dad massages with my feet.



# The Tip of the Wedge

A medical student reflects on his year in Chad

by John Hartman



## JOHN HARTMAN

*After his third year of medical school, John Hartman spent ten months volunteering at L'Hôpital Adventiste de Béré in the Republic of Chad and studying for a Master in Public Health from Loma Linda University School of Public Health. John likes trail camping and writing poetry. He is currently in his fourth year at Loma Linda University School of Medicine.*

A few days ago, I was passing through the ACS level one trauma bay at Loma Linda University Health when I met two friends. My old friend from ten years ago had become a chaplain. My new friend was so new that I had to introduce myself. Ethan was a volunteer and wore a red shirt. I gave him my number and told him to ask me absolutely anything.

"How plausible," he sent me, "do you think medical missions is?"

"It's utterly implausible," I sent back, "Nobody in their right mind does missions. We do it not because it's plausible but because that's who we are. Your question makes me smile."

I began writing down a few of the following ideas in the blackness of night after a long shift, not because they're plausible, but because this is who we are. Every opportunity to share about God is a small taste of heaven.

### **What were some difficulties you encountered during your time in Chad?**

"Events belong to God, and his servants will meet with difficulties and opposition; for these are his chosen methods of discipline, and his appointed conditions of sure progress and success. In spite of trials, do your God-given work in sincerity and faith, that your character may be formed after the divine pattern."—Ellen G. White, *Special Testimonies*, April 1, 1897.

My ten months in Chad were made harder because of cold water bucket showers, malaria, and being misunderstood.

For much of my time there, I lived off-compound with a local family in the village, and I bathed with well-water drawn by hand. The cool water was nice in summer, but as winter drew on and

the temperature dipped down, it became easier and easier to procrastinate the bathing routine. Eventually I learned to shrug off the freezing air (63F or so) and focus instead on the feeling of being clean.

Getting bitten by malaria-ridden mosquitos was probably not as inevitable as I came to feel it was, but feelings do tend to shape reality. I got bitten often, and I eventually got sick. The only changes I made for malaria were to sleep under a mosquito net and to take atovaquone empirically when I felt feverish or felt like laying down and taking a nap in the middle of the day. Others had it worse.

### **What were some of the highlights of your work in Chad?**

Before landing in N'Djamena, my goal was to reach the highest levels of Duolingo by doing rapid paced French drills. However, if you do not know any French to begin with, doing rapid paced drills only yields sub-basic vocabulary. I remember pulling out my phone and typing in,

"I want to learn French."

"Je veux apprendre le français," Google Translate spat back.

What a mouthful, I thought. I approached the customs agent and blurted out my new phrase. He laughed and stamped my passport.

I enjoy languages, and learning French was definitely a highlight. I remember the first time I rediscovered my French audio Bible after a few months in Chad and listening to John chapter one. I was impressed by how the words tied the old, familiar ideas with the new feelings and experiences of Chad. At the same time, learning French was a survival strategy. I either spoke French or I had no way to communicate with the people with whom I lived and worked.



What French I did have became second nature. On my way out of Chad, a shopkeeper spoke some Chinese, and I tried to remember some Chinese for him. Every Chinese word got blocked by the French word. This is how I realized that fluency is situation-specific. My French was not fluent, but I had become fluent in using French for the specific things I needed to do. These specific things included morning rounds on up to thirty patients, helping out in surgeries during the day, and filling in as the stockroom manager when the head pharmacist had to travel for certification exams. This situational fluency reminds me of ministering to others as a medical professional. Doctors will not have the fluency of pastors, but we will be given words to speak when we recognize our need.

I loved coming in every morning and asking the night nurses how things had gone. Mama Fatima\* in particular often amazed me with her words. Patients would eat when Fatima was around. I can forget to be hopeful, but I once heard myself saying to a patient in Fatima's presence, "Do you remember when you couldn't feel your wound at all? That was when your wound was getting much worse. Now that you are hurting, that means the wound is getting better. You're doing really well!"

"Do you have any pain medication? We can provide you with more if you need." The patient smiled and laughed, and after that, all the other patients wanted us to tell them how they were doing. We prayed with several who were open to it. Fatima knew how to use prayer and faith to her advantage.

One day or so after Gabriel Franca performed an operation to repair a rectal prolapse, the patient didn't get enough nausea medication to keep them from vomiting. Under pressure, the repair failed spectacularly. Complications are nobody's favorite experience, but Gabriel was not flustered.

"Who wants the hard job?" he asked. I volunteered. After we washed the bowels and returned them to the abdomen, I put my hand through the laparotomy incision and held my fingers and thumb together as a stopper in the drain while Gabriel stitched around my fingers to repair the rectal prolapse for the second time. After such a complication, it impressed me that Gabriel calmly asked me to trust that he would not stitch my fingers to the patient. When that patient passed stool without pain, we all celebrated. Gabriel stayed for forty days before returning to Brazil. I was sad to see him go and wished the days could have lasted longer.

*Nobody in their right mind does missions. We do it not because it's plausible but because that's who we are.*





Every evening after the work day had ended, Gabriel and his father walked through the ward, greeting each patient and praying with those who were willing. Few would have been offended if they went home to eat dinner and sleep. I had never seen anything like it before.

**What lessons did you take home from Chad? What are the needs you see in Chad?**

Though Paul recognized healing as a fifth-tier spiritual gift (1 Corinthians 12:28), our inadequacies as physicians can knit us to the rest of Christ's body instead of burning us out. I was amazed at the variety of talent that came together in Chad. Though I was mainly focused on patient care while I was there, I estimate medical professionals to have done less than one fifth of the people-work that was accomplished. Yet without the hospital, other opportunities would have been gravely diminished.

In addition to medical professionals, Chad needs apostles who will train Chadian workers to preach and distribute literature; educators who can uplift Chad's young people, their biggest demographic; and administrators who can lay wise plans and work together to advance the cause. If you have these gifts, please reach out. More than anything, Chad needs your prayers and financial support. Additionally, there are many other countries that need you as the tip of the wedge. It may not be obvious, but this is what God has made us to be.

*\*Local names changed.*



# The Light Shines in the Darkness

Why the Waterbrook family chose the road less traveled

by Katie Waterbrook, RN, MPH



**KATIE WATERBROOK RN, MPH,** is serving as a missionary nurse and mother of three together with her husband Stephen Waterbrook, MD, at Béré Adventist Hospital in Chad.

**T**his little light of mine, I'm gonna let it shine...

This well known children's song is a favorite in my family. We love to turn out all the lights and let the kids run around with battery-operated candles singing their hearts out. It's a catchy and fun song to sing, but how often have we sung this song mindlessly, without stopping to really consider the promise in these words?

*This little light of mine, I'm gonna let it shine!*

*Hide it under a bushel, no! I'm gonna let it shine!*

*Won't let Satan blow it out, I'm gonna let it shine!*

*Let it shine 'til Jesus comes, I'm gonna let it shine!*

Within the last year, the words to this song have hit very close to home for our family. Stephen and I never put much thought into long-term missions. We had done plenty of short-term mission trips in our lifetime and felt that missionaries at home were equally as important and needed as abroad.

But the year 2023 was a huge turning point in our lives. That was the year God laid on our hearts to stop living our conventional American lives and go serve the people of Chad. That was the year God sold our house for us, He made my husband willing to walk away from a successful private



practice at the peak of his earning potential, and that was the year He had us practice what we preached . . . to follow Him wherever and whenever He leads.

So, in the summer of 2023, we signed a contract with the General Conference of Seventh-day Adventists to go be medical missionaries at Béré Adventist Hospital in Chad, Africa. Stephen would be serving as a general surgeon, I would homeschool our children and help with the nursing school.





From the first moments we stepped foot in Chad, we were hit with the realization that our lights truly were quite little.

Several months after our arrival I babysat a tiny premie baby boy for an afternoon. His mother had a 13-year-old daughter, but every baby she had after that first daughter died. Then her only child, the 13-year-old daughter, got sick and died. The mother was so distraught that she collapsed, became ill herself, and went into premature labor. And now here was this little baby on my futon. No incubator like my own premie baby had five and a half years ago, just a tiny baby, a CPAP machine on its last leg, and me. I was watching him because his normal caretaker was meeting with a village girl who had been tormented by demons.

When the baby's caretaker came to pick him up I listened to her recounting what she learned in the meeting. As I listened to the girl's descriptions of the demons tormenting her, I shuddered. It was then that I realized how powerful Satan is here. He has a grip on these people. Just hearing their stories confirms he's in charge here. So much sickness, death, theft, lies, brokenness, sadness.







That sweet little premie boy died two days later. The grandmother came to pick up his tiny body because they were too afraid for the mother's mental health to tell her quite yet. What a heartbreak. A blow from Satan.

At lunch several days later Stephen told me about a man who came in with an acute abdomen, anasarca, and bleeding out of most orifices. He had gone to the marabout (witch doctor) for a headache three weeks prior. He was told to drink a tree root and now he was at our hospital dying. Because he had a headache! Because he went to the witch doctor! His life didn't have to end this way. It seemed so wrong and so unfair. Another blow from Satan.

The next day Stephen showed me a picture of a terrible burn on a man's hand from falling into the fire. The skin had burned literally down to the bone, and his ulna was clearly visible. When taken to the operating room, he coded on the table and couldn't be resuscitated. So many deaths. Satan continues to blow.

Stephen is attempting cases he hasn't been trained to do. He is stretched to capacity, maybe even beyond it. And he's not the only one. Every missionary here is teetering on the edge of burnout. They work through strange viruses and parasites that are constantly on the attack. They diagnose and treat diseases they've never seen before. They struggle to decide how best to handle the advanced pathology—attempt surgery, or advise for comfort care. The sad stories, the hurting people, the helplessness, the need, it just keeps coming. Discouragement and exhaustion threaten to creep in and take over. Satan tries so hard to extinguish our little lights.

We often find ourselves asking, "What can our little lights accomplish in the face of such dire need?" The problems here seem so much deeper than our little lights can handle. This dark place needs light. It needs bright flashing lightning, a total illumination of the sky. But the lights here seem so small, and so few. And Satan blows on them and tries so hard to extinguish these little lights.



The need is so great, the laborers are so few.

I've been reading through Deuteronomy about Moses and God preparing the Israelites to enter Canaan. Three times, in three different chapters, God mentions that there are seven nations "greater and mightier than you that you will utterly defeat." One of the king's bed measurements was even recorded at nine cubits which, I looked up, is 13.5 feet long! That seems overwhelming to say the least. But God promised total victory over these giants that were too big and too strong to otherwise conquer. And I feel this is a reminder from God that He will conquer this darkness. With our hand in His, victory will be ours.

So, we keep letting our lights shine. Even though they often feel too small, too inadequate, and quite undeserving of this work.

But this little light of mine, I'm gonna let it shine. Won't let Satan blow it out, I am going to let it shine!

*Are you letting your light shine?  
Is your light shining in a dark  
place? Will you consider praying  
about God using your little light  
to shine for Him in a place of His  
choosing? It's never too late to  
change course and follow Him  
wherever He leads!*

# More about Béré Adventist Hospital

Béré Adventist Hospital is a 104-bed hospital located in southern rural Chad. In 2002 it became part of the global network of Adventist Health International (AHI) mission hospitals operated by Loma Linda University.

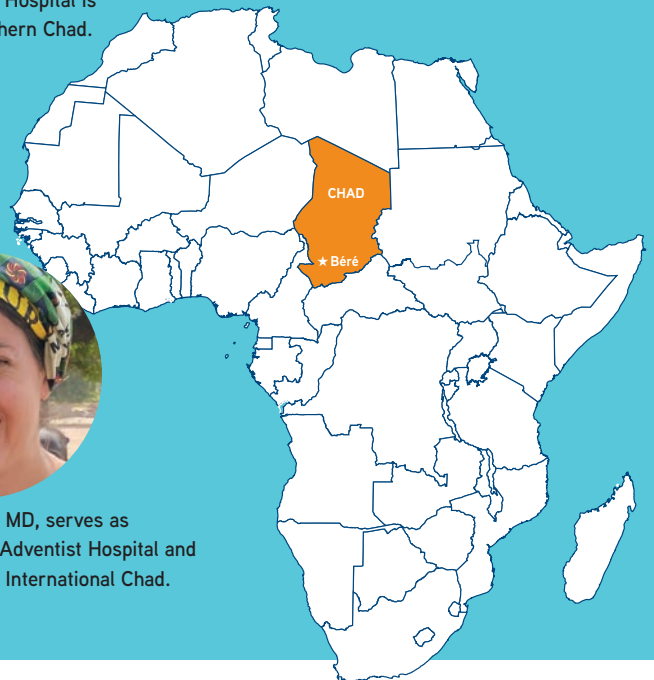
Departments include medicine, emergency, pediatrics, maternity, and surgery (with two operating rooms). Other services include a tuberculosis ward, a medical laboratory, pharmacy, and imaging with X-ray and ultrasound.

As the only hospital in the district of Béré, it serves not only patients from the local community and district but also accepts referrals from neighboring cities and the government health centers in the area. Some patients travel from as far as the borders of neighboring countries such as Cameroon and Central African Republic, and a few come from districts north of N'Djamena, sometimes traveling 200 kilometers or more on mostly unpaved roads in search of quality medical care.

Béré Adventist Hospital is  
located in southern Chad.



Staci Davenport, MD, serves as  
director of Béré Adventist Hospital and  
Adventist Health International Chad.



# A New Beginning

Transforming lives through lifestyle and rehabilitation

by Jerold Abraham, DPT



## JEROLD ABRAHAM

*is a Doctor of Physical Therapy specializing in sports medicine and rehabilitation in Dubai. He founded Olive Spine Care and Lifestyle Center in Madurai, India.*

Over 11 years ago, I was a bodybuilder consuming ten eggs a day, seemingly healthy but suffering inside. Chronic shoulder pain and gastritis plagued me, and I never suspected my diet as the cause.

Everything changed when my mother was diagnosed with terminal cancer with a left-side fungating breast wound and a metastatic tumor on her left lung. Desperate for hope, I traveled to India, questioning everything about health. After watching “Forks Over Knives” and exploring Dr. Agatha Thrash’s work on natural remedies, I challenged my mother—and myself—to change. Astonishingly, her breast wound completely healed and the tumor on her left lung shrank.

Her oncologists were amazed at seeing this transformation. Instead of living only two more months, she lived two more vibrant years. Meanwhile, my shoulder pain vanished, and my gastritis totally disappeared. Inspired, I studied plant-based nutrition at Cornell University and embraced the Adventist health message.

Motivated to share this with others, I introduced an online program, “Be Your Own Doctor” and created a community. We host weekly health topics sessions and hold cooking and organic gardening classes. This initiative supports many battling chronic diseases.

In 2023, I realized a dream by opening Olive Spine Care in Madurai, India. Focusing on spine care, we actually treat the lifestyle diseases which strike most of these patients. We also treat autoimmune diseases and provide wound care, serving delicious, oil-free, plant-based meals. Miraculously, we’ve seen near reversals of autoimmune conditions. One patient with ankylosing spondylitis, wheelchair-bound for years, found relief and literally managed to walk out of the facility when he was discharged.

Our approach for spine conditions combines noninvasive decompression therapy with a plant-based diet and lifestyle modifications tackling issues like obesity, hypertension, and diabetes. Charcoal plays a crucial role in wound healing, delivering remarkable results.







### A New Chapter: The Heart of Manavar

Amid these things, we started yet another mission work —uplifting the underprivileged through Manavar, our charity in India. It all started with healing a boy’s wound in a certain village with the help of activated charcoal. This act of compassion opened the door to a wave of transformation. As more villagers sought our help, we introduced them to natural remedies and a healthy lifestyle. This wasn’t just about healing wounds; it was about healing lives.

Manavar means “students,” and our mission is to liberate children from illiteracy, poverty, and poor health. We established a church in Chennai that doubles as a tuition center (offering tutoring and test/examination preparation), nurturing young minds and fostering dreams. Many of these children have grown into nurses, engineers, and lawyers, breaking the chains of poverty.

Expanding across Tamil Nadu, our small tuition centers have become beacons of hope,

transforming entire communities with churches built in these villages. Through this ministry, countless families are blessed, but the demand continues to grow. We seek sponsors to help us reach even more lives.

### Looking Ahead: Dreams of Expansion in the United Arab Emirates (UAE)

We dream of establishing a lifestyle center in the UAE. Despite challenges, inviting experts to conduct a lifestyle program could be a pivotal step, with proper marketing and translation support.

The true need for transformation lies within our own church communities. Many suffer from preventable diseases, often lacking commitment to healthful living. In contrast, some non-Christian friends passionately embrace and share health principles. One attendee of my program now leads his own 30-day health challenge, inspiring hundreds.

*The true need for transformation lies within our own church communities.*





# Adapting to Change

Migdalia Lifestyle Center repurposes program to meet local needs

Information for this article provided by **Magdalena Dan**, founder of Migdalia Lifestyle Center

**S**ituated on a hilltop with expansive mountain views, Migdalia Lifestyle Center has revamped its program to meet the needs of those impacted by conflict in the region.

Migdalia was established in 2016 as a center for lifestyle education. Its customary 10-day program includes delicious and beautifully prepared plant-based meals, walks in the nearby hills, consultations with guest physicians, massage and hydrotherapy, and classes on health.

Accommodations and amenities include ten beautifully appointed guest rooms with en suite bathrooms and kitchenettes, an outdoor pool and a terrace with stunning views.

But in this region of the world it hasn't been easy to attract guests to fill the 10-day programs. Leaders have pondered how to draw more clients. Yet in a way no one could have planned or anticipated, the Center has now become a place of healing and hope for hundreds—now thousands—suffering from the ravages of strife and conflict.

When regional unrest intensified, Migdalia administration had no choice but to close the facility and shutter its doors.

But soon the need to support those directly impacted by the tensions became apparent. Almost overnight, Migdalia downsized its program to a one day luxury spa experience. Word spread quickly and visits to the Center increased dramatically.

“People say it is like a little heaven on earth,” states Magdalena Dan. “Guests are treated like family. They enjoy delicious, plant-based meals, hot showers, pedicures and hot foot baths, hydrotherapy, massage therapy, love and support.”

This formula of love in action touches the hearts of all who enter.

“Each day brings new guests who exclaim, ‘This is the most beautiful retreat venue in the entire region. I had no idea it was here!’ ” Ms. Dan relates.

The goodwill engendered by this novel approach has garnered the





facility two official certificates of commendation which will bolster its reputation and open doors for more collaboration in the future.

"We have received thank you notes from clients in many regions," Ms. Dan states. "After returning from Migdalia, the clients cannot stop talking about the wonderful experience, the beautiful location, and the fantastic therapists who treated them with such warmth and compassion.

"Many who have experienced the one day spa say they plan to return with their families after the conflict is over," she says. "We never imagined something like this would happen at Migdalia!"

Unlooked for blessings sometimes appear in the midst of heartbreaking loss. In processing the

painful events of their past with his brothers, Joseph said, "But as for you, you meant evil against me; but God meant it for good, in order to bring it about as it is this day, to save many people alive" (Genesis 50:20, NKJV).

In spite of much suffering, a door of hope and blessing has been opened at Migdalia.

*Plans are currently underway to restart the ten day lifestyle program while continuing the one day experience. Guest physicians, therapists, and other staff will be needed to support these programs.*

# The Search for a Cure

by Mechelle Acero Palma, MD



**MECHELLE ACERO PALMA, MD** is president of the Philippine College of Lifestyle Medicine; founder of Lifestyle Medicine Solutions, Inc.; president of Remnant Institute, Inc.; and founder of CulinaryMD Asia.

I was 14 years old when my family hosted a community-based medical mission with foreign Adventist medical missionary worker students from the United States. As I observed their engagement with the community through the use of natural remedies and lifestyle modifications, I determined to pursue a career in medicine to emulate their approach.

My lack of knowledge about the practices of those medical missionary workers influenced my decision, leading me to explore alternative fields beyond conventional medicine. I obtained certifications in natural remedies and other modalities, but I was still looking for a field that connected evidence based practice, a root cause approach, and community engaged interventions that truly mitigate the modern chronic disease burden. Eventually, I found what I was looking for through lifestyle medicine.

## From sickness to health

My mother suffered from a heart condition for many years. By the time I was nine years old her condition worsened to the point that she was depressed and spent most of the day in bed. She fainted frequently and was unable to sleep without being propped up on pillows.

Our family ate mostly processed meat, seafood, and a few vegetables. We drank soda and juice instead of water. My mother finally became so ill she refused anything but water. Her once-large, edematous legs started to shrink. I thought she was dying, but in reality she had begun to recover. A lady came to live in our home and help my mother. None of us, including her, were Seventh-day Adventists, but she knew a lot about natural remedies. She prepared simply seasoned vegetables for my mom and then for my siblings and I, but that just made us sick! Change isn't

easy, but over time we adapted to the new diet and lifestyle, and amazingly, my mom recovered.

## Newfound faith

A church member from a nearby Adventist church facilitated a Bible study with my parents and they readily decided to be baptized. We began medical missionary work in a mountainous region where the needs were great. Although my parents weren't medically trained, many people came to them for help. Their lack of formal medical education led to discriminatory treatment, however. For this reason I determined that I would someday become a doctor myself, trained and licensed to treat people using the principles of health I had learned. I aspired to obtain complete credentials, ensuring that the medical advice I provided would garner respect.

In medical school there was no emphasis on lifestyle intervention as the primary approach for treating non-communicable diseases. In choosing a specialty I sought a field where I could learn more about the underlying cause of disease and its treatment. The only training I found that was close to lifestyle intervention was complementary medicine, promoted under the Philippine Department of Health. However, some pathophysiology and treatment methods differed significantly from my training and personal beliefs. For this reason I continued my search for a link between natural remedies and conventional medicine, something that would connect evidence based practice and a root cause approach to move the patients away from the traditional routine of sickness, polypharmacy, and mortality.

## Solid ground

A family friend told me about the American College of Lifestyle Medicine, but I could not find any lifestyle medicine training program in Asia. Initially





my focus was culinary medicine with the Natural Gourmet Institute and two other universities that pioneered this field of practice. I was also blessed to attend lifestyle medicine conferences hosted by Harvard University and finally connected with the American College of Lifestyle Medicine.

For the first time I felt like my feet were on solid ground. Lifestyle medicine was the missing link in my medical practice. I knew that the Lord was directing my search. I felt convicted to return to the United States for more training. I immersed myself in different lifestyle centers, and then I found Black Hills Health and Education Center, which offered a lifestyle medicine residential program. I prayed and the Lord opened the doors for me to go. What a surprise to learn that Black Hills was run by Seventh-day Adventists, and that my mentors were Dr. Kelly, the founding president of the American College of Lifestyle Medicine, and Dr. Hans Diehl, the founder of the Complete Health Improvement Program (CHIP)!

I prayed for sufficient finances to train in lifestyle medicine abroad. God worked a miracle for me. A few hours before my flight to the U.S., our bank manager called and guaranteed the clearance of a check deposited in our account. The amount was enough to sustain my trip. My husband and I work with government agencies, and we do routinely receive funds from these agencies, and so we thought that check was a routine payment. But when I went back home after the training, we received a call informing us that the check I used to finance my trip was mistakenly deposited in our account. Then the agency gave us a project corresponding to the amount we received, so we did not have to pay it back. The Lord used the bank and the government agency to help me pursue my training. The Lifestyle Medicine Competency Course (LMCC) was also



included in my immersion training, which enabled me to take and pass the inaugural board examination in lifestyle medicine. And through the recommendations and the mentorship given by Drs. Kelly and Diehl, I offered to volunteer for the lifestyle medicine international community.

#### Open doors

Volunteerism eventually paved the way for me to get involved with many professional organizations promoting lifestyle medicine education and practice. With the guidance of my mentors, we reorganized and formalized the Philippine College of Lifestyle Medicine for physicians and managed to be accredited as one of





the newest medical specialty societies in the country. Together with my colleagues, we also crafted the curriculum for a Master of Public Health degree with a major in lifestyle medicine; four classes of graduates have completed this training so far. Countless privileges were also offered to me. I was asked to serve as a member of the team that updates the worldwide lifestyle medicine competencies for both foundational and intensivist certification. I also have had the privilege of working with colleagues who opened a lifestyle medicine subspecialty training program in three hospitals, including the largest government hospital in the Philippines. We are currently pursuing collaboration with government operated hospitals and primary care facilities to offer lifestyle medicine education to healthcare providers. We are also strong in the campaign of including lifestyle medicine competencies in undergraduate medical education and interprofessional curricula.

These activities all led to an invitation to present at a Global Lifestyle Medicine Leadership Forum held in February 2024, in Doha, Qatar. Participating organizations included the leaders of lifestyle medicine societies around the world, the World Health Organization and the United Nations. I was asked to speak on the topic, “Rethinking global lifestyle medicine competencies.” I was the last speaker to talk. The crowd was composed of eloquent and renowned experts. Being Filipina as well as one of the youngest presenters, I sensed my inferiority. But as I meditated and asked the Lord for wisdom to know just what to say, He answered my prayer.

I was so nervous when I stood to speak, I was shaking, but the Lord blessed my presentation, and I finished within the allotted timeframe. I shared what we are doing in our country, and how we established professional competencies for various levels of training. At this conference I realized that we are the only lifestyle medicine

society in the world implementing the complete components of competency-based medical education training in the field of lifestyle medicine. At the Doha meeting I also explained why I personally believe we need to start health education and health enculturation among the pediatric population by sharing this story:

### Start early

As a medical missionary physician, I was trained by my parents to deliver simple health education materials that can be easily digested by the community we serve. In 2013, we adopted a school from one of the fourth-class municipalities in the province of Iloilo with a lot of undernourished, underperforming kids who didn’t have a dependable food supply at home. They would go to school with an empty stomach. At the school we started an integrated culinary medicine program, organic gardening, taught lifestyle medicine for grades 1-6 pupils, including the parents and teachers.

Because of the garden the school was able to feed children the meals they couldn’t get at home. The children learned to produce their own food by implementing the skills of composting, germinating, growing, harvesting, and food preparation. I also brought the children to my teaching kitchen, where they learned how to make soy milk and soy patties; everything we served was plant based. Because of this initiative, with the untiring effort of the school head and teachers, the support of the parents, and the interest of the children, nutrition and academic concerns were addressed. The program became known as a sustainable, innovative program; the children were even invited to join a cooking competition where they beat college and university competitors simply because the food they prepared was anchored with health principles with evident positive impact to their school—and it was all plant based!

The secretary general of the Philippine Department of Education





and one of the honorable senators visited the school and invited me to share information about the program, which became a benchmark for other public schools to follow. The children were not only fed with nutritious and endogenously produced food, but the health enculturation was also instilled in them. When we initiate this process with children, it leaves a lasting impression on them.

### The response

When I finished sharing the Philippine initiative at the Doha forum, the audience gave a standing ovation. In my heart I said, "Thank you, Lord, thank you!" God heard my prayer. I had simply presented God's plan for education, and that worldly audience of renowned scientists and physicians saw something in it that reached their hearts.

Many times, after I speak publicly, people will come up to me and ask, "Are you a Seventh-day Adventist?" I never speak of it, but they ask me. And every time I hear that question, I thank the Lord.

### Looking ahead

We operate two corporations in the Philippines where we train healthcare providers, including training in the lifestyle medicine immersion program. Our goal is to provide experiential learning that will make a positive impact on the trainee's lifestyle so they can be an example to their patients. Over 95% of our trainees come from different religious and cultural backgrounds than our own.

As trainees personally experience the benefits of the program, they come to see the value of true, holistic health. On Sabbath, the last day of the immersion program, we emphasize self care and spirituality. We encourage our trainees to share their gratitude journal and reflections on how their perspective on living their lives and practicing as healthcare providers has changed. We share materials with them such as *Steps to Christ* and the *Great Controversy*. My prayer is that somehow, somewhere, they will meet



people that will let them further understand God's purpose for their lives.

Recently we broke ground for the construction of a lifestyle medicine center with a home like atmosphere on 45 hectares of land in Western Visayas where the sweetest mangoes grow. This is called the Blue Zone Project, a community that will provide the architecture conducive for people to live longer, healthier, and happier lives. The facility will serve two groups: patients who need a longer residential program, as well as health care providers who need intensive training in the field of lifestyle medicine.

My prayer for the future is that lifestyle medicine will be placed where it is truly needed—at all levels of educational curricula and primary health care; that as it is used to prevent, arrest, and reverse the chronic disease burden, it will become a winsome way to introduce God's methods of healing.





# New Directions

Global doors open to Kianna Simmons-DeGraff, DMD, as she puts family, mission first

Attending the 2015 AMEN Conference on Hilton Head Island proved to be a noteworthy event for Kianna Simmons-DeGraff, DMD, a highly successful dentist specializing in oral medicine. In her home country of Bermuda she served as both president and chairman of the board of the Bermuda Dental Association while maintaining a busy practice.

“The AMEN conference,” she says, “was an eye opening experience which prompted me to think more deeply about my patients’ spiritual needs.”

After the conference Simmons-DeGraff decided to implement some changes in her practice, including praying with patients and initiating spiritual conversations. “I wanted them to have more than just a good dental outcome;” she reflects. “I wanted them to experience peace in their hearts.”

Accordingly, she added a literature rack to her waiting area and discovered that the three most sought after materials included *The Great Controversy*, *God Still Lives*, and the *8 Laws of Health* by

Amazing Facts. A magazine with plant-based recipes also generated interest and requests for more information.

Not long after, Kianna Simmons-DeGraff, who goes by Dr. Kianna, and her husband, Devaun “Sammy” DeGraff, experienced another life-redirecting moment when they welcomed their newborn son into their family.

“I hadn’t really thought much about becoming a mother,” Dr. Kianna recalls. “The day before my son was born, I was working as hard as ever. But when I held him in my arms for the first time after his birth, I knew from then on my family would take priority over my career, and the spiritual needs of my patients would be more important than worldly success.”

Blessings have followed in the wake of these decisions.

After living and working in Bermuda for 15 years, the Lord directed the DeGraff family to relocate in Ooltewah, Tennessee, where Dr. Kianna would serve as clinical director at Aspen Dental.





"I had no idea when we moved to Ooltewah that it was right next to Collegedale!" Dr. Kianna says. "But being in the Bible Belt makes it very easy to discuss spiritual topics. Patients are also very willing for me to pray with them."

"In my practice I am concerned about whatever impacts your smile, whether it is a physical, spiritual or mental health issue."

Dr. Kianna now serves on the board of Adventist Medical Evangelism Network, which has led to invitations to speak at national and international AMEN events.

In Kenya, she delivered the opening address at the first ever AMEN conference at the Adventist University of Nairobi. Amara Nwankpah, MD, arranged for a follow up meeting with women practitioners and female medical and dental students. The women were able to share openly about the challenges of working in a culture in which women typically do not lead or aspire to professional careers.

Dr. Kianna shared how God's calling for women transcends culture.

"Be willing to follow Him, and God will guide and direct your steps," she encouraged.

More recently, she spoke at the inaugural AMEN conference in Peru, a first for South America. This invitation came about through contact with long time AMEN attendee and presenter Dosung Kim, DDS, whom she had met at a prior AMEN Conference in Palm Springs.

"He told me he would love for me to come and share my testimony in Peru," she recalls. "And I was blessed to share not only my testimony, but about restoring the right arm of the gospel and awareness of how you as a practitioner come across to your patients. We need to be cognizant of that, especially as Adventist health professionals."

# When Cancer Strikes

AMEN President John Shin, MD, a hematologist-oncologist at Loma Linda University Health, answers questions about cancer.

**Q: It seems like more people are getting cancer now than in the past. What are you seeing?**

It is true that some cancers are increasing in incidence, but some are decreasing as well. For example, as smoking has decreased, the incidence of squamous cell carcinoma of the head and neck has decreased overall. However, HPV-related squamous cell cancers of the head and neck are on the rise in younger people due to unsafe sexual practices. Many cancers that have a strong lifestyle component are also on the rise because, in general, people's lifestyles are not getting healthier, and we are seeing a worrisome increase in some cancers such as colon cancer among younger people. In fact, due to this trend the national guidelines for colon cancer screening now recommends that colonoscopies begin at age 45 instead of 50.

**Q: What are some of the most important lifestyle factors associated with increased cancer risk?**

In the 1980s, two British epidemiologists, Richard Doll and Richard Peto, were tasked by the U.S. Congress to identify the preventable causes of cancer deaths in America. They determined that about 30% of all preventable cancer death was due to an unhealthful diet. These numbers have been refreshed for the modern era and still appear to hold true today. Many other lifestyle factors play a role as well such as lack of exercise, insufficient (or poor quality) sleep, stress, lack of exposure to sunlight, smoking, and alcohol use. What is amazing is that all of these factors were identified by Ellen White over a hundred years ago as being detrimental to our health, and her counsel holds true today more than ever before.

**Q: What is the likelihood of developing cancer over the course of one's lifetime?**

**A:** Statistically, in the United States one in two men and one in three women will be diagnosed with cancer at some point in

their lifetime. Therefore, cancer will impact all of us, if not directly then through someone you know.

**Q: What impact do lifestyle choices make for a person with an existing cancer diagnosis?**

Many people, including physicians, think that if you have already been diagnosed with cancer (especially if it is an incurable form of cancer) that lifestyle changes will not make a difference. A lot of doctors essentially tell their patients, "Eat, drink, and be merry because you have cancer." This is bad advice because we have abundant data showing that lifestyle changes can make a difference for cancer patients. For example, clinical trials have shown that if you optimize the gut microbiome by eating a plant-based, high-fiber diet, you will increase the probability of responding to cancer immunotherapy and even some immunogenic chemotherapy. Also, cancer patients who exercise regularly and get good quality sleep report more energy and fewer side effects from cancer therapy.

**Q: What about in cases where the cancer has already progressed to a late stage?**

When a cancer is advanced and incurable, although lifestyle interventions may not change the overall prognosis, the data show that they can dramatically improve quality of life and even length of life. I therefore counsel all of my patients on making healthy lifestyle changes.

**Q: Can you explain in more detail some of the more significant risk factors for cancer?**

Yes. It has been shown that a diet high in animal protein, fat, and sugar and low in fruits and vegetables promotes cancer growth. In fact, plants are the only things you can eat that can fight cancer, and the optimal diet for preventing and treating cancer is a whole food, plant-based diet. Let me unpack what I mean by that, because many people think they are eating healthfully as long as they are vegetarian or



vegan. Oreo cookies are completely vegan, but we can all agree that they are not a health food. Whole food means minimally processed food. If your food comes in a package and contains ingredients that are hard to pronounce, chances are it is processed. Plant-based means nothing that had a mother. Therefore, you want to eat plants in a form that is as minimally processed as possible.

Many jobs involve sitting all day with very little physical activity. This kind of sedentary lifestyle significantly depresses the immune system. However, it doesn't take a lot of exercise to make a difference. For example, studies show that in elderly people, just 30 minutes of walking a day can almost double the number of natural killer cells in their body that fight infection and cancer cells. Exercise and movement are very tightly connected to overall immune health.

Another really important factor is sleep. We live in a culture that works hard at the expense of sleep. It's almost looked upon as a badge of honor to be sleep-deprived. However, sleep deprivation produces devastating results because, among other things, sleep plays a very powerful role in maintaining a healthy immune system which helps to prevent cancer. A lot of cancer patients have shortchanged themselves on sleep for decades, and this has likely played a role in the development of their cancer. Getting a solid 7-8 hours of sleep a night can dramatically decrease your risk of cancer.

There are some simple steps you can take in order to improve the quality of your sleep. First, don't eat within four hours of when you want to go to sleep. Also, you get more cycles of deep restorative sleep in the hours before midnight so even if you can't increase the amount you sleep, by simply shifting your sleep earlier will allow you to benefit more from the sleep you do get. Another important factor is to avoid exposure to electronic screens three hours before bedtime because the blue light emitted from screens suppresses melatonin production. Lastly, people who are physically active during the day sleep better at night. One of the reasons people may struggle to sleep at night is because they've been sedentary all day. Getting exercise—ideally in the fresh air and sunshine outside—is very important in improving your sleep quality.

**Q: Are there some less commonly understood risk factors for cancer?**

Yes. One that is often overlooked in cancer prevention is the mind-body connection. Mental, emotional, and spiritual health all impact your immune system which guards against cancer. If you neglect these areas of health, it doesn't matter how healthfully you eat or how much you exercise. I've seen many miserable, skinny vegans with late-stage cancer.

It is also important to note that health is a means to an end. When living as long as possible becomes your ultimate objective in life, you make health your idol. The pursuit of



health outside of a greater meaning or purpose in life does not satisfy the needs of the soul.

**Q: Can you share any examples?**

In my practice one day I had to share the diagnosis of metastatic colon cancer with a young man in his 40s. His prognosis was less than a year to live. After I told him, he broke down and wept. He had a wife and young children. He was devastated. The news shattered his world.

One month later he returned to see me for a follow up appointment. He was smiling and in much better spirits. I said, "I notice you're in a better place. What changed?"

This is what he told me. After he went home, he had a pity party. He felt angry with God. He was drowning in hopelessness and fear. One morning, however, as he was eating breakfast with his family, he looked around the table and realized that people sitting by him were the most important people in his life. He thought, these simple moments are the best moments of life. Those are the moments to treasure the most.

Before, he had always assumed that his happiest days were yet ahead of him, when he might get his dream home or car or reach some milestone. But in that moment he realized he could never be happier than he was right then, being surrounded by the people he loved most.

He changed his schedule in order to prioritize time with his family. He decided that taking a walk around the lake with his family or reading a book to his son was the most important thing he could be doing with his time, and this realization enabled him to fall in love with ordinary moments. He said, "I never knew what it meant to live until I knew I was going to die." His only regret, he told me, was that he wished he had lived his entire life this way. He said, "The way I am living now is the happiest I have ever been."

**Q: In what way does this experience connect with spiritual well-being?**

The theologian John Henry Newman once said, "Fear not that your life will come to an end but that it will never have a beginning." Winning the fight against cancer is not about how long you live, but how well you live whatever life you have left. However, this principle applies to all people, not just







those with cancer. None of us know how much time we have left, so rather than being preoccupied by the length of our lives, we should focus on living the best life we can today.

**Q: Some people don't believe in God. What can you say to encourage them?**

I first build scientific credibility in viewing spiritual health as a valid dimension of health by reviewing the evidence for the mind-body connection. This leads to a discussion of how people who describe themselves as being deeply spiritual report higher levels of happiness and peace and how this translates into physical health benefits. I point out that it's as if our bodies were designed to be healthiest and happiest in the context of a relationship with a Higher Power. If I've developed good rapport with my patient and I feel it is appropriate, I ask them if they are certain that God does not exist. If they acknowledge that they could not be sure, then I suggest they have nothing to lose by praying, "God, if you exist, you need to reveal yourself to me because I don't have much time." I've had patients pray this prayer and have their lives changed as a result.

**Q: For people facing a new cancer diagnosis, what do you recommend?**

1. Lifestyle practices. Practicing the principles of the health message is especially important now.
2. Build trust and rapport.

3. Prioritize loving relationships in your life, the most important of all being a relationship with God.

This follows Jesus' pattern. When people suffered from physical maladies, they sought Jesus for healing. However, Jesus saw the deeper need in their hearts, and healed not just their bodies, but also their souls. Although God does not afflict people with cancer, if He uses a cancer diagnosis to make people feel their need for Him and draws them closer to Him, it is a blessing in disguise.

**Q: What challenges do you encounter among Adventists facing cancer?**

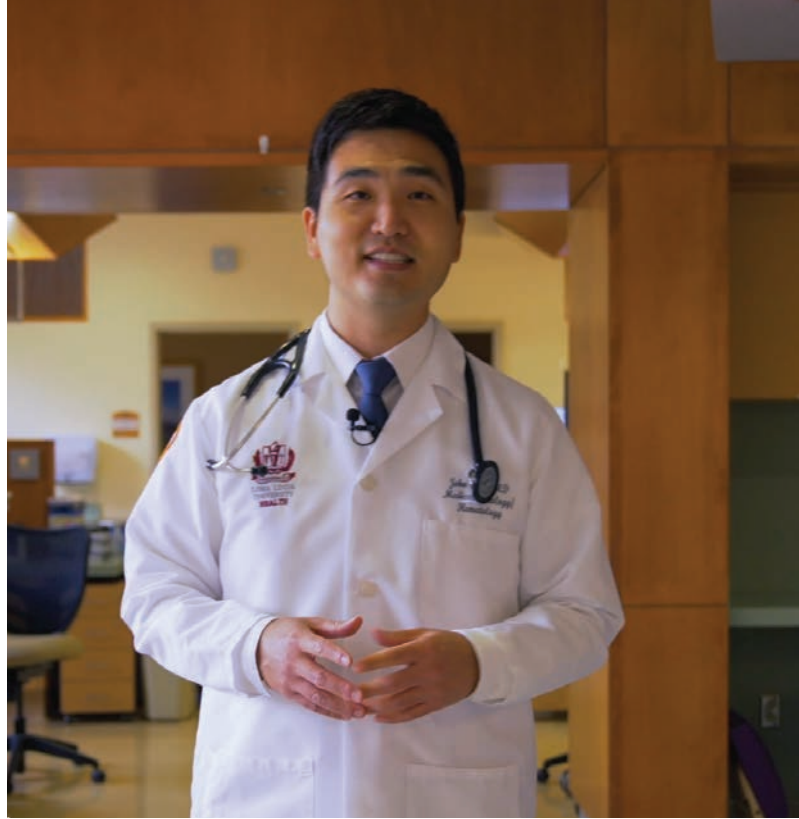
I feel that Adventists tend to struggle with feelings of guilt more than the general public when they are diagnosed with cancer. This is especially true for those who have been following the health message. They automatically assume that they must have done something wrong, and that is why they developed cancer. Although it is true that many cancers have a lifestyle component, it is absolutely not true that a healthy lifestyle will guarantee that you will never get cancer. You can do everything right but still get cancer and other diseases due to factors outside of your control such as environmental toxins/exposures and genetics. I remind my Adventist patients that we are living with fallen DNA that has degenerated due to being thousands of years removed from the tree of life.

Another problem I frequently run into is that many Adventists believe Ellen White was opposed to drug medications, and

therefore, they are very resistant to receiving chemotherapy and other forms of drug therapy. It is true that Ellen White wrote very strongly against drugs, but we must take it into historical context. The drugs of Ellen White's day were literal poisons which included arsenic and mercury, and they had zero therapeutic value. This was the era before evidence-based medicine, and the state of medical education was deplorable. Every doctor did what was right in their own mind, and therefore, patients had a higher risk of dying by visiting a doctor than by staying at home. It was so bad that in 1872, Charles Eliot, the president of Harvard University, said, "It is fearful to think of the ignorance and incompetence of most American doctors who have graduated at American schools. They poison, maim, and do men to death in various ways, and are unable to save life or preserve health." If the president of Harvard spoke so strongly against the state of medicine in his day, is it any wonder that Ellen White would do so as well?

However, Ellen White was evidence-based and was open to the use of drugs when the benefits outweighed the risks. For example, her son Willie White wrote in 1924 that his mother was initially opposed to vaccines because he had experienced adverse effects after being vaccinated as a child, but when it was explained to Ellen White that methods of vaccinations had been improved, and when Willie and his companions visited a city where smallpox was raging, she did not object to them being vaccinated (W. C. White letter to L. C. Kellogg, February 5, 1924). In another example, while Ellen White was in Australia, a missionary told her about his son who had died of malaria. Although the boy was gravely ill, the missionary recalled how strongly Ellen White wrote about the dangers of quinine and therefore withheld it from his son. As a result, his son died. He then asked Ellen White, "Would I have sinned to give the boy quinine?" She answered, "No, we are expected to do the best we can." (W. C. White letter, September 10, 1935). Ellen White went on to receive radiation treatment for skin cancer on her forehead and endorsed the use of surgery and blood transfusions even though they were far riskier in her day because she understood that even treatment modalities with a high risk of harm could still be beneficial in the right circumstances.

Based on the above, I believe that Ellen White would support the appropriate use of modern-day drugs today. I say appropriate because like anything else, drugs can be abused. There are many people who think drugs are the solution and try to find "a pill for every ill" without changing their poor lifestyle choices that lead to disease. Drugs can and do get overprescribed, often with significant consequences. However, this doesn't change the fact that drugs can also be lifesaving when used appropriately.



**Q: What do you think about alternative cancer treatments?**

Most people are referring to natural remedies when they talk about alternative therapies for cancer. I have no problem with natural remedies, and in fact, I encourage the use of many natural remedies such as hydrotherapy as long as there is proven benefit. Even when there is no proven benefit, if the risk of harm is low, I don't mind my patients using natural remedies. However, if there is a risk of harm that can outweigh any potential benefits, or if patients indicate a desire to pursue a treatment of unproven (or even disproven) benefit in the place of a treatment with proven benefit, that is when I object. I freely admit that western medicine does not have a monopoly on medical truth, and there are likely many treatment modalities out there with therapeutic benefit which may never be studied in the context of a randomized, placebo-controlled trial. I also acknowledge that our application of evidence-based medicine is fraught with limitations because the scientific literature (like any human endeavor) is not perfect. However, of all the imperfect systems out there for obtaining and advancing scientific knowledge, evidence-based medicine is the least bad, and therefore we must use it.

Another issue I frequently run into among my cancer patients is the tendency to think that anything natural is inherently good and of God while any pharmaceutical or synthetic product is inherently toxic and of man. Therefore, some of my patients feel they are forced to choose between God's way (i.e. that which is natural) and man's way (i.e. modern medicine), and they feel that God cannot bless them if they choose man's way since that is the way of faithlessness. This is a false dichotomy. If God has given us the intelligence to develop beneficial medications and medical advancements,



how could it be an act of faithlessness to avail ourselves of its use? In *Ministry of Healing*, p. 231, Ellen White writes, "It is no denial of faith [for the sick who request prayer for healing] to cooperate with God, and place themselves in the condition most favorable to recovery. God has put it in our power to obtain a knowledge of the laws of life. This knowledge has been placed within our reach for use. We should employ every facility for the restoration of health, taking every advantage possible, working in harmony with natural laws." Notice that Ellen White encourages us to "employ every facility for the restoration of health" while "working in harmony with natural laws." To me, this means combining the best of medical science with the best of natural remedies and lifestyle modifications. Indeed, this is the approach that in my experience produces the best results in cancer therapy.

One last point I'd like to make about this topic is that many Adventists put their faith in natural remedies or lifestyle interventions and not God. I call this "green pharmacology," and in principle it is no different from the doctor who trusts only in modern medicine. These people are on a quest to do anything to cure their cancer naturally, and they are convinced that if they can just find the right herbal concoction, juicing routine, or naturopathic expert, they can beat their cancer. I once shared a story about a patient of mine with leukemia who miraculously went into remission but eventually relapsed

and succumbed to her disease. The point of the story was to highlight the spiritual healing that she experienced which gave her complete peace with God at the end of her life. After I finished my talk, an Adventist woman approached me, and the first question she asked was, "Did you share the health message with your patient? Was she still eating meat at the time of her death?" The implication of course was that my patient could have lived had she just followed the right diet. In this person's mind, God did not factor into the equation; diet change would have saved my patient. Although I believe strongly in the power of adhering to God's laws of health, I have also seen many instances when God was willing to sacrifice the body to save the soul.

*Whether we use natural remedies or modern medicine, we must always remember that any true healing comes from God alone, and while it is always God's will to heal, sometimes that healing will come on resurrection morning.*





# Working Together

AMEN expands outreach through partnerships with other ministries

by Nicole Braxton, AMEN Free Clinic Coordinator



**NICOLE BRAXTON** is the director of AMEN Free Clinics.

**A**MEN free clinics have been revitalized! Since 2023, more than 2,000 patients have been served at AMEN free clinics. God has opened many doors for AMEN to collaborate with other ministries.

Four major partnerships have recently developed.

## Michigan Conference

The Michigan Conference has contracted with AMEN to host ten clinics a year in various churches. Some clinics have already been held.

In Detroit, Michigan, for example, multiple churches worked together with city officials to implement a highly successful clinic utilizing 180 volunteers (including Adventists and those of other faiths) and an additional 50 walk-in volunteers who showed up the day of the clinic.

Additionally, the Lake Union Conference brought together the Michigan and Lake Union Regional Conferences which had not partnered in mission for decades. An additional partner in the Detroit outreach was Adventist-laymen's Services and Industries, Inc., (ASI).

Eighty percent of the patients were Hispanic. Some of the children had critical health needs which were provided for by the clinic. The Salvation Army donated food, and off-duty police officers provided security. News stations recorded what was happening.

On the follow up survey, volunteers gave high marks for the opportunity to serve together in peace and harmony.

## It Is Written

In Alaska, AMEN recently united efforts with an It Is Written evangelistic effort by hosting two free clinics at the Hillside O'Malley SDA Church in Anchorage and the Bethel SDA Church. Pastors John Bradshaw and Wes Peppers followed up with evangelistic meetings in each location. The Anchorage clinic focused on medical, dental, vision and physical therapy while the Bethel church offered behavioral health and medical care.

Another team of volunteers went door to door inviting people to the follow up evangelistic meetings. More than 500 people registered to attend demonstrating the effectiveness of medical and gospel ministries working together.

It is a complete blessing to see how God led in us being able to serve the community in Anchorage. Our strength comes from God. He opened many doors. We are blessed as we see God work and see how evangelism excitement grew following the clinic.

## Pathway to Health

AMEN and Pathway to Health joined together to hold two multi-day clinics this year: one in New York City (June 2024) and another in Greensboro, North Carolina (October 2024). God is allowing AMEN's clinic capacity to increase to accommodate the growing needs.

## Lake Union Conference

The Lake Union Conference has invited us to host a clinic in Indianapolis (2024), and additional sites in 2025.



### And more!

AMEN is exploring potential partnerships with even more entities in 2025 in addition to continuing the affiliations already established. We are excited to partner and serve with volunteers in all locations.

### How to volunteer

To sign up to be a volunteer at an AMEN free clinic or to explore upcoming clinic opportunities, go to [amenfreeclinic.org](http://amenfreeclinic.org)

### Impact

In 2021 an AMEN clinic patient who came for an eye exam admitted he was unable to hold down a job because his eyesight was too poor to read. So he was fired. Once he was seen at the AMEN clinic and received the eyeglasses he needed, he was able to get a job and keep it. His life was literally transformed!

### Student volunteers

With the new affiliation with Michigan Conference, AMEN is utilizing master's program psychology interns from Andrews University to assist with counseling at the clinics.

### New dental director

Randy Griffin, DDS, is the new dental manager for AMEN free clinics. We are so glad to have him now full-time on the AMEN team.



# Alaska Calls

David Manestar, a physical therapist, and Luisa Manestar, MD, a family medicine physician, heard AMEN was planning a free clinic in Alaska while attending an It Is Written partnership meeting in Gatlinburg. It didn't take long for them to decide this was one event they didn't want to miss!

Together with their son Noah, a third year medical student at Loma Linda University, the Manestars added a few days to their trip to enjoy the spectacular Alaskan wilderness before the clinic started.

"People were shocked that we had come all the way from Tennessee to help out," Dr. Luisa Manestar recalls. "We explained that we were doing this for Christ. It was wonderful to see the little miracles for supplies and the mechanical issues resolved after group chat requests for prayer.

David Manestar notes, "When recruiting for patients, we noted that people from the more affluent areas near the church weren't interested. But when we invited people at WalMart, strip malls, and Goodwill, we found a lot more interested persons."

"We bused patients in from homeless shelters," Dr. Manestar adds. "The senior class from Heritage Academy in Tennessee near where we live decided to volunteer at the clinic for the class trip. Their bus driver went out on the streets searching for people in need, then he told them, 'Hey, we have a free clinic, would you like a ride?' And the people came—a lot of them were homeless and had psychiatric issues. He did that twice a day."

One of the most rewarding aspects of the clinic for David Manestar was the opportunity to work with patients one on one and invite them to the It Is Written meetings. Dr. Manestar said she prayed with all the patients she saw except one who refused.

For Noah, the highlight of participating in the clinic was seeing "how grateful the people were for the service we were giving," he says.

"I didn't realize how much of a need there was. There were so many people who have nothing. They brought their kids—some of whom had never had medical care before. A lot of these people are marginalized and not used to people being kind to them. When we started talking to them, at first they were very suspicious that we wanted something from them. But once they figured out we didn't have an agenda they really responded with appreciation. It made me feel like we had really showed them Christ's love."

# AMEN develops resources, inspires global chapter affiliates

AMEN International chapters (listed under membership tab on the website) have expanded the global reach of AMEN's mission to unite the gospel and medical missionary work.

**A**dventist Medical Evangelism Network began in 2004 as a small group of doctors and dentists who desired to learn and apply Christ's method of ministry and healing in their practices. The first step was to plan a weekend conference. The next step was to make the conference an annual event. As AMEN grew and new people continued to join, the demand for a broad array of supplemental materials arose.

To meet that need, AMEN began producing materials such as bulletin inserts about health and teaching videos for doctors—explaining, for example, how to request prayer and to pray with one's patients. The most recent and ambitious project to date is the production of high quality health education videos that can be shown in doctor's offices and patient waiting areas. Samples of AMEN offerings are shared here.

Additionally, several international AMEN chapters have been established in such diverse areas as Kenya, Uganda, the Middle East, Australia, South America, Europe, India, Indonesia, Malaysia, and the Philippines.

**These resources can be accessed at [amensda.org](http://amensda.org).** Please direct inquiries for further information to Rebecca Barnhurst, RD, who serves as AMEN's resource and membership director at [barnhurst@amensda.org](mailto:barnhurst@amensda.org).

AMEN print and video resources are available at [amensda.org/resources/knowledge-bank/](http://amensda.org/resources/knowledge-bank/).



AMEN India



**HEALTH NOTES**

**Health Benefits of Berries**  
Berries are among the most potent health-promoting foods available. Berries are delicious. Each variety has a distinctive flavor. What makes berries so powerful is that they are packed with a variety of bioactive chemical compounds.

Berries are sweet due to their sugar content but are low in calories. Berries have essentially no fat but are high in dietary fiber. The most important chemicals in berries are the hundreds of different phytochemicals, mainly the large group of polyphenols.

The deep red, blue, purple, and black colors of berries come from a large family of colorful chemicals known as Anthocyanins. These compounds help prevent cancers. Another important compound is Ellagic acid and its cousins. Yet another group of healthful chemicals are the Flavonols that include a family of Kaempferols and another family of Quercetins.

There are literally hundreds of different chemicals in each variety of berry. There is no dietary supplement that can catch the rich, interconnected, symphony of chemical compounds working in concert with each other that is found in fruit. You must eat the fruit to get the benefits.

**BERRIES**  
Daily Average Eating of Food Groups in Grams/Day

Food Group	Daily Average (Grams/Day)
Vegan	35.7
Low On Veg	29.3
Prove Veg	26.8
Semi Veg	24.0
Non Veg	13.8

One powerful benefit that comes with eating berries is a reduced risk of heart attack. This was demonstrated in The Nurses' Health Study II which included 93,000 women, ages 25-42, whose dietary information was determined every 6 years over an 18-year period.

Women who ate berries three times a week or more had a 33% reduction in heart attacks compared with women who never or rarely ate berries.





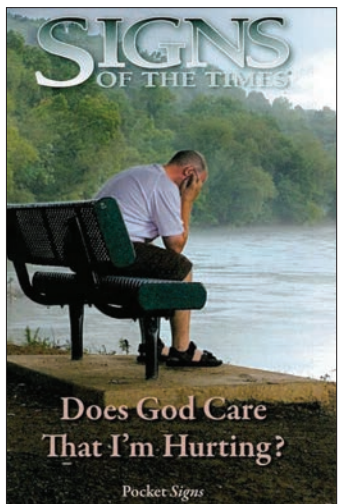
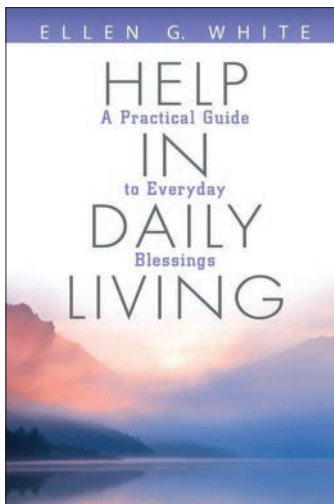
AMEN Middle East North Africa



AMEN Philippines



AMEN Indonesia





# December 1, 1892

## Medical Missionary Work

by Mrs. E. G. White



MRS. E. G. WHITE

I am deeply interested in the subject of medical missionary work, and the education of men and women for that work. I could wish that there were one hundred nurses in training where there is one. It ought to be thus. Both men and women can be so much more useful as medical missionaries than as missionaries without the medical education. I am more and more impressed with the fact that a more decided testimony must be borne upon this subject, that more direct efforts must be made to interest the proper persons, setting before them the advantages that every missionary will have in understanding how to treat those who are diseased in body, as well as to minister to sin-sick souls. This double ministration will give the laborer together with God, access to homes, and will enable him to reach all classes of society. An intelligent knowledge of how to treat disease upon hygienic principles will gain the confidence of many who otherwise would not be reached with the truth. In affliction, many are humbled in spirit, and words in favor of the truth spoken to them in tenderness by one who is seeking to alleviate physical sufferings, may touch the heart. Prayer, short, weighted with tenderest sympathy, presenting the suffering ones in faith to the Great Physician, will inspire in them a confidence, a rest and trust, that will tend to the health of both soul and body.

I have been surprised at being asked by physicians if I did not think it would be more pleasing to God for them to give up their medical practice and enter the ministry. I am prepared to answer such an inquirer: If you are a Christian and a competent physician, you are qualified to do tenfold more good as a missionary for God than if you were to go forth merely as a preacher of the word. I

would advise young men and women to give heed to this matter. Perilous times are before us. The whole world will be involved in perplexity and distress, disease of every kind will be upon the human family, and such ignorance as now prevails concerning the laws of health would result in great suffering and the loss of many lives that might be saved.

While Satan is constantly doing his utmost to take advantage of men's ignorance, and to lay the foundation of disease by improper treatment of the body, it is best for those who claim to be sons and daughters of God to avail themselves while they can of the opportunities now presented to gain a knowledge of the human system, and how it may be preserved in health. We are to use every faculty of mind which God has given us. The Lord will not work a miracle to preserve any one in health who will not make an effort to obtain knowledge within his reach concerning this wonderful habitation that God has given. By study of the human organism, we are to learn to correct what may be wrong in our habits, and which, if left uncorrected, would bring the sure result, disease and suffering, that make life a burden. The sincerity of our prayers can be proved only by the vigor of our endeavor to obey God's commandments.

Evil habits and practices are bringing upon men disease of every kind. Let the understanding be convinced by education as to the sinfulness of abusing and degrading the powers that God has given. Let the mind become intelligent, and the will be placed on the Lord's side, and there will be a wonderful improvement in the physical health. But this can never be accomplished in mere human strength. With strenuous efforts through



the grace of Christ to renounce all evil practices and associations, and to observe temperance in all things, there must be an abiding persuasion that repentance for the past, as well as forgiveness, is to be sought of God through the atoning sacrifice of Christ. These things must be brought into the daily experience; there must be strict watchfulness and unwearied entreaty that Christ will bring every thought into captivity to himself; his renovating power must be given to the soul, that as accountable beings we may present to God our bodies a living sacrifice, holy and acceptable unto him, which is our reasonable service.

Will those who claim to believe the solemn, sacred truth for this time arouse their sluggish energies and place themselves in the channel where they can gather to their souls every ray of light that shines upon their pathway? God calls upon all who claim to believe advanced truth to exert every power to the utmost in gaining knowledge. If we would elevate the moral standard in any country where we may be called to go, we must begin by correcting their physical habits. Virtue of character depends upon the right action of the powers of the mind and body.

Guilt rests upon us as a people who have had much light, because we have not appreciated or improved the light given upon health reform. Through misunderstanding and perverted ideas many souls are deceived. Those who teach the truth to others and who should be shepherds of the flock, will be held accountable for their willing ignorance and disregard of nature's laws. This is not a matter to be trifled with, to be passed off with a jest. As we approach the close of this earth's history, selfishness and violence and crime prevail as in the days of Noah, when the Old World perished in the waters of the flood. As Bible believers, we need to take our position for righteousness and truth.

As religious aggression subverts the liberties of our nation, those who would stand for freedom of conscience will be placed in unfavorable positions. For their own sake, they should, while they have opportunity, become intelligent in regard to disease, its causes, prevention, and cure. And those who do this will find a field of labor anywhere. There will be suffering ones, plenty of them, who will need help, not only among those of our own faith, but largely among those who know not the truth.

The shortness of time demands an energy that has not been aroused among those who claim to believe the present truth. There is need of personal religion, of repentance, of faith and love. I plead that there be a general awakening among us as a people. In the strength that Christ imparts, we should be able to teach others also how to wrestle with those passions which the light of heaven shows them must be mortified. Let there be constant watchfulness and unwearied prayer for the assistance of the Holy Spirit, and let us avail ourselves of all the help and light that God has given.

In almost every church there are young men and women who might receive education either as nurses or physicians. They will

never have a more favorable opportunity than now. I would urge that this subject be considered prayerfully, that special effort be made to select those youth who give promise of usefulness and moral strength. Let these receive an education at our Sanitarium at Battle Creek, to go out as missionaries wherever the Lord may call them to labor. It should ever be kept before them that their work is not only to relieve physical suffering, but to minister to souls that are ready to perish. It is important that every one who is to act as a medical missionary be skilled in ministering to the soul as well as to the body. He is to be an imitator of Christ, presenting to the sick and suffering the preciousness of pure and undefiled religion. While doing all in his power to relieve physical distress and to preserve this mortal life, he should point to the mercy and the love of Jesus, the great Physician, who came that "whosoever believeth in him might not perish, but have everlasting life."

*Workers are needed now. As a people, we are not doing one fiftieth of what we might do as active missionaries. If we were only vitalized by the Holy Spirit, there would be a hundred missionaries where there is now one.*

But where are the missionaries? Has not the truth for this time power to stir the souls of those who claim to believe it? When there is a call to labor, why should there be so many voices to say, "I pray thee have me excused." In this country the standard of truth is to be established and exalted. There is great need of workers, and there are many ways in which they can labor. There is work for those in the higher, as well as in the more humble positions. But we want none to come out to this field who have not a high sense of what it means to be a missionary. Individually, all need a heart work. A good work cannot be done by the human agent alone. For the full development and efficiency of the intellectual as well as the spiritual powers, there is, there must be, a vital connection with God, a communion with the highest source of activity. Then with the soul all aglow with zeal for the Master, we can be a blessing to others. Jesus said, "Whosoever drinketh of the water that I shall give him shall never thirst, for the water that I shall give him shall be in him a well of water springing up into everlasting life." Those who become partakers of the grace of Christ will guide others also to the living stream.

Is it not a privilege to be thus co-partners with Jesus? Is it not an honor to be connected with the grand work of saving souls, acting the part assigned us by our Saviour? And none can impart a blessing to others without receiving benefit himself. "He that watereth shall be watered also himself."

*Published in The Medical Missionary, December 1, 1892.*





# AMESA: Connecting students with mentors

by **Giorgia Maghelli**



**GIORGIA MAGHELLI**

*is a fourth year medical student at Loma Linda University, and is obtaining a dual degree with an MA in Religion and Society. She serves as president of AMESA.*

**T**he Adventist Medical Evangelism Student Association (AMESA) is the student chapter of AMEN. We have focused on the mentorship program that involves physicians and dentists from the AMEN network who are local to the Loma Linda area.

We meet once a month on Sabbath afternoons at a mentor's home. A potluck fellowship meal is generously provided by mentors, followed by a spiritual discussion designed by the student leadership, in which both mentors and students participate.

Meetings last about two hours, allowing time for other activities, and anyone in the Schools of Medicine or Dentistry is invited to join!





# Twenty-first century medical ministry

by John Shin, MD



**JOHN SHIN, MD,** is president of AMEN and an assistant professor of medical oncology at Loma Linda University Health. He has a burden to share Christ with cancer patients. His research focus is on immunotherapy clinical trial development and the effects of lifestyle interventions in cancer treatment. His wife Elisa is a dentist by training, and they are blessed with three children: Sophia, Charis, and Kyle.

Once I gave a talk about the principles of effective spiritual care to a group of fourth year medical students at Loma Linda University. During my talk there was one student who seemed very engaged, but his body language and facial expression indicated that he was not satisfied with what I was saying. I tried to anticipate all of the questions and objections one could raise about the practice of spiritual care and medical ministry, but try as I might I felt I was not getting through to this student. When I ended my talk, he was the first to come up to me. He thanked me for my talk and then asked, “Dr. Shin, what does spiritual care look like? I have heard many people talk about it, but I have never seen it practiced. What I really need is an example.”

I will never forget my student’s question because it demonstrates to me the importance of modern-day examples. Head knowledge only goes so far; at some point, we need an example. Ellen White called medical ministry the “right arm of the gospel.” However, our world today looks very different from Ellen White’s horse and buggy era. What does the right arm of the gospel look like when it is effectively implemented today in the 21st century both in the United States and abroad? We attempt to answer this question through the stories found in this issue which highlight the experiences of people with diverse backgrounds including overseas missionaries, medical students, physical therapists, and those who run lifestyle centers. These stories illustrate how God effectively uses medical ministry in many different contexts today.

Although the way medical ministry is implemented will vary as it is adapted to the times, there are principles that never change. One such principle is that of self-sacrificial service. In the book *Prophets and Kings*, Ellen White writes on p. 74, “The conflict before us calls for the exercise of a spirit of self-denial, for distrust of self and for dependence on God alone, for the wise use of every opportunity for the saving of souls. The Lord’s blessing will attend His church as they advance unitedly, revealing to a world lying in the darkness of error the beauty of holiness as manifested in a Christlike spirit of self-sacrifice, in an exaltation of the divine rather

than the human, and in loving and untiring service for those so much in need of the blessings of the gospel.” Only when we put the needs of others first and minister to them with self-sacrificial love can they see the love of Christ in us. This love is what breaks down barriers and makes people receptive to the gospel message.

Another timeless principle of effective medical ministry is that of complete reliance on God. In the medical profession, our training is designed to make us self-reliant, and our education and experience tend to give us an outsized sense of our own abilities. However, Jesus says in John 15:5, “I am the vine, you are the branches. He who abides in Me, and I in him, bears much fruit; for without Me you can do nothing.” Every example of effective medical ministry is a demonstration of what God can do when people are willing to be used by Him. As you read the stories in this journal, you will see that the secret to success is to abide in Jesus. The branch does not bear fruit through superior effort or talent, but rather, fruit is simply the natural byproduct of being connected to the vine. When we humbly lay our time, talents, and training at Jesus’ feet, He will enable us to use these gifts to make an impact for Him.

Medical ministry is the most intimate form of ministry because it requires us to draw close and treat people as individuals, and it was Jesus’ preferred means of breaking down barriers to the gospel message. It is a modality that will always retain its efficacy and will remain timeless in its relevance. As AMEN celebrates its 20th anniversary this year, despite the many changes brought on by the last two decades, our core mission remains the same: AMEN exists to inspire people to continue Jesus’ work of healing the soul by ministering to the body. As you read the stories in these pages, my prayer is that you will glimpse the Master Physician at work in the lives of modern-day people, that you will learn His principles, and that you will be inspired to follow His example of bringing healing to not just the body, but also the soul.



amen

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