


SUMMER 2025

THE medical evangelist

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

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a Fresh Approach to
Lifestyle Change
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Evidence-based Medical Missions



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

Much is discussed these days about evidence based medicine. Of course we desire tried and true, proven remedies for our patients. We love to see diseases banished, injuries healed, hearts and minds mended. But how do we accurately assess our outcomes with Heaven's measures?

Those who work in practical, hands-on medical missions surely struggle from time to time (or most of the time) to grasp what really works in the long view, in view of eternity. There is a lot of pain in the world, and it seems we can only touch a few on the edges of this vast sea of suffering, of this lazar house of a world. But God has called us to engage.

What evidence are we looking for? A smile from the downcast, a look of peace on the face of someone in the storms of life? Baptisms? Feelings of satisfaction of our own accomplishments and successes?

I would propose that some of the best evidence and encouragement comes from stories—stories of changed lives, of depression lifted, of God's fingerprints and footprints seen in the moments we may often overlook. It is in these stories that we see the divine evidence that propels, that encourages us to do more, to continue the difficult but joyful work of the medical missionary. When we see faith and love awaken in the hearts of those for whom we serve, that is evidence that our work is not in vain.

We trust that you will be encouraged by the stories in this issue of the *Medical Evangelist*. Along with these stories, Ellen White encourages us to exercise faith in the power of God, grounded in his instruction in the Word, and thus strengthened to meet with the barriers that are

placed in our way. Roger Seheult gives us more good scientific evidence of the positive effects of sunlight, one of those eight proven remedies. Hana Kahleova's story shows that the true science of health is a positive influence in the world when combined with a deep love for Jesus and all His children.

Stories of students sharing in San Bernardino and Central America, of young adults starting small groups in Guam, or traveling the world to serve at God's direction and under His protection, in the islands of the Pacific or the tropics of Africa are evidence that will encourage each of us to follow on wherever God would lead us. We may be called to start our own center of influence, like the McKinneys.

Whatever your expertise, if you have faith in God and a love for God and others, you have the evidence that is truly valuable in the eyes of Heaven. May that evidence move each of us to be more effective medical missionaries.

"It is the motive that gives character to our acts, stamping them with ignominy or with high moral worth. Not the great things which every eye sees and every tongue praises does God account most precious. The little duties cheerfully done, the little gifts which make no show, and which to human eyes may appear worthless, often stand highest in His sight. A heart of faith and love is dearer to God than the most costly gift."

—Ellen G. White, *The Desire of Ages*, p. 615.

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

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The Secret to Success

Cover photo: Lyndille Cabaluna, RN, a global missionary nurse, treks through the Annapurna range after ministering to the sick and needy in a mountainous region of Nepal.

April 1, 1910

The Call to True Medical Missionary Work

Sanitarium, California, April 27, 1910

I wish to express to you some thoughts that should be kept before the sanitarium workers. That which will make them a power for good is the knowledge that the great Medical Missionary has chosen them to this work, that He is their chief instructor and that it is ever their duty to recognize Him as their teacher.

The Lord has shown us the evil of depending upon the strength of earthly organizations. He has instructed us that the commission of the medical missionary is received from the very highest authority. He would have us understand that it is a mistake to regard as most essential the education given by physicians who reject the authority of Christ, the greatest Physician who ever lived upon the earth. We are not to accept and follow the view of men who refuse to recognize God as their teacher, but who learn of men, and are guided by man-made laws and restrictions.

During the night of April 26 many things were opened before me. I was shown that now in a special sense we as a people are to be guided by divine instruction. Those fitting themselves for medical missionary work should fear to place themselves under the direction of worldly doctors, to imbibe their sentiments and peculiar prejudices and to learn to express their ideas and views. They are not to depend for their influence upon worldly teachers. They should be "looking unto Jesus, the author and finisher of our faith."

The Lord has instructed us that in our institutions of education we should ever be striving for the perfection of character to be found in the life of Christ, and in His instruction to His disciples. Having received our commission from the highest authority, we are to educate, educate, educate in the simplicity of Christ. Our aim must be to reach the highest standard in every feature of our work. He who healed thousands with a touch and a word is our physician. The precious truths contained in His teachings are to be our front guard and our reward.

The standard set for our sanitariums and schools is a high one, and a great responsibility rests upon the physicians and teachers connected with these institutions. Efforts should be made to secure teachers who will instruct after Christ's manner of teaching, regarding this of more value than any human method. Let them honor the educational standards established by Christ, and following His instruction, give their students lessons in faith and in holiness.



Christ was sent of the Father to represent His character and will. Let us follow His example in laboring to reach the people where they are. Teachers who are not particular to harmonize with the teaching of Christ, and who follow the customs and practices of worldly physicians, are out of line with the charge that the Saviour has given us.

It is not necessary that our medical missionaries follow the precise track marked out by the medical men of the world. They do not need to administer drugs to the sick. They do not need to follow drug medication in order to have influence in their work. The message was given me that if they would consecrate themselves to the Lord, if they would seek to obtain under men ordained of God a thorough knowledge of their work, the Lord would make them skillful. Connected with the divine Teacher, they will understand that their dependence is upon God and not upon the professedly wise men of the world.

Some of our medical missionaries have supposed that a medical training according to the plans of worldly schools is essential to their success. To those who have thought that the only way to success is by being taught by worldly men and by pursuing a course that is sanctioned by worldly men, I would now say, put



away such ideas. This is a mistake that should be corrected. It is a dangerous thing to catch the spirit of the world; the popularity which such a course invites will bring into the work a spirit which the Word of God can not sanction. The medical missionary who would become efficient, if he will search his own heart and consecrate himself to Christ, may be diligent in study and faithful in service, learn how to grasp the mysteries of his sacred calling.

At Loma Linda, at Washington, at Wahroonga, Australia, and in many other sanitariums established for the promulgation of the work of the third angel's message there are to come to the physicians and to the teachers new ideas, a new understanding of the principles that must govern the medical work. An education is to be given that is altogether in harmony with the teachings of the Word of God.

In the first chapter of Ephesians, verse 2, we read: "Grace be to you, and peace, from God our Father, and from the Lord Jesus Christ. Blessed be the God and Father of our Lord Jesus Christ, who hath blessed us with all spiritual blessings in heavenly places in Christ; according as He hath chosen us in Him before the foundation of the world: that we should be holy and without blame before Him in love; having predestinated us unto the adoption of children by Jesus Christ to Himself, according to the good pleasure of His will, to the praise of the glory of His grace, wherein He hath made us accepted in the beloved. In whom we have redemption through His blood, the forgiveness of sins, according to the riches of His grace; wherein He hath abounded toward us in all wisdom and prudence; having made known unto us the mystery of His will, according to His good pleasure which He hath purposed in Himself." Study the whole of this chapter, and grasp the assurances that are given again and again for your acceptance.



It is a lack of faith in the power of God that leads our physicians to lean so much upon the arm of the law, and to trust so much to the influence of worldly powers. The truly converted man or woman who will study these words of inspiration spoken by the apostle Paul may learn to claim in all their depth and fullness the divine promises.

I am charged to present these Scriptures to our people, that they may understand that those who do not believe the Word of God can not possibly present to those who desire to become acceptable medical missionaries the way by which they will become most successful. Christ was the greatest physician the world has ever known; His heart was ever touched with human woe. He has a work for those



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to do who will not place their dependence upon worldly powers.

God's true commandment-keeping people will be instructed by Him. The true medical missionary will be wise in the treatment of the sick, using the remedies that nature provides. And then he will look to Christ as the true Healer of diseases. The principles of health reform brought into the life of the patient, the use of nature's remedies, and the co-operation of divine agencies in behalf of the suffering, will bring success.

Satan will try to place barriers in the way of the true medical missionary. He will seek to bring discouragement upon those who recognize the commandments of God, and are determined to obey them. We must be careful not to carry our views of health reform to extreme, thus making it "health deform." Our food should be plain and free from all objectionable elements, but let us be careful that it is always palatable and good.

A time will come when medical missionaries of other denominations will become jealous and envious of the influence exerted by Seventh-day Adventists who are working in these lines. They will feel that influence is being secured by our workers which they ought to have. We should

have in various places, men of extraordinary ability, who have obtained their diplomas in medical schools of the best reputation, who can stand before the world as fully qualified and legally recognized physicians. Let God-fearing men be wisely chosen to go through the training essential in order to obtain such qualifications. They should be prudent men who will remain true to the principles of the message.

These should obtain the qualifications and the authority to conduct an educational work for our young men and our young women who desire to be trained for medical missionary work.

Now while the world is favorable toward the teaching of the health reform principles, moves should be made to secure for our own physicians the privilege of imparting medical instruction to our young people who would otherwise be led to attend the worldly medical colleges. The time will come when it will be more difficult than it now is to arrange for the training of our young people in medical missionary lines.

Ellen G. White
The Medical Evangelist, April 1, 1910.

The Sunlight Advantage

by Roger Seheult, MD



ROGER SEHUELT, MD,
is currently an associate clinical professor at the University of California, Riverside School of Medicine, and an assistant clinical professor at the Schools of Medicine and Allied Health at Loma Linda University.

It was just astounding. I looked twice just to confirm what it was that I saw on a graph showing the number of deaths from natural causes in the U.S. versus the days throughout the year in multiple years. The same pattern every year emerged. Approximately one to three weeks after the shortest day of the year in December, death rates peaked in just about every category of natural disease such as cardiac disease, cancer, pneumonia and influenza, and kidney disease, etc. The lowest number of deaths, however, occurred one to three weeks after the longest day of the year in June. I was able to find a graph of influenza deaths in Australia and noticed exactly the same pattern except it was six months off, as their winter starts in June and their summer starts in December.

Science is showing us today that the sun has a major impact on our health. For years we have known that the flu season is in the wintertime, but it has been unclear as to whether or not this is related to the sun, temperature, or humidity, because they always come together. However, in 2009 the flu came much earlier and peaked in the summer, allowing scientists to decouple those variables. The study, published out of the Harvard Kennedy School, showed unquestionably in 2018 that it was lack of sunlight that was the main driver for influenza. The authors wrote, “We find that sunlight strongly protects against getting influenza.” Similarly, with Covid the surges seen in Europe during the autumn of 2020 correlated with latitude rather than temperature or humidity. Covid survival was shown to be related to ultraviolet A light exposure and independent of the type of sunlight that makes vitamin D. So what exactly is going on?

Sunlight has multiple benefits beyond just vitamin D. What we are finding out today is that the infrared spectrum of the sun—which constitutes more than 50% of its photons—can penetrate

deeply through clothes and into the human body and affect change in the mitochondria, which has an effect on oxidative stress and can affect many different diseases including diabetes, dementia, cardiovascular disease, and even cancer. Infrared light increases the efficiency of the mitochondria, producing more energy and reducing harmful inflammation. A randomized, placebo-controlled, double-blinded trial in Brazil showed that patients admitted to the hospital with Covid 19 who had infrared light for just 15 minutes a day for seven days had better outcomes in terms of oxygenation, lung function, and immune cells, and were discharged from the hospital a full four days faster than those in the control group. So what is the effect of sunlight in populations?

A number of studies have shown a dose-dependent response of sunlight and longevity. A 2016 study of 30,000 women in Sweden showed that women who avidly sought out sun exposure had lower mortality than those that avoided the sun. In fact, the difference was so great that women who sought after the sun and smoked had similar mortality to those that avoided the sun and did not smoke. This study was repeated recently in a similar setting involving both men and women in the UK with nearly the same results. So solid is the evidence showing that sunlight is indeed beneficial for the human being that it is causing dermatologists to revise their understanding about the risks and benefits of sunlight. In a recent article titled “Sunlight: Time for a Rethink” published in the *Investigative Journal of Dermatology*, Richard Weller, a UK dermatologist concluded, “Dermatologists and skin researchers have made great progress in understanding some aspects of the interaction between UV and our skin, but we need to stand back and take a more holistic view of UV exposure and human health. The United Nations Environmental Effects Assessment panel and an Australian panel endorsed by the Cancer Council



of Australia and Australasian College of Dermatologists have both just produced position statements recognizing that sunlight has beneficial effects that should be considered in formulating policy on sunlight exposure and highlighting the necessity of carrying out further research into these beneficial effects. We should take note.” So why has sunlight become so beneficial? It may be because we spend 93% of our lives inside now (versus in the past), have windows that specifically block infrared light (for energy efficiency), and now use bulbs that are devoid of any “wasteful” infrared light (again, for energy efficiency). Essentially the only way we can get infrared light is to go outside.

Supplementation with vitamin D is not a bad idea. I do it myself, but I also firmly believe that taking vitamin D as a supplement is no substitute for getting into the sun, as we have just shown. If you are going to supplement with vitamin D it is important to make sure that you test your levels. You should check with your physician about what your level should be, but my general recommendation is to be between 30 - 50 ng/mL. For those that are skin sensitive, it is well-known that infrared light (which has not been shown to cause skin cancer) can penetrate through clothes fairly easily. Going outside but being completely covered will still give you much more infrared light (especially around green trees and grass which are highly reflective of infrared light) than staying inside. Often times we have people either in nursing homes or hospitals that are not able to get outside and I do think this is to their own detriment. I am now making it part of my regimen to get patients outside as often as possible.

Since advocating for this publicly I’ve had a number of anecdotal stories told to me. One recently relayed was of a young mother with a 15-year-old boy diagnosed with acute lymphoblastic leukemia. Unfortunately, a number of months into his therapy he developed neutropenic fever with pneumonia and was admitted to hospital. After a few weeks of getting worse, he was diagnosed with a rare flesh-eating fungal infection that required the removal of his left lung despite powerful antifungal medications. Notwithstanding this surgery his remaining right lung became involved and he progressively got worse to the point where there was nothing else left to offer. He was on a breathing mask, completely coherent when the doctors gave him only 2 days to live. His dying wish after 6 weeks of being in the hospital was to go outside. Of course, the hospital staff moved heaven and earth to make this happen for him. After the first day of being outside (in the sun) his white count which was now very elevated came down dramatically, his fever went away, and by the fifth day his CT scan had almost completely normalized to the point that he was able to complete his therapy and is now home. None of his medications changed and his doctors were completely baffled. Of course this is only one story and anecdotal, but we are now understanding why this could happen from a scientific perspective even if we should have known this all along.

We have repeatedly been given counsel that the sun and its light are one of the pillars of good health. “The feeble one should press out into the sunshine as earnestly and naturally as do the shaded plants and vines. The pale and sickly grain blade that has struggled up out of the cold of early spring, puts out the natural and healthy deep green after enjoying for a few days the health-and-life-giving rays of the sun. Go out into the light and warmth of the glorious sun, you pale and sickly ones, and share with vegetation its life-giving, health-dealing power.” Infrared light is processed by our body as a feeling of warmth; heliotherapy (sun therapy) was one of the main treatments in many hospitals 100 years ago. “I have a decided message for our people in Southern California ... for months I have carried on my soul the burden of the medical missionary work in Southern California. Recently much light has been given me in regard to the manner in which God desires us to conduct sanitarium work. We are to encourage the patients to spend much of their time out-of-doors.”

With all of our technology and advancement we cannot improve on what the Lord made on the 4th day of the week, and He saw that it was good. We should all get outside—preferably in the morning—and spend at least 15-20 minutes there, especially in the wintertime when sunlight is the scarcest and when we need it the most. That increase in mortality in the winter time is a curve that we could most certainly flatten if we took the fight of chronic disease...outside.

Wellness BnB: a fresh approach to lifestyle change

by Maritza McKinney, PT, DPT



MARITZA AND JAMES DION MCKINNEY combine their skills as physical and respiratory therapists and business background to operate a Wellness BnB in the mountains of northwest Georgia.

Over 20 years ago, when my husband and I were dating, we dreamed big about one day owning our own lifestyle center. I was finishing physical therapy school and was drawn to the idea of holistic treatment while practicing physical therapy. My husband, a respiratory therapist, had worked closely with his mother, who developed a neuromuscular therapy called CORE. After surviving a horrific accident and experiencing multiple unexplained diseases and dysfunctions, she dedicated herself to research, ultimately healing herself and helping others recover as well.

We got married, moved to Atlanta, learned about country living, had our first baby, and then relocated to Northwest Georgia to fully embrace a rural lifestyle. Through the years our dream evolved, but the timing never seemed right nor did we have the financial means to take the first steps. In 2016, we started our farm, Parable Gardens and Orchard, selling bags of fresh produce on a weekly basis.

Then in 2020, the pandemic hit. My husband, being a respiratory therapist, was on the front lines and witnessed many people suffer and die due to a lack of knowledge. This deeply affected him, strengthening his resolve to establish a sanitarium as soon as possible. That year, we cleared an area in our pasture where we envisioned our wellness center. In 2021, we conducted a perc test in the pasture to ensure we could install a septic system for future development. By this time, our vision had shifted to an Airbnb model of wellness for two key reasons: the built-in marketing and exposure that Airbnb provides, and the self-sustaining nature of the business model. Many people are unfamiliar with the concept of a sanitarium, lifestyle center, or wellness center, but they can more easily grasp the idea when framed as an Airbnb with a wellness emphasis.



Aerial view of the Wellness BnB and pasture and woods.

In 2022, we hired architects, and by early 2023, construction began. The project was completed at the end of September of that same year.

The Wellness BnB sits on approximately 14 acres of pasture, woods, and a creek. It features six bedrooms, a walk-in sauna, an indoor jacuzzi tub, an outdoor pool, and an eight-person hot tub. We designed the kitchen and living area for cooking classes, and the house itself functions more like a mini-hotel than a traditional residence, with vanities and sinks in every room and individually digital locking doors. We welcomed our first Airbnb guest for Thanksgiving 2023.

Currently, we are operating the Wellness BnB as a short-term rental full-time. We have also conducted three mini wellness retreats as test runs, all of which were very successful. This phase focuses on renting the space through Airbnb. The next phase involves hosting wellness day retreats for physicians and health professionals in the area. This will introduce them to the wellness center concept and help us understand patient demographics and needs, shaping future wellness retreats. We place a strong emphasis on building relationships within the medical field and impacting the continuum of care through the wellness/lifestyle center experience.



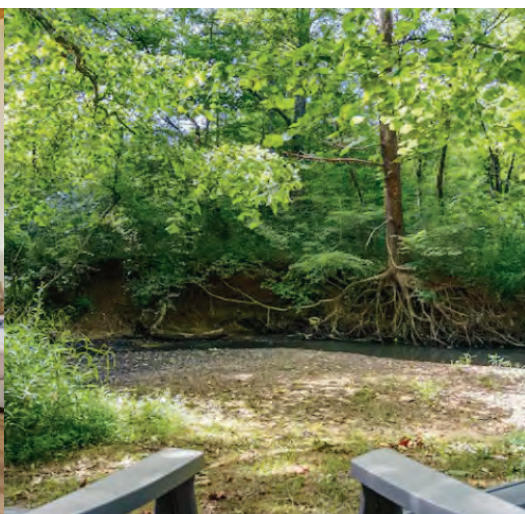
The wrap-around porch affords scenic views of the surrounding countryside.



Therapy options include infrared sauna and tub with jets.



The Wellness BnB features an open floor plan.



A stream runs through the property.



Guest menus include dishes made from onsite garden produce.

Following this, we plan to expand our wellness programming, led by my husband and me, for individuals seeking to learn more about their bodies and heal from lifestyle diseases. Ultimately, our goal is to refine this model and present it across the U.S., enabling others to establish Wellness BnBs in their communities.

We are also actively collaborating with Dr. Greg Steinke. In fact, a day sampler program wellness retreat is planned, and he and his staff will be attending.

Regarding our farm, we intend to integrate it into our wellness program. This year, we plan to establish a raised bed garden adjacent to the wellness center, allowing guests to pick fresh produce and participate in gardening classes. When in season, we provide guests with fresh produce from our farm—such as

blueberries, shiitake mushrooms, tomatoes, kale, and eggs. We also plan to incorporate farm-to-table events and use our produce for meals and juicing for our health-focused guests.

As for our connection with the local church, we see the wellness center as an avenue for fostering relationships. One of our planned events is a farm-to-table meal and education gathering, where church members will be invited to mingle with guests and build connections through interaction. For health guests attending our retreats, we will create a care plan for their transition back to daily life. If they require spiritual follow-up, we will reach out to a church near their home and request that a church member initiate an intentional friendship with the guest. Additionally, we will refer local health guests to our church's cooking classes to further support their wellness journey.

Fusion LLUSM Outreach

by Diana Alvarez



DIANA ALVAREZ, is a medical student (graduating in 2027) whose educational experience has been enriched by her work with Fusion Homeless Ministry.



San Bernardino is home to many individuals and families facing homelessness. Recent statistics show that 4,237 adults and children were counted as homeless during the 2024 Point-In-Time Count and Survey, marking an increase of 42 persons (1.0%) compared to the count of 4,195 in 2023. The unsheltered population saw a more significant rise, with 79 more individuals counted as unsheltered this year, a 2.7% increase. While the number of sheltered individuals decreased by 19, the need for assistance has grown, emphasizing the importance of ongoing outreach and support.

These statistics highlight the urgency of our work and motivate us to act. Our mission is to build relationships with these individuals that are

marginalized, showing them that they are seen, heard, and valued—by us and, most importantly, by God.

How does this look in practical application? The Fusion Homeless Ministry of San Bernardino goes out into the community every Sabbath to distribute food, clothing, sleeping bags, and other donated items. However, the greatest impact comes not from material provisions but from the time we spend with our unhoused friends. The following testimony given by Kelsey Johnson, a third-year medical student at LLU, exemplifies this idea: “My first experience with Fusion ministries was during the Sabbath outreach, where I quickly realized that the heart of this ministry isn’t just in providing meals, clothing, or resources—it’s in the deep relationships it fosters. The volunteers



don't just serve; they genuinely know the unhoused community by name, understand their stories, and walk alongside them in their struggles. By spending time with one another, meaningful connections have been created that open hearts to the love of God."

Once an individual realizes that we genuinely care for them and are not merely seeking to change or judge them, we begin to earn their trust. As trust deepens within the friendship, it creates more opportunities for vulnerable conversations, opening the door to discussions about Jesus. At times like this the invitation is extended to attend either the Friday night home vespers or the Sabbath church service.

The weekly Friday night home vespers is held at a local home in Loma Linda and it is open to anyone that seeks to build community and grow in their walk with God. It serves as a welcoming environment for everyone so that we don't forget about those who may feel marginalized even in our own little city. This home setting is also a little less intimidating for our friends from the unhoused community. "The Friday night vespers that the ministry organizes for this population is just one of the ways in which those served can tangibly feel God's love through a loving community, a warm meal, and the safety of a physical shelter," states Lance Hofer-Draper, MD, an LLUSM alumnus who volunteered with the ministry for several years.

The Sabbath church service is held at the recently started church plant in the heart of San Bernardino. Anthony Baca, who graduates



from medical school in 2026, expresses his thoughts about the church plant with these words: "By God's grace, we have been able to start a church plant out of the Norton SAC Clinic—an initiative that has been largely student led. This worship community has provided a space for fellowship in an area with limited options, welcoming people to come as they are. It has not only strengthened the spiritual lives of students involved but has also drawn in doctors seeking to integrate faith into their care. Some are even now exploring ways to invite their patients to experience spiritual



healing alongside the physical, emotional, and mental health treatments they already receive—promoting true wholistic health.” These efforts are all done in hopes of imitating Christ’s method of ministry that is described by Ellen G. White in *Ministry of Healing*. “Christ’s method alone will give true success in reaching the people. The Savior mingled with people as one who desired their good. He showed sympathy for them, ministered to their needs, and won their confidence. Then He invited them, ‘Follow Me.’” (p. 143). I can attest that I see this lived out every Sabbath as I volunteer in

ministry and attend the church plant. Similarly, the impact of such outreach is deeply felt by those who participate in this work for Christ. As Woobin Cho, a second year medical student explains, “It is undeniable that the Holy Spirit is moving through this outreach to reach the hearts of those whom God wills us to reach. With the friendships formed, the conversations shared, and the time spent, I have faith that seeds are planted, and that God will make those seeds grow in His time through the consistent pouring out of the love of Christ, which is that only which compels. To walk by faith is not by words and knowledge alone, but also is evident in the transformation of our hearts and our actions to be the hands and feet of Jesus.”

I have faith that seeds are planted, and that God will make those seeds grow in His time through the consistent pouring out of the love of Christ, which is that only which compels.

Adventist Medical Evangelism Student Association (AMESA)

by Atieno Mpyisi



ATIENO MPYISI is a fourth year medical student at Loma Linda University. Being from Kenya, she is currently interested in global health and learning how to integrate whole-person care into her future practice.

The Adventist Medical Evangelism Student Association (AMESA) is the student chapter of AMEN at Loma Linda. The goal of AMESA is to facilitate mentorship between students and health-care professionals while seeking to understand the role of the gospel in our training.

We do this mainly through monthly luncheons that include a testimony (from either a student or mentor) and a brief group discussion. The discussion topics address themes that are frequently encountered during training. Some examples include: “Dealing with failure or discouragement,” “The Role of Compassion in Medicine,” and “Integrating Spiritual Care into Clinical Practice,” among others. Group discussions are facilitated by medical and dental students and often lead to deeper conversations about the relevance of faith throughout training and beyond.

We’re so blessed to have an incredible group of mentors and their spouses who generously and consistently open their homes to host close to 40-50 students monthly. The mentors come from a variety of backgrounds within the medical field, from pediatric dentistry to family medicine, surgery, and everything in between. Yet all are unified in their desire to connect with students and be a resource for spiritual encouragement. Their support and prayers continue to be the driving force behind the ability to continue these luncheons. Additionally, through the generosity of the AMEN leadership, many students were able to attend the AMEN conference in November 2024.

Medical and dental training is a stressful time. There are many successes and silent struggles that can go unnoticed. Over time, these can obscure the reasons for having gone into healthcare. But I’m encouraged from what I hear from classmates. Students coming to AMESA have frequently said that they find a sense of community, and some feel like these gatherings have been a point of refocusing on their “why” for going into healthcare. I’m hopeful that these times of fellowship will continue to be a space to explore these harder questions and to demonstrate that the Gospel remains relevant through every aspect of our training.





Students coming to AMESA have frequently said that they find a sense of community, and some feel like these gatherings have been a point of refocusing on their “why” for going into healthcare.



Bright Hope: How God is transforming young adults in Guam

by **Amber Shironishi, DDS,** and **Shion Shironishi, NP**



AMBER SHIRONISHI, DDS, AND SHION SHIRONISHI, NP, lead the Bright Hope Bible study group. Amber, a Guam native, was inspired by missionaries to serve her island. Shion, a psychiatric nurse practitioner at the Guam SDA Clinic and former Bible worker, shares Amber's passion for ministry. Married and based in Guam, they foster a space for young adults to grow in faith and experience God's love.

On the island of Guam where faith and culture intertwine, a movement of spiritual renewal among young adults is taking place. At the heart of this transformation is Bright Hope, a Bible study group born out of a deep burden for young adults who felt disconnected from their community and faith.

Amber and Shion Shironishi, missionaries serving at the Seventh-day Adventist Clinic, arrived on the island of Guam with a clear mission. Amber, a local from Guam and now a practicing dentist, had long recognized the gap—young adults in their 20s and 30s were missing from church life, struggling to find community and belonging. Her husband, Shion, a nurse practitioner in psychiatry, shared her vision, and together with their fellow medical missionary providers, Daniel and Tearsa DeBardeleben, they committed to seeking God's guidance.

Before a single meeting was held, the four spent months in prayer, asking God what He wanted this group to become. Their desire was to create a space where young adults could grow in faith, experience authentic fellowship, and encounter the presence of God.

What followed was nothing short of a testimony to God's faithfulness. Bright Hope became more than just a Bible study—it became a spiritual home for young adults searching for purpose and connection. This is the story of how God grew the group, changed lives, and continues to work in ways beyond what they could have imagined.

The start of Bright Hope: simple yet purposeful

After prayer and preparation, the first Bright Hope Bible study took place on a Friday night. It was a simple beginning—just five to seven young adults gathering in a warm and welcoming space. The goal was clear: to create a home away from home, a place where young adults could feel safe, build



meaningful relationships, and, most importantly, draw closer to God.

From the start, the gatherings prioritized community and connection—beginning with a shared meal, followed by music, an icebreaker, and the study. Those who stayed for what they called “Afterglow” found that the most meaningful conversations and friendships often formed in these more unstructured moments.

Encouraging Others to Start Small Groups

Amber, Shion, Daniel and Tearsa have encouraged other church members to open their homes and begin small groups of their own. They believe that when faith is nurtured in a home setting, the church becomes more than a place of worship—it becomes a family. However, many who feel called to start a small group but lack experience often share the same concerns, with two common questions being: What should we study? How do we find people to join?

To the first question, the group leaders share



their own approach. There are countless study materials available, but the key is to consider the group's needs. Are they new believers or seasoned Christians? Will the group meet for a short season or continue indefinitely? Bright Hope has explored a variety of studies, from classic spiritual books like *Steps to Christ* to deep dives into Scripture, such as the Gospel of John. Most recently, they have been using the SDA discipleship guide. The important thing is not to get stuck on choosing the "perfect" study—just start, and God will lead the way.

As for finding members, they offer this advice: Go fishing. When they first started Bright Hope, there were no pre-existing young adult small groups in the Adventist community on the island. They had no established network to draw from, so they had to intentionally seek out potential members. This meant taking extra time to get to know fellow churchgoers, co-workers, and acquaintances. It meant being fully present in daily interactions, recognizing when someone was searching for spiritual connection. Most importantly, it meant looking for seekers—those who were already showing a desire to grow in faith.

Early on, Amber and Shion recall making it a point to approach anyone in their church who seemed to be in their twenties or thirties. Many of these individuals not only joined the group but remained committed for years, forming

deep friendships along the way. Their advice to anyone starting a small group is simple: Ask God to open doors. Pray for specific people. When God places someone on your heart, begin praying for them immediately. Even if the group starts small, God will bring the right people at the right time.

How God Grew Bright Hope

What started as a small gathering quickly grew beyond anything they could have imagined. Over time attendance steadily increased, with 20 to 30 young adults regularly meeting every Friday night.

The growth was organic—those who had been impacted by the study invited friends, who then invited others. Before long, Bright Hope became so large that they had to encourage some members to join the other small groups starting in the church.

But numbers were never the focus. What mattered most was the transformation taking place in people's hearts. Through the power of prayer and the work of the Holy Spirit, lives were changed, wounds were healed, and faith was deepened. The impact of the group was evident in the most beautiful way—through baptism. changed lives and baptismal decisions For several members, attending Bright Hope was not just about fellowship; it was a life-changing encounter with God. Some had grown

The growth was organic—those who had been impacted by the study invited friends, who then invited others. Before long, Bright Hope became so large that they had to encourage some members to join the other small groups starting in the church.



up in the church but had drifted away. Others had never attended church before and had never heard of Seventh-day Adventism. Yet, through studying the Bible together, experiencing genuine community, and seeing Christ's love in action, many felt God calling them to a deeper commitment.

Over the past two years, Bright Hope has witnessed several baptisms and re-baptisms. Each one represents a unique journey—some who had walked away from their faith found their way back, while others for the first time made the life-changing decision to follow Christ, observe the Sabbath, and embrace a new way of living.

Baptism is an outward expression of an inward transformation, and for the leaders, seeing these decisions has been one of the greatest blessings of their ministry.

Looking Ahead: The Power of Small Groups

Today, Bright Hope continues to thrive. The group has grown not just in size but in depth—sharing life's struggles and victories, performing music together at church, and reaching out to the broader community. The experience has been a powerful reminder that small groups can make big changes.

But the real message of this story is not about what these small group leaders have done—it is about what God can do. The growth of Bright Hope is a testimony to His faithfulness, a reminder that He is ready to pour out blessings and the Holy Spirit upon those who ask.



To anyone feeling called to start a small group, let this be an encouragement: God can work through you, too. What begins as a simple gathering in a home can become a movement of faith, healing, and transformation. All it takes is a willing heart and a trust that God will do the rest.

Confirming Evidence

How a healthful living radio program produced a research scientist

by Hana Kahleova, MD, PhD



HANA KAHLEOVA, MD, PHD, is a board-certified endocrinologist, with a PhD in human physiology and pathophysiology and a board certification in lifestyle medicine. She serves as a director of clinical research at the Physicians Committee for Responsible Medicine, and her research focuses on nutrition treatment of obesity, diabetes, and metabolic disease. Dr. Kahleova has published close to 100 scientific papers in peer-reviewed medical journals.

I grew up in former Czechoslovakia. At that time it was a Communist country under the rule of Russia. Atheism was taught in schools, and Communist propaganda was part of the curriculum. Faith in God was ridiculed and portrayed as something that only uneducated people could believe. In 1989, shortly after the Berlin Wall fell, Communism also ended in our country. People were hungry for God and religion.

When I was 14, I heard a medical doctor on our local radio station talking about the power of a healthy lifestyle to prevent, and in many cases even reverse, chronic diseases. That really caught my attention, and with my dad and sister, we started attending a series of health lectures where we learned about the miraculous benefits of a plant-based diet, regular exercise, and other true natural remedies. We started making some changes at our home, and I decided to adopt a vegan diet. My parents were very concerned about my decision and tried to talk me out of it. They thought that I might stop growing and that this strict diet might harm me at this critical age where the body needs a lot of nutrients. No arguments were able to convince me, so finally, my mom said: “OK, do your vegan diet, but you will need to cook for yourself!” She thought that this would be over in a week.

However, I accepted the challenge and enthusiastically started experimenting with new foods and recipes. Some of them were a complete disaster. For example, I brought home a package of millet, excited about the health benefits of this traditional grain, and asked my mom for suggestions on how to prepare it. My mom looked puzzled, and said: “People use millet as bird food—why would you want to eat it?” Since she had no idea what to do with it, I simply followed the instructions on the package, which were similar to cooking rice. However, nobody told me that you

need to combine the cooked millet with other foods to make it taste good. I thought that the cooked millet was a complete dish, so I proudly invited the whole family to try it. To my disappointment, nobody liked it, and they suggested we give it to the neighbors’ hens. However, I refused to give up so easily. I muscled through the pot of millet and just ate it because I knew that it was super healthy. I’m happy to report that in the next few years, I learned how to combine different foods, so that the dishes also tasted great, in addition to their amazing nutritional value.

When the health lectures ended, the local Seventh-day Adventist church offered Bible studies. I didn’t have a Bible and had no idea what was in it, and I thought that this would be a good opportunity to fill the gap in my education, so I signed up. In addition to the systematic Bible studies, I started reading the Gospels, and immediately fell in love with Jesus. I admired His wisdom, sympathy, courage, and ability to truly help people, and I wanted to be more like him. At the end of the Bible studies, I decided to get baptized. My parents did not like my decision and tried to talk me out of it, but after the Pastor’s visit, they eventually respected my decision. My new church family surrounded me with their loving care and prayers.

One day I read a captivating article in an Adventist journal. It reported the findings from the Adventist Health study, showing that compared with the general population, the Seventh-day Adventists had a lower risk of cardiovascular disease and diabetes, and were expected to live longer. This was a major influence in my decision to become a medical doctor and help people get well and tell them about God who loves them and wants them to be healthy.

When I was 18, I applied for a summer work and travel program in the US. I worked in a summer



camp as a waitress in Sandy Cove, Maryland, and at the end of the summer, I decided to go to Loma Linda and explore the option of applying for medical school there. I took a Greyhound bus, and a week later, I arrived in Loma Linda, California. However, when I saw the tuition fees, my heart dropped. For our family this was an unimaginable amount of money.

I finished medical school at the Charles University in Prague, and during the rotations, I was touched by people with diabetes. They were so vulnerable and prone to developing diabetic complications, and yet, the main nutrition advice they received was to count their carbohydrates, which left them eating more meat and cheese, making their diabetes even worse. At this time I came across Dr. Dean Ornish's study, showing that an intensive lifestyle change that included a plant-based diet, walking, nonsmoking, and stress management, was able to reverse heart disease in candidates for a bypass surgery. I immediately felt inspired to do a study for people with type 2 diabetes, comparing a plant based diet and a conventional carbohydrate counting diet. The study showed that the plant based diet was twice as effective in improving not only insulin resistance and HbA1c as a marker of glycemic control, but also in improving oxidative stress, which is one of the main mechanisms behind diabetes and its complications. As a result of the study, the Czech Diabetes Association revised its nutritional recommendations for people with diabetes, and the study was also used in reports and meta-analyses worldwide.

But that was just a start. I discovered that God had much more in store for me. People with diabetes were told to eat six small meals during the day, and there was no study that would challenge this conventional wisdom. I felt inspired to perform a crossover study in people with type 2 diabetes, comparing six small meals a day with eating only breakfast and lunch. This study showed that eating only breakfast and lunch was better for weight loss, reduction in liver fat, and improvements in insulin sensitivity, but also in mood

measured by Beck depression inventory, and even a reduction in feelings of hunger. This was the opposite of what people were expecting. The participants felt so good on two meals a day that most of them decided to stick with this new habit for life.

After I presented this study at the American Diabetes Association's Scientific Sessions, it made headlines on CNN and in other major outlets. And after I presented the findings at the Adventist Health Conference, Dr. Gary Fraser asked me if I'd like to come to Loma Linda, to analyze the data from the Adventist Health Study-2 on meal timing and frequency. God is good and this was a dream come true. I greatly appreciated the opportunity to contribute to the body of knowledge about the health benefits of the Adventist lifestyle. The analysis showed that compared with eating three meals, snacking was associated with weight gain, but eating two meals a day was better for weight management.

After the postdoctoral fellowship in Loma Linda, I accepted a position as a director of clinical research at the Physicians Committee for Responsible Medicine, a nonprofit organization based in Washington, D.C., that helps people adopt a healthy way of eating, and in the context of randomized clinical trials, explores the most effective nutritional approaches for different health conditions. Our team is very enthusiastic about helping people and making a positive difference in their lives.

I praise God for His leading and for the opportunity to improve people's lives. By alleviating their physical suffering, they oftentimes become also more spiritually open, and I am deeply grateful that I can be a part of this wonderful process. God is love and it is written on each cell in our body. When we learn to work with Him, we glorify Him in our body, mind, and spirit, and other people are drawn to Him. What a privilege to work together with the Master Physician!

Full Circle

How a short term mission led to long term service

by Laura Sherwin, DDS



LAURA SHERWIN, DDS,
serves as a dentist with her husband, Brent Sherwin, MD, and their two young children at Malamulo Adventist Hospital in Malawi.

When I was nineteen years old, I went on a nine-month mission trip that would change my life forever. During that time I met my husband, saw how a career in dentistry had incredible mission potential, and realized traveling in another country was amazing.

My future husband and I worked together during mobile dental clinics, doing lots of extractions for local villagers with otherwise very limited access to dental care. It was an eye-opening experience to see first-hand the pain and suffering people endure, but then to be able to relieve that in a very tangible way was incredible.

Fast forward several years to now, where life has come full circle and I am a dentist working in a rural setting, relieving pain and using these opportunities to share Christ's love with people in Malawi.

For those unfamiliar with Malawi, it is a small landlocked country in southeastern Africa. Depending on what list one refers to, Malawi is somewhere in the top ten poorest countries in the world. According to the World Bank, 71% of the population live on less than \$2 a day. About 80% of Malawians are subsistence farmers and most of the time they are not producing enough food to feed their families, much less to have extra food to sell. Obviously, this presents a problem for Malawians needing any sort of healthcare.

Malamulo Adventist Hospital, where we work, provides high-quality care to everyone, no matter their socioeconomic status. It is not always free, but there are often programs to help offset some or most of the costs. The hospital is located in southern Malawi in a rural area about one hour's drive from Blantyre, one of the major cities. At one point, many years ago, there was a small



one-room dental clinic on the hospital campus, but when I arrived, it was in disrepair. Since moving to Malawi, I have been working on getting a dental clinic started at the hospital.

I am one of about fifty dentists in a country of over 21 million people. Most dentists work in urban areas, whereas dental therapists provide most of the care in more rural areas, mostly at the district (similar to county) hospitals. The dental therapists, especially in these rural settings, are overworked and underpaid, providing extractions all day with



no time for preventative care or oral health education. This dental care is free, but one has to travel to the district hospital, which can be quite far for many people.

As I mentioned above, most Malawians, especially where we live, just do not have the means to move beyond basic survival. Life is hard. To even travel to the district hospital for free dental care can be too much for some. So, to provide additional dental care options for the local community and a more centralized area where many already receive other medical care, it seemed to be a natural solution to open a dental clinic at Malamulo.

In May 2023, after much prayer and work, I reopened the small one-room dental clinic. This is a temporary set-up while we wait for a brand new three-chair dental clinic to be ready on the hospital campus. I had worked as an associate dentist for about five years prior to moving to Malawi, but one can never be truly prepared for working in a new country and culture. The systems and processes either don't exist or are very different than in the United States, where I am from. I have learned so much through reopening this dental clinic.

God has been slowly and gently working on my heart to shape and mold this dental clinic to be something that helps the community and ultimately glorifies Him. I haven't had an Elijah moment with fire coming down from heaven, but I have seen God working to show me that He is leading and guiding this dental mission.

First of all I have seen a direct answer to prayer in my dental assistant, Pemphero. God has tremendously blessed me and this new dental clinic by his hard-work and diligent efforts. He is responsible, on-time and a hard worker. He loves Jesus and loves helping others. In starting this clinic, I knew we would need to find someone to help me, so to have Pemphero come and be exactly who I needed when I needed it, is miraculous. This job wasn't



what he went to school for, but he has chosen to embrace this position and do it with all his might. He has seen first-hand how working in healthcare can have a unique and substantial impact in the lives of people in his community, physically and spiritually. I am very blessed to have Pemphero working with me.

Secondly, when setting up this temporary clinic, I was trying to source some equipment that would be mobile clinic ready. I applied for some assistance from a UK non-profit organization and they got me in contact with someone who was willing to donate a complete mobile dental setup. It was a real answer to prayer! The dentist who had donated those items wanted to bring a whole team to Malamulo to provide a two-week dental outreach mission to our community. This last summer we were able to host our first dental mission trip! Over eight clinic days, we saw about 770 patients and extracted over 1,000 teeth. The community leaders and patients were very grateful for this service. The UK group were not all Christian, but they certainly showed their heart for service to others. I like to pray with each of my patients whenever possible, and I continued to do the same during this mission outreach. I'm not sure if the UK team leader saw me, but by day two of our outreach, we were having a group huddle and prayer together before we started seeing the patients. I don't think prayer was a natural thing for some in the group, but they were respectful and I was grateful for the opportunity to point everyone and connect everything we were doing to Jesus! Praise God, they all want to return again this year for another dental mission trip!



Thirdly, the patients I see keep reminding me why I am here at Malamulo. Some patients have gone to other local clinics where they have received questionable dental care. Others have never been to a dentist before and so have questions and uncertainties about what the foreigner is going to do to them. Or perhaps they have been in pain for months or years and finally want some pain relief. For kids, perhaps their parents or aunts have told them bad stories about the dentist, so they come in with lots of fears and tears. For each of these patients who walk into our clinic we have already prayed that morning at our worship time. We ask God to bring those patients who we need to see, those who need help and those who need to see God today. And, far as I am able, I pray for each of the patients when I see them. Many patients have been grateful for the prayer. I remember one patient who was very nervous about having her tooth extracted. The extraction was taking longer than she or I were wanting, but we stopped and prayed again—for skill for me, but mostly for peace for her in her heart. Praise God! I could see immediate relief in her face, and the tooth came out soon after that, too. The procedure itself didn't go how I wanted, but God was able to work in the heart of this young woman and bring her peace that only He could have provided during this stressful time.

Some days I have wondered if I am making a difference, if the sacrifice and effort is worth it. But in those moments, God blesses me with encouragement when I need it most. One day, I was really questioning: Why am I even here? Was this dental clinic and all of its headaches, really worth being away from my children all day?



Am I doing the right thing? Then as the day went on, I “randomly” ran into three different dental patients who went out of their way to thank me for helping them get out of pain. They each felt so much better and were so grateful for the care they had received at our dental clinic. That day I felt reassurance from God that I am here to help the people of Malamulo, that opening this dental clinic was worth it, and that I am doing the right thing!!

Psalm 55:22 says “Cast your burden on the Lord, And He shall sustain you; He shall never permit the righteous to be moved.”

Mission Bootcamp

by Jeffrey Cho, MD



JEFFREY CHO, MD, is a physician specializing in family, preventive, and lifestyle medicine at La Loma Luz Adventist Hospital in Belize. His wife, Michelle, is an architect, and they have three children: Eden (6), Selah (4), and Jordan (1). Before moving to Belize, they served at Haiti Adventist Hospital.

Mission Bootcamp is an immersive, hands-on training experience designed for Loma Linda University students seriously considering long-term international mission service at a Seventh-day Adventist healthcare institution. The goal is to equip aspiring missionaries with practical skills and insights for life in the mission field. Many mission hospitals face similar challenges, yet missionaries often feel the need to find their own solutions. By learning from those who have served before, we can build on past experiences, avoid common pitfalls, and become more effective in our work.

On June 20, 2024, three students arrived at La Loma Luz Adventist Hospital in Belize for Mission Bootcamp: second-year medical students Rebecca Minas-Alexander and Heeyun Oh, and third-year dental student Samantha Belenson.

Throughout the program, we engaged with Prayeradigm Shift, a video series featuring sermons by Pastor Pavel Goia. This series challenged us to shift our prayer focus from ourselves to others, especially those we may struggle with. It also reinforced the importance of aligning our daily lives with God's vision, serving others, and connecting them to Christ.

The students actively participated in spiritual outreach, leading morning worship at the hospital, conducting Bible studies, and delivering health talks during a two-week evangelism program. This program was broadcast nationwide on Faith FM, the local Adventist radio station. They also spent time with our chaplain, Mrs. Leera Coleman, learning how to pray with patients and point them to Jesus.

Recognizing the deep connection between physical



and spiritual health, we prioritized healthy habits. The boot camp began with a juice fast, followed by morning runs through beautiful landscapes, and delicious vegan meals prepared by a local church member.

While clinical experience was limited due to low patient volumes, the students participated in several home visits, offering both medical and spiritual care to those unable to come to the hospital.

We also connected via Zoom with current and former medical missionaries, who shared invaluable wisdom from their experiences in international service. Dr. Scott Nelson, a pediatric orthopedic surgeon and Chief Medical Officer of Haiti Adventist Hospital, joined us in person



for a few days. His unique mission journey and insights deeply inspired us all. Additionally, Angeli Yutuc from AHI/GHI (Adventist Health International/Global Health institute), a key organizer of Mission Bootcamp, introduced the students to the DMA program and its role in global mission work.

Mission Bootcamp provided an invaluable opportunity for these students to experience firsthand the challenges and rewards of medical mission service. By learning from those who have gone before, we hope to prepare the next generation of missionaries to serve with greater effectiveness and faith.

Mission to Kosrae

by Jared Santana, MD



JARED SANTANA, MD,
worked as a hospitalist in Fort Worth, Texas for 14 years before moving his family to the island of Guam. He currently serves as the associate medical director of the Guam Seventh-Day Adventist clinic where he also oversees the lifestyle program. The beautiful beaches and ocean life are an excellent bonus.

Bam! The wheels of United Airlines Flight 155 slammed onto the short runway, bordered by the vast Pacific Ocean. The sudden jolt was followed by an intense braking maneuver—so abrupt that, without my seatbelt, I might have ended up in the pilot's lap. I had been warned about this, but my excitement drowned out any concern.

Our team disembarked onto the runway and walked toward the airport terminal. A large group of children stood behind the fence, watching us with wide eyes. With only four United flights landing and departing from Kosrae each week, I imagine this was quite the entertainment for them.

We were warmly welcomed by several local church women, along with Pastor William. After receiving our traditional leis, we piled into our tiny rental cars and headed toward the SDA church and school before finally reaching our accommodations. As I drove (on the left side of the road), I couldn't help but think, Wow, this place is beautiful! And I live in a tropical paradise—Guam!

Our team from the Guam SDA Clinic consisted of Tina Henrich, our group leader and a physician assistant; Candy Sim, our dietician; and myself, an internist and lifestyle medicine physician. Accompanying us were my wife, Ericka, a pediatric nurse, and our two children, Lena and Elias (10 and 8 years old). Our mission was health education, and we had packed a large supply of food for cooking demonstrations and sampling. We couldn't have done this without Pastor William. A former law enforcement officer on the island, he seemed to know everyone—and everyone knew him. He accompanied us to all our meetings and presentations, the first of which took place

at the hospital, a one-story building in desperate need of repair. We were scheduled to speak with the medical director and staff about diabetes. However, when we arrived in the conference room, only the associate medical director was present—and he was clearly less than thrilled about our visit. His disinterest was obvious until we placed a sample bowl of Candy's lentils in front of him and explained how they could help stabilize blood sugar levels. Suddenly, his entire demeanor changed. He became eager to schedule us for another session the next day, this time with a packed room of medical staff. Expecting only 5–10 attendees, we were amazed to see nearly 30 people gathered to hear God's health message. As if that weren't enough, they begged us to return the following day with even more information!





In Kosrae, diabetes affects one in three people—a staggering epidemic. Obesity is also widespread, largely due to the high consumption of processed foods and canned meats. Ships frequently arrive from the United States carrying an abundance of non-perishable goods. As a result many children grow up eating chips and drinking soda. Our goal was to promote awareness of the island's readily available fresh fruits and vegetables, as well as healthier non-perishables like beans and lentils.

During our trip, we visited four different schools, and I was amazed at how engaged the students were. Regardless of their ages, they listened intently to everything we shared. It was a stark contrast to the screen-addicted, disengaged children in other parts of the world. We introduced them to the eight natural remedies, and even my kids had the opportunity to participate. The interactive sessions got the classrooms involved both mentally and physically.



Beyond the schools, we spoke to about 30 people at the governor's office, providing health education along with food samples. We also addressed the legislature in session—and fed them as well. Pastor William remained our guide throughout it all. During our eight-day stay, we also ran an evening lifestyle program for local church members. We conducted health lectures, cooking classes, and pre- and post-program health assessments, while the participants' children played in the gymnasium. Additionally, we connected with local store owners to encourage them to stock lentils—an ideal option since they cook faster than other legumes.

Kosrae has a national Sunday law, meaning islanders refrain from swimming, hiking, and shopping on Sundays. Even picking up seashells is prohibited. Wanting to respect their culture, we kept a low profile that day.

One of the most intriguing aspects of our mission was that, along with food samples, people graciously accepted copies of *The Great Controversy*—even in secular locations.

My prayer is that God will use these seeds to spark a true revival on the islands. Praise the Lord that we can still reach people through the right hand of the gospel—the health message.



Serving the Least:

A nurse's odyssey in crisis zones

by Lyndille Cabaluna, RN



LYNDILLE CABALUNA, RN, is a global missionary teacher and nurse with special interest in serving marginalized communities and vulnerable children. She is also the co-founder of Divine Footprints Ministry. Lyndille connected with AMEN as an attendee at a recent AMEN Middle East North Africa regional conference.

As a teenager, I often imagined I was someone else—someone braver. I'd close my eyes and picture myself as the missionary from the Sabbath mission spotlight, the one who abandoned everything for truth. Those stories stirred something sacred in me: admiration, longing. These people had found their calling. Yet, I felt dismayed, gnawed by my own inaction. How could I ever be like them? What could I do to start such a journey? I had no answers.

So, I applied to Adventist Frontier Missions. After a lengthy process, they rejected me. My heart sank. Back then, I thought being a missionary required an official organization—without it, I couldn't serve properly. Silly, I know. But when that door closed, I sensed God might be calling me elsewhere. I didn't need man's approval to follow Him. I took a leap, unsure where I'd land.

I resigned as a psychiatric nurse and medical English teacher, heading to the mountains of the Philippines. No titles, no fanfare. I stayed with a small Adventist family, taking on unexpected roles—babysitter, housemaid. Scrubbing floors wasn't thrilling, but a voice inside said, "Let God lead." My ways weren't His. That humble start was the door I needed to walk through. I began caring for local kids, who shared their experiences with their parents, sparking interest in Bible studies.

Over three years, my mission expanded—up mountains, across valleys, to homes on various Philippine islands. I knocked on doors, shared the gospel, nursed the sick, and sold what I could when funds ran dry. Freelance writing and kind donors kept me going. Even in scarcity, God filled me in ways I couldn't fathom.

BEAUTIFUL BANGLADESH

A friend's post about Bangladesh piqued my



curiosity. Did they need a nurse? I invited myself, raised funds, and soon joined my best friend nursing in villages. The people had little, yet possessed a quiet, profound beauty—not polished, but raw and graceful. Their meekness, almost childlike, tugged at me. But their poverty was stark, molding them to accept life's barest offerings. This was the poorest place I'd seen—no healthcare, no basics. People swam in filthy ponds; garbage festered everywhere. Skin infections and waterborne diseases were routine. Living in a tin house or one made of dung didn't



faze me, but challenges did. Food poisoning and respiratory infections hit hard. Still, God’s sustaining power revived me. We tended to their health, distributed medicine, and taught hygiene until our voices gave out. But without clean water, our efforts felt temporary. A deep well could change that. We launched fund drives, sinking wells into villages—one at a time. After five years, nearly 80 wells stood as anchors of hope under the “Living Waters of Bangladesh” project, some tasting clean water for the first time.

Beyond physical thirst, their souls were parched. Churches, once alive with prayer, stood silent, converted into storage rooms. Poverty left people unable to sustain them—no pastors, no guidance. Lay ministers joined Sunday services with other Christians, finding fellowship despite differences in a land where Christianity was a minority amid Hindus and Muslims. We reported this to Jesus for Asia. Soon, workers arrived, missionaries were

sent, and resources flowed. Churches reopened, baptisms surged, and praises filled the pews again.

Hope, I learned, isn’t the absence of struggle—it’s enduring faith that God isn’t done. Corruption, though, tested me. Witnessing betrayal by supposed stewards hurt deeply. Yet, God’s love prevailed, reclaiming justice for the oppressed. Burnt out, I retreated for months, recharging with books and meditation.

TO THE TOP OF NEPAL

Refreshed, I sought God’s next call. With two friends, I ventured to India’s tribal conflicts and Nepal’s icy Himalayas. In Nepal, I worked with Himalayans, cared for orphans, and braved the cold. Trekking to remote areas for medical missions was a lifeline—healthcare was otherwise inaccessible. Orphans, marked by tragedy—earthquakes, HIV, violence, or abandonment—stole my heart. Their



smiles, despite everything, were radiant.

In a small room, their angelic voices sang praises, proving their grasp of worship. I vowed to advocate for them against the world's cruelty. Returning home, I learned poverty barred many from school. I prayed fervently. Funds trickled in, and four children not only attended but excelled as top students. From vulnerability to victory, they bloomed—a testament to grace breaking through cracks.

INCREDIBLE INDIA

India's forests thrust me into a new challenge. Illiterate tribes, some without birth certificates, couldn't grasp a preached gospel. I had to make it relevant. My team herded goats alongside them, learning their sacrificial care. I presented Christ as the Great

Shepherd—a connection they understood. They welcomed health assessments too.

We visited fringe homes, finding a Hindu man with a five-year diabetic wound. We cleaned it, prayed, and it healed—shifting something deeper. “Jesus is Lord,” he declared, discarding his idols. The sick multiplied—paralysis, cancer, elephantiasis—but our goal remained: lead them to Jesus. We trained medical missionaries, laying a foundation for healing bodies and souls. The forest held dangers—snakes in toilets, palm-sized spiders, an eight-inch scorpion inches from my leg. One eerie village revealed children alone, adults hunting, a baby asleep in a hammock. No doors, no protection. We left quickly, later warned of tribal men's lawlessness—rape, murder, no accountability. God's providence spared us their presence.



PANDEMIC AND GREAT BRITAIN

The pandemic halted missions, leaving me jobless and confined. Six years of unpaid service drew criticism—I seemed directionless to some. Yet, Christ sustained me. Writing fundraising campaigns filled my days—rescuing Nepalese orphans, supporting Indian missionaries, drilling Bangladeshi wells, aiding Burmese refugees, and more. As funds dwindled, I worked as a UK nurse for nearly three years, funneling earnings into missions. Then, I resigned again for India’s leper colonies and Egypt’s Sudanese refugees.

HELLO AGAIN, INDIA

Lepers bore unimaginable suffering. Tending their wounds and sharing Jesus felt sacred. A church member warned against closeness, fearing disease, but we adjusted and pressed on. One leper marveled that we touched his wounds—the source of his rejection—saying he felt truly loved. In a northern Muslim area, we were restricted to medical care—no gospel. Yet, souls craved more. I offered prayers when possible. A woman hugged me after I dressed her feet and prayed, tearfully grateful for rare compassion. Rules bent, but hearts connected.

REFUGEE IN EGYPT

Arriving in Egypt, I faced a visa snag—my unused US visa didn’t qualify me. Refusing to lie, I admitted the truth. Officers detained me, withholding my passport. Alone, with no internet, I wept and prayed. An officer, alone during a break, scribbled a visa and urged me to leave. A miracle.

I met Elizabeth, a refugee mother abandoned by her husband, cleaning houses with a heart condition. Her five kids faced school expulsion over unpaid fees, yet they kept attending, unregistered, hoping for help. Her faith expected a miracle. I realized I was it—sent to intervene. Funds later covered dental missions, tuition for



ten students, rent for six families, sanitary pads, and blankets for winter.

Christ, a refugee infant in Egypt, mirrored their plight. Believers must act, turning our corner of the world into His kingdom—helping the marginalized, comforting the broken.

WAIT ON THE LORD

Jobless again, I await God’s lead. A bold dream stirs: an Adventist school for Sudanese children ravaged by civil war—education as a right, not a luxury. I don’t know how, with no resources or team, but I return to a truth: one step at a time. A word, a prayer, a small act of faith. Like a mustard seed, it’s enough. Recalling those I’ve served—relieved by God’s hand—renews my conviction. Only by spending our lives as He wills do we grow braver, clearer, bolder in love.



The Secret to Success

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.

Many of us were encouraged from an early age to pursue success in all areas of life, oftentimes at any cost. But what does it mean to be truly successful? Society measures success by getting into the right training program, passing the next test, or landing a great job. In ministry, the metrics of success may focus on the number of baptisms, the number of members added, or the amount of funds raised.

In God's plan true success is gained as we walk according to His will. Following Him may lead to worldly acclaim (Daniel 5:29), or result in worldly scorn (Acts 26:24); however, no matter how the world views it, we can rest assured that we are living the best life possible when we are within His will.

How can we experience this kind of success? The Bible gives us a four-part answer in Proverbs 3:5-6, and we will examine each part individually.

"Trust in the Lord with all your heart"

Our inability to trust God with all our heart is the greatest obstacle to allowing Him to lead in our lives. Our mistrust may be because we think our ideas are superior, or we may be afraid that God will let us down.

We cannot trust God by simply trying harder to trust. Rather, we must allow God to earn our trust by giving Him opportunities to prove His faithfulness to us. That means in our prayers and our decisions, we must make ourselves vulnerable to being disappointed and hurt by God rather than playing it safe so that if God does not show up, we will still be fine. As the familiar hymn goes, "Jesus, Jesus, how I trust Him, how I've proved Him o'er and o'er."

God is asking us to prove Him over and over again, to taste and see that He is good (Psalm 34:8). Only then will we be able to trust Him with all our heart.

"Lean not unto your own understanding"

When God's plans align with our plans, we have no trouble accepting them. But when God's plans run contrary to our plans, we suddenly find it difficult to embrace them. The fact that we often wrestle with choosing between our will and God's will shows how fallen our natures are and how limited our thinking is. The Bible teaches us that "the way of man is not in himself; it is not in man who walks to direct his own steps" (Jeremiah 10:23, NKJV).

However, did not God give us our intellects and our sense of reason for a purpose? Why would God bless us with mental faculties only to tell us not to trust them? I believe God tells us the answer when He says, "My thoughts are not your thoughts, nor are your ways My ways. . . . For as the heavens are higher than the earth, so are My ways higher than your ways, and My thoughts than your thoughts" (Isaiah 55:9).

Following God doesn't mean checking our brains at the door. God's perspective is so much broader and higher than ours that we humbly acknowledge the importance of trusting Him even when we don't understand. I remember one day I was hanging up a picture frame, and my wife stood at the back of the room to watch me. At one point she told me to tilt the frame a little to the right, but I resisted because from my viewpoint the frame looked straight. However, when I walked over to where she was standing, I could see that she was correct. In the same way, if our limited perspective tells us to turn left but God tells us to turn right, will we place our trust in Him? Or will we lean on our own understanding?



"In all your ways acknowledge Him"

As a medical student, I routinely studied more than 60 hours a week, all the while praying for God to help me. After one round of exams, I was particularly overjoyed to find out that I passed all my tests. When I shared with a friend how thankful I was to God for helping me pass my exams, he smiled politely and said, "Well, John, you did put in the work." That made me think, when the person who has no faith studies 60 hours a week and passes his or her tests, how is that any different from my situation? What role did I play and what role did God play in my success? Why is it that when I experience success after working hard and being diligent, God still wants me to acknowledge Him?

Jesus says, "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" (John 15:5).

What Jesus said is true: without Him, we can do nothing. Our ability to plan, to accomplish, to learn, and even to generate wealth comes from God (Deuteronomy 8:18, 2 Peter 1:3). If we do not acknowledge this fact, we will develop a sense of pride and self-sufficiency. If the branch takes credit for the fruit, what reason does it have to remain attached to the vine? By acknowledging God in all our ways, we remain connected to Him, the source of life. Ellen White calls this the co-working of the Divine and the human. To illustrate, she

describes Joshua's battle against the Amorites: "Joshua had received the promise that God would surely overthrow these enemies of Israel, yet he put forth as earnest effort as though success depended upon the armies of Israel alone. He did all that human energy could do, and then he cried in faith for divine aid. The secret of success is the union of divine power with human effort. Those who achieve the greatest results are those who rely most implicitly upon the Almighty Arm" (Patriarchs and Prophets, p. 509).

We are called to do our very best, as if success depended on our efforts alone, while recognizing that without God, we could do nothing.

"He shall direct your paths"

This proverb ends with the promise that if the qualifications are met, He will direct our paths, 100% guaranteed. We are being led by One who knows no failure.

"When we give ourselves wholly to God and in our work follow His directions, He makes Himself responsible for its accomplishment. He would not have us conjecture as to the success of our honest endeavors. Not once should we even think of failure. We are to co-operate with One who knows no failure" (Christ's Object Lessons, p. 363).

I pray that in our personal and professional lives, we will ever experience this type of success.

*We are being led by
One who knows no
failure.*



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