

the Medical Evangelist

a publication of Adventist Medical Evangelism Network



Spring/Summer 2007

We are pleased to present the first issue of *the Medical Evangelist*, the journal of AMEN. AMEN was formed by a group of Adventist physicians and dentists. They met together at ASI 3 years ago and were convicted that now was the time to present to a dying world the connection between the gospel message and the health message. They were inspired by Ellen G. White's identification of the medical ministry as the Right arm of the gospel message.

As physicians and dentists we are in a unique situation to meet humanity where they are. In today's world it is difficult to reach the secular minded. Society is wrapped up in materialism, bombarded by the media and skeptical of religion. Few will seek out information about our message but many will respond to a kind word of hope and in a time of need many are open to the prompting of the Holy Spirit. A physician, dentist or nurse has an opportunity to minister by genuine compassion, a kind word and a prayer or by sharing hope found in the word of God. Health care professionals have instant credibility; a privilege not often afforded to even pastors and bible workers.

I have personally been convicted that my practice is a ministry and as I have prayed and shared with patients I have been amazed at the reception and interest in spiritual things. Not only has there been an opening to spiritual conversation, but also through the power of prayer, I have seen first hand the power of God bring about dramatic changes in lifestyle. As we unite around our calling as medical missionaries we will have an eternal impact and join in the proclamation of the 3 angels' messages that must go to our world before Jesus returns.

In this and future journals you will find articles that establish the basis and calling for medical evangelism, as well as 4 additional themes. First, we will highlight practices in the US where evangelism has been an effective part. In this issue Dr. Willey shares his experience as a dentist who began having bible studies with his staff and now finds himself practicing full time and serving as a Bi-vocational pastor. Second, we will highlight overseas mission service, especially short-term opportunities. You will find a feature article by Dr. Catalano sharing his experience with an AMEN sponsored trip to India. He is now preparing to return for another trip. Thirdly, articles will feature practical steps that practitioners may implement to initiate and develop a practice-based outreach. My own practice was strongly impacted by the practical message by Pastor/evangelist Mark Finley given at a first exploratory meeting of AMEN. You will find this presentation included as a first in a series. Fourth, faith building articles from our history including testimonies from Spirit of prophecy and pioneer medical evangelists.

In addition to these regular topics, other reports and opportunities will be presented. An article in this issue highlights the opportunity to present Christ centered health programming on a 24/7-health evangelism network. The ambitions and goals of AMEN are huge but this ministry is inspired by knowing that with God all things are possible and it is for these last days that bold effective ministry is most essential.

It is my hope and prayer that you will find this journal to be a challenge to the way we practice as well as an encouragement to become effective ministers of the Gospel. "Christ came to give life" John 10:10 "and to give it more abundantly". As we join in the ministry of Christ we will work to make man whole and to direct them to Christ—the only source of true life.

Brian Schwartz, MD

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

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The Medical Evangelist is provided complimentary to AMEN members as part of their annual membership dues. If you are not an AMEN member we encourage you to become one--application information can be found on our website. If you prefer not to become a member but wish to receive a copy of the journal, you may join our mailing list for a suggested annual donation of \$20.

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What is Medical Missionary Work?

by Mark Finley

The term medical missionary work is extremely confusing to many Seventh-day Adventists. If you took a survey in your local church and asked, “What is medical missionary work?” The average Seventh-day Adventist would say, “medical”, must mean someone in the medical profession like a physician, a doctor, or a nurse. That leaves me out—I can’t do medical work because I don’t have a medical degree. And a ‘missionary’, that’s somebody like J. N. Andrews, who in 1874 took a journey across the ocean. So I know what a medical missionary is—I’m sure. It is a physician who is sent by the church across the ocean to do work for God.” What truly is medical missionary work? What are the qualifications needed to be a medical missionary?

I want to share with you the motive of medical missionary work, the method of medical missionary work, and the master of medical missionary work. The motive, the method and the master.

The Motive

The motive of medical missionary work is clearly found in Matthew 20:28. God had only one son, and He became a medical missionary. The scripture says in Matthew 20 starting with verse 27, “Whoever desires to be first among you let him be your servant.” Verse 28, “Just as the Son of Man did not come to be served but to serve and give His life, a ransom for many”. The motive of true medical missionary work is not money—the fee charged.

It’s not power—the people controlled. It is not status—the position held. It is not prestige—the honor bestowed. It is not recognition—the people who notice. It is loving service for Jesus’ sake. The motive of medical missionary work is the desire to help people who need to be helped because they are created in the image of God. The motive is not money. The motive is not recognition. The motive is not pride. The motive is not prestige.

Medical missionary workers are characterized by one thing—their desire to love as Jesus loved, to minister as Jesus ministered, and to serve as Jesus served.

Ellen White states it clearly, “Again and again Jesus had tried to establish this principle among His disciples. When James and John made their request for preeminence He had said, ‘whosoever will be great among you let him be your minister’. In My Kingdom the principle of preference and supremacy has no place. The only greatness is greatness of humility. The only distinction is found in devotion to the service of others.” (DA650)

The essence of medical missionary work is loving service. The essence of medical missionary work is ministry to others. Many people have a very narrow view of Christianity. It is this: “Christianity is giving up bad things so that I can be saved. If I give up enough bad things so that I can be saved I can live a cross-less, complacent Christian life. Really I’m a pretty good moral man.

Doctrinally I believe in the Sabbath. I am faithful in returning my tithe to the Lord so I’m pretty good. As a physician I do make a pretty good salary. I contribute to the Lord’s cause.”

Now my question to you is this. How much “bad” was there in Heaven that Jesus gave up? Did Jesus say, “you know the tobacco breathe of these angels is really troubling me so I have to get out of this place and go to earth?” Did Jesus say, “you know I don’t like the music of Heaven, I just don’t like it at all, there’s just too much foot stomping music up here I’ve got to leave?” How much bad was there in Heaven that Jesus gave up? Christianity is not giving up bad things so you can be saved. It is giving up good things so that other people can be saved. Jesus left the glory of Heaven and came to a sin cursed earth, not to save Himself—it is a narrow view of Christian thinking that Christianity is giving up bad things so that I can be saved.

Christianity is giving up good things so that others can be saved.

It is living a life of unselfish ministry. It is living a life of service. It is living a life of sacrificial love to others.

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Pastor Mark Finley serves as Vice-President of the General Conference. Throughout his career, Finley has been involved in medical evangelism.

He has helped the AMEN leaders get the organization started and serves as an advisor to the AMEN board.

The Right Arm: The Right Approach, Right Now

The second annual national AMEN conference was based on the theme 'The Right Arm: The Right Approach, Right Now'. For the second time the conference was held in San Diego, California September 21-24, 2006. Over 220 medical professionals and students dedicated to medical evangelism attended the conference. The conference focused on the unique calling SDA physicians and dentists have to integrate the mental, physical, emotional, and spiritual dimensions of patient care. AMEN members are responding to the call to be the right arm of the gospel that is proclaimed to a dying world. The four-day event featured inspirational speakers Don Mackintosh, coordinator of Amazing Facts' College of Evangelism, Ted Wilson & Mark Finley, General Conference Vice-Presidents, David Gates, missionary pilot and ADRA director Inter-

American Conference, alongside health professionals such as Lorayne Barton, MD, Rodney Willey, DDS, Naren James, MD, Zeno Charles-Marcel, MD, and many more. Testimonies from physicians in overseas missions as well as presentations from effective evangelistic practices here at home were shared with the group.



Over 200 physicians and dentists attended the 2nd annual AMEN conference.

One of AMEN's goals is to mentor medical and dental students to be effective medical evangelists. Thirty medical and dental students attended the conference to discover how to share Christ through their profession. Pastor Finley commented, "It was a thrill to see how many young medical professionals are anxious to share Christ through their profession. Their dedication inspired me!"

"AMEN is an idea that was long overdue!" writes Jason Shives, LLU medical student, "With all the signs around us that God is coming back, now more than ever does the gospel need to go to the world, and we need to be especially using the 'Right Arm' of that gospel." Another medical student,

Dipika Pandit, writes..."It was like being in a gold mine. I was surrounded by so many resources, God-fearing mentors, and opportunities that I as a medical student could use in the future. Most importantly, it channeled my personal life to focus on my relationship with God. Thank you, AMEN."

Sharon Robberson, assistant director of ASI writes, "I was delighted to attend the AMEN conference and see so many ASI members taking the motto of Sharing Christ in the Marketplace with such devotion and enthusiasm! Listening to testimonies of the medical professionals and how God is using them to witness to others about health and spiritual healing. I can't wait to see what else they will accomplish as they have their sights set on the Master Physician using them to reach people for Him."

The AMEN organization began in 2004 with a small group of Seventh-day Adventist physicians and dentists committed to sharing Christ through their practices. In 2 short years, its annual conference has grown to over 200 medical professionals and students. AMEN is open to SDA physicians/dentists and medical/dental students who long for innovative

ways to share the gospel in a non-threatening way in their practices. One of AMEN's primary goals is to provide busy physicians and dentists evangelistic opportunities and short-term mission service.

Manuel Alva, a Gastroenterologist from Hinsdale and AMEN member, shared his enthusiasm for AMEN, "If you need inspiration and a breath of fresh air in your practice, or if you are in danger of burnout or cynicism, try the AMEN conference next year in Florida." Next year's conference will be held August 30-September 2, 2007 at Mission Inn Resort in Howey-in-the-Hills, Florida. For more information about AMEN visit www.amensda.org or call (423) 826-4025.

Pews To People

by Rodney Willey DDS, church planter, lay pastor



Rodney E. Willey was born and raised in Placerville, California. He completed dental school at Loma Linda University. There, in addition to learning dentistry skills, a seed was planted from which a heart for ministry grew. He is married to Donna who is his partner in life & ministry. Dr. Willey serves as CEO and owner of Maple Shade Multi-Specialty Center, located in the heart of Illinois and servicing 30,000 patients. He has a support staff of 73 people. In 1995, Dr. Willey had a spiritual revival through Bible study and prayer. He realized that despite 20 years of Adventist Education and attending multiple church growth seminars, he had never given a Bible Study. Today, Dr. Willey's life philosophy is:

"I have two congregations – one is at church – the other is at the office."

Dr. Willey gave a powerful presentation at the 2006 AMEN conference. Therefore we would like to share excerpts from it in this first issue of *the Medical Evangelist*. We hope it inspires you to take medical evangelism to a new level.

I graduated from Loma Linda in 1985. I was really excited. I had decided to associate with a dentist in Peoria, Illinois (my wife's hometown) for a year and then move back to California and set up my practice there. That was 22 years ago and we are still in Peoria. God had another plan and what has happened during the past 22 years is really incredible.

For the first few years of my dental career I ate, lived and breathed dentistry. I focused on my career and the material possessions it could provide me. I wanted to have a large home, nice cars, go on great vacations—all the things that a good career could offer. As time went by my career began to consume me. Even in church I would think about the patients I needed to see the next week or problems at the office. I had difficulty focusing on the sermon. However, life was going well. My wife and I had adopted four children—all blessings from God. We were very involved with the church. I was school board chairman, and a church elder. My wife was involved with Sabbath school. But we didn't really focus on people outside the church. You see I thought your church life and your career were supposed to be separate—the two should not mix. Then something changed.

I remember it was a cold, winter weekend. We drove to Michigan to visit some very good friends of ours. It was during that visit, when we were talking about the fancy vacation we were planning, that our friends confronted us. They asked my wife, “Donna, what are you going to do with your pride?” This really took us back. We thought we were coasting along just fine. I mean, we were very involved with the church. I had a good career and served my patients well.

This confrontation from friends who loved and cared for us made us think. Donna stayed up all night and was convicted that if we didn’t change our lives we would end up in the lake of fire. On the way home we stopped at Andrews University and bought some books such as Leslie Harding’s book about the wilderness sanctuary. Donna began reading these books frequently. Often she would get up early to study and we would discuss what she was learning while I got ready for work. I can remember thinking about them at work while I was doing the usual drill and fill. Then one day something happened. My office manager came to me to discuss problems we were having in the office. It dawned on me that the only way to bring the office together was to talk to them about the Matthew 18 principle—If you have a problem with someone, go to them to discuss it. Don’t gossip and backstab. Afterwards things started to calm down.

Soon after that an amazing opportunity presented itself. I walked into my office manager’s office and I could tell something was very wrong. As I began to talk with her about what was going on, I felt impressed to say,

“You know without God in your life these things are never going to change.”

And then she did something that absolutely changed my life. She looked at me said, “Would you and Donna study the Bible with my husband and me?” I was taken back by the request and reluctant to agree because I’d never given a Bible study. I was thinking, “that’s a Pastor’s job—I can’t do that.” However, I just blurted out, “Well sure.” The office manager was so excited about the bible studies, the assistant office manager asked if she and her husband could come too.

The Lord blessed and the Bible studies went amazingly well. Soon it became the highlight of our week. Life was no longer just drill and fill. I could hardly wait for the Sunday night Bible study.

Others began to notice changes in these two young couples’ lives and wanted to learn what made the difference.

Therefore other people began to join the Bible study group. By Christmas it had grown to 17 people.

The people in our Bible study were becoming convicted of many truths. However, I hadn’t yet invited them to church. I was a little afraid to invite them to church. What if they said no? It was actually one of the Bible study participants that came to us one day and asked if she could come to church with us. So the two young couples came to church. I realized that some Adventist churches can be an eye opening experience when you have someone next to you that has never been to church. They attended for a couple weeks then began asking questions like, “Do you ever sing songs that weren’t written in the 1800’s or earlier?” or “Why are only the men up front?” or, “Why do we have all of these announcements?” By this time we had become great friends with these people. I loved them. In fact they were like family. One Sabbath they came to me after the worship service and they said, “You know Rod we are really enjoying the Bible studies but we’re really not gaining anything from the church service. I don’t think we want to do church anymore.” That hit me like a ton of bricks. This was the church I was married in; the church our kids were dedicated and baptized in. My wife was born and raised in this church. It was a wonderful church with wonderful people. Our friends were there. But the young people from our Bible study didn’t identify with this.



When I told the Conference President about this experience, without hesitation he said, “You guys need to plant a church.” To which I responded, “What do you mean plant a church? We’re not farmers we can’t plant anything.” After consistent urging from the Conference President and a growing conviction that this is what God wanted us to do, my wife and I agreed. We searched and searched for a ‘church building’. Finally, just 3 days before we were to start our first church service, God said, “Start where you are, with what you have, with who you have.” So we started church in the waiting room of the dental office. Jesus asked Peter if He could use his boat to preach from and He just seemed to be asking me if He could use my office as a place to reach people as well. The great thing about it was: my dental office was closed

on Saturdays, so using it for a church didn’t change my mortgage payment, my heating or air conditioning bill. Those were set fees that having church there didn’t change. This worked well for awhile but before long we were packed in like sardines. Only the adults had chairs and all the kids sat on the floor. We knew we needed to find a larger facility. Through a series of miraculous circumstances we were able to purchase an empty school building.

This has been such an incredible journey. We’ve had a little over 100 baptisms.

It’s absolutely changed our lives. My life is no longer about drilling and filling. Full time ministry through my every day life is a greater joy than I ever dreamed of.

If you have a choice to travel the world or plant a church – plant the church. If you have a choice to have dinner in the White House with President Bush or plant a church – plant a church.

Through this experience I have learned that we do not have problems that God does not have answers to. God does not call us to do something without giving us the



ability to do it. The experience that we’ve had is that we are just ordinary people. There is nothing special about us but God can take ordinary people and He can do something incredible with ordinary people. If we had said no, we would have missed out on seeing the miracles of lives changed. My wife and I co-pastor the church. We’ve never had a paid pastor there. We’re treated like all the other pastors.

We go to all the pastors’ meetings. We actually have pastor’s credentials. It has been such an incredible time, an incredible life. Again, what I would like to leave you with is this...

*Start where you are, with who you have,
with what you have.*

Pray and ask God to send someone to make it clear in your mind what it is that God would have you to do so that you too can experience a lifetime of joy in Jesus Christ.

Medical Evangelism Part 1 Continued from page 4.....

Dr. E. O. Gurrent: An Example of Loving Service

One of the best examples of this outside the Seventh-day Adventist church is a physician by the name of E.O. Gurrent. You may not be familiar with Dr. Gurrent. He lived in Kentucky in the latter part of the 19th Century. Dr. Gurrent was a Presbyterian. He graduated with a medical degree in the 1800's. Dr. Gurrent practiced medicine but he felt that it had limitations. As he physically ministered to his patients he felt that there must be something more. He returned to school and obtained a degree in theology. Now I am not suggesting that every physician leave their practice and go back and get a degree in theology—that's not my point. My point is that this man was such a Godly Christian that he sensed that he needed to help people physically, mentally, and spiritually.

He recognized, in the late 1800's that physical modalities alone could bring his patients only so far.

Therefore, he gave his life in loving service to physical, mental and spiritual healing. He traveled through the poor towns of Kentucky. He would often pitch a tent and begin by giving medical lectures and many people came. He treated their diseases quite freely and then preached to them. Here is something amazing that I discovered about Dr. Gurrent. In the United States the Presbyterian Church had 362 full time evangelists in the late 1800's. In 5 years these 362 fulltime evangelists won 3000 people to Christ.

However, in that same 5 year period, Dr. Gurrent, a medical missionary evangelist, won 2700 people himself.

Dr. Gurrent became so popular in Kentucky that they asked him to become the President of Austin College. He refused. They asked him to become the superintendent of public education. He refused. They asked him to become the executive secretary of home missions for the Presbyterian Church. He refused. He said, "I cannot leave my position as a medical missionary physician". "My motive is loving service and to bring the ministry of Christ to people throughout Kentucky". Nothing could deter him. He was committed to walking in the footsteps of Jesus, preaching, teaching and healing.

When you know you are in the place of God's assignment, when you know that God has led you to minister to the people in your community physically, mentally, spiritually; when your motivation is loving service for Jesus' sake nothing can take you away from Heaven's assignment. The motive of medical missionary work is loving service.

The Method

This leads us to the method of medical missionary work. Sometime ago I studied the first six chapters of John. The first six chapters build to a turning point in Christ's ministry. From the human perspective, after John 6 things go downhill for Jesus. After John 6 the crowds turn against Him. The Pharisees begin to plot against Him. There is a strategy to kill Him. He is betrayed by Judas. He is condemned and ultimately goes to the cross.

John 6 is the mountain peak of the book. If you look at John 6:15, it says, "Therefore when Jesus perceived they were about to come and take him by force and make Him King He departed again and went to the mountain alone." The crowds want to make Him King. Jesus is so popular, so accepted by the crowds, that He is to be their king. What happened in the first 6 chapters that led up to Christ's popularity before the crisis broke? What is it that happened in the first 6 chapters of the book of John that led the masses to want to make Him king?

The "What Seek You" Principle

We begin our journey, and it is an amazing one indeed, in John chapter one. There were two disciples who were following Jesus and in John 1:38, Jesus looked at them and said, "What do you seek?" Here is the hallmark of Jesus entire ministry—the 'what seek you' principle. Jesus never began where He was; He always began where others were. He never began with His agenda. He always began with others agenda. He never began with what was in His mind; He began with what was in their mind. Jesus was always saying to people "What are you seeking?" Ma'am what is in your heart? What pain do you experience today? What longing do you have? Jesus always began where they were as a starting point. He began with blindness as a starting point. He began with withered arms as a starting point. He began with emotional despair as a starting point. He began with guilt as a starting point.

Jesus was concerned about people—their heartaches, their needs, and their inner desires.

Look at John 2 through 5, in each of these chapters Jesus does a case study of human need.

In John 2 the need is social. A man runs out of wine at the wedding feast and he is socially embarrassed. Jesus begins where the man is and He alleviates his social need. Now let's pause a moment in John 2. The first question I get from Adventists when I preach on John 2 is, "Was the wine fermented?" and they miss the deeper spiritual lesson in that chapter. John 2:1, "On the third day". Every time you encounter the expression in the gospel of John, "on the third day" it is a pointer to the crucifixion and resurrection. You take every three-day reference... "destroy this body and in three days I'll raise it up", "on the third day he was raised up", "on the third day there was a wedding", Jesus being united with his people in Cana of Galilee. Cana is the city of wickedness. There is going to be a celebration among wickedness. There is going to be a cross on a hill between two thieves. Jesus is going to turn the old legalistic approach of Judaism into the wine of the gospel. When they pierce His side blood and water runs out. The old passes away and the blood of Christ in grace cleanses all sin. Jesus comes to the wedding because there will be a wedding on the cross when He unites His people with God. Jesus comes to Cana the center of wickedness.

Jesus performs His first miracle as a symbol of His greatest miracle of all time when He dies for the sins of humanity.

His mother is there at the feast and His mother stands by the cross. You can take every image in John 2 and apply it to the cross. You will find similar phrases in John the 19th chapter.

The story of John 2 is the story of all human, man-made religion and their inability to satisfy the deepest needs of the human heart.

It is the story of the old water of Judaism not satisfying, and the grace and wine of the gospel that flows from the side of Jesus Christ that can minister to sin.

Now a word on fermentation... The wine could not possibly have been fermented because wine is always a symbol of the blood of Christ. If the wine that Jesus created was fermented, the whole symbolism of the crucifixion would have been perverted. It could not have been fermented because it symbolizes the sinless blood of Christ. Now just a little aside... Some of you may have done the math here. Notice in John 2 verse 6 it says, "Now there were set there six water pots of stone according to the manner of purification of the Jews containing 20 or 30 gallons a piece." If you read the King James Version it will say '2-3 firkins'. Three firkins would be the equivalent of 30 gallons. A firkin is about 10 gallons. Thirty gallons in each pot; there were 6 pots. That makes 180 gallons. How much wine, if it's the real stuff, do I need to drink to get drunk? One glass, two glasses... Let's assume one can get drunk on 4 glasses of wine—How many glasses in a gallon? 16 eight-ounce glasses in a gallon. So how many drunk people can I get from one gallon? If I can get 4 people drunk per gallon, and I have 180 gallons, that is 700-800 people I can get soused at that wedding. Cana was not a large village. Family weddings may have had 200-300 guests. If the wine was fermented an awful lot of people got drunk that day. As a physician have you ever seen the results of drunkenness in your

office? Would you charge that Jesus produced enough wine to get 700-800 people drunk and there are only 150, maybe 250, maybe 300 people in the village? So the symbolism of fermented wine in John 2 perverts the story of the gospel of God's grace. Isn't that just like what the devil wants to do? The wine here is the unfermented wine that represents the sinless blood of Christ shed for your sins and mine.

In John chapter 1 Jesus says, "what seek you?" In John chapter 2 there is incredible embarrassment. What if your daughter was getting married and the conference president was in line and you ran out of vegetarian soya-chicken sandwiches, and the conference president had not eaten for the last 24 hours. And you ran out of all of the sparkling grape juice and there was nothing on his plate. And you looked down the line and there was the president of the medical association and there was nothing for him to eat. And you looked down the line and there was your mother-in-law and there was nothing for her to eat. You would be incredibly embarrassed. Jesus was sensitive when people were socially embarrassed, so he turned water into wine.

In John 2 He meets a social need.

In John 3 Jesus does not begin with a social need, neither does he give a hydrotherapy treatment. Jesus didn't always begin with physical needs. Neither did Jesus give him a foot massage. Neither did Jesus give him a nutrition lecture on how to be a vegan vegetarian.

Nicodemus came to Jesus with a spiritual need and Jesus said you must be born again.

He began with the spiritual because Nicodemus was interested in the spiritual.

In John chapter 4 Jesus met a woman who had emotional needs. Look at the contrast between John 3 and John 4. In John 3 Nicodemus is a man; in John 4 the Samaritan at the well is a woman. Nicodemus comes by night; she comes by day. Nicodemus is a Jew; she is Gentile. Nicodemus comes seeking for Jesus; she does not come seeking for Jesus, she stumbles across Him. Nicodemus is a man who is well respected in the community; she is a woman of ill repute. Nicodemus is one of wealth; she is one of poverty. Jesus begins by saying to her, “Can I have something to drink?” She is amazed because men do not talk with women. Jews do not talk with Samaritans, and teachers won’t talk with the common people. She says, “How is it that you a Jew, speak to me, a Samaritan?” And Jesus said “if you knew who was speaking with you, you would not want water from this well. I know there is a thirst in your soul for love.” Between the lines Jesus was saying, I know the six men you were with, that you sold your body to, and have used you as a play thing. You look for love and you can’t find it, and your heart is broken. It is bruised; it is crushed. And Jesus said, “I know those emotional needs, and I know the scars you have on your heart. I know how crushed you are.” And she says, “give me of this living water.” Jesus knew that the woman had emotional needs and He met her on an emotional level.

In John 2 He ministered to social needs. In John 3 He ministered to spiritual needs. In John 4 He ministered to emotional needs.

In John 5 He ministers to physical needs. There was a man by the pool of Bethesda. Now the fascinating thing about

the pool of Bethesda is this. When you read ‘Beth’ in the Bible it means ‘sign of’...Beth-lehem, ‘beth’ is sign of, ‘lehem’ is bread. Jesus the bread of life was born in Bethlehem, the house of the baker. Beth-saida, ‘saida’ is fish. Jesus called his disciples Peter and John, in a fisherman’s village, to be fishers of men. ‘Beth’: sign of; ‘saida’: fish. “Esda” is mercy. The place that is filled with disease, the

place where people are dying, the place where they’ve given up hope, becomes a place of overflowing, abundant mercy. Jesus walks into the midst of incredible suffering and makes it the house of mercy. Every time Jesus walks in the midst of sickness it is the house of mercy. Every time He touches and heals it is the house of mercy. The most despicable place on earth with the presence of Christ is the house of mercy. He heals a man who is hopeless, who has been there for 38 years, and He ministers to him physically.

In John chapter 6 Jesus gives a lecture of spiritual nutrition and produces the bread of Heaven for 5000. And by the time you come to John 6 the crowd says, “We have never seen a man like this. He is everything we seek”. He meets their social needs—John 2. He meets the spiritual needs of the soul—John 3. He meets the emotional needs of

the heart—John 4. He heals their sickness—John 5. He feeds them. So they wanted to crown Him King. When the Seventh-day Adventist church commits itself in loving service, unselfishly to minister to the needs of people around them: physically, mentally, spiritually, and with no thought of personal aggrandizement, the world stands back in wonder. Hearts and minds are opened and touched for the gospel of Christ.

The motive of medical missionary work is unselfish love.



The Focus of Medical Missionary Work

by Mark Finley

The method of medical missionary work is loving service.

Now there is one other thing about the method of medical missionary work. Conventional medicine largely focuses on cure. It focuses on therapy.

For example, I go to the doctor and I say, “Doctor, I’ve got a stomach ache”.

The doctor says, “Where is it—the left side of your stomach or the right side?”

“Well, it’s more toward the center of my stomach”.

“Is it high or is it low? Feel where it is.”

“It’s right about here.”

“How long have you had it?”

“Um, I’ve had it for about 6-7 days now.”

“Are you running a fever with the pain?”

“Well, yeah doc, a little fever.”

“Do you vomit with it?”

“Well, I did a couple times, yeah doc.”

Trace back for me what you ate.”

Then after the doctor talks to me for a long time he usually has a little pad and he takes it out and says; “Now I’m

going to write you a prescription. You go down to the pharmacy which is two floors down from my office and get this particular medication and it will settle down your stomach.” Normally something like that happens. Now he may order tests for me and I have the tests done and so forth. But that is basically the method of conventional medicine. You spend possibly 15-20 minutes with your doctor. That’s basically the method of conventional medicine. As a physician you look for what is wrong with the patient. You rack your brain to think pharmacologically what you can do to provide some type of relief to cure this disease, or at least mask the symptoms so this guy that has stomach problems can go back to work. That is conventional medicine. It focuses largely on the cure, the therapy.

Then there is what we call preventive medicine. Preventive medicine says “what caused this”? The preventive physician tries to figure out the other end of the disease. Where conventional medicine says, “the guy got the disease, now I need to treat it.” With preventive medicine you try to determine what caused the disease and keep the patient from getting the stomach ache in the first place. Conventional medicine focuses on the curing of disease; preventive medicine focuses on preventing disease. Jesus focuses on neither the cure nor preventing the disease. He focuses on the person with the disease. Now I am not suggesting that conventional medicine is wrong—not at all. Neither am I suggesting that preventive medicine is. But I am suggesting that beyond conventional

and preventive medicine there is the ministry of Jesus.

For Jesus the person who had the disease was more important than the disease the person had.

Jesus Focuses on People

Look at Luke 8:43. It is the story of the woman with the issue of blood and in the original Greek three levels of healing are found. It says, “Now a woman having a flow of blood for 12 years who spent all her livelihood on physicians and could not be healed by any”. The woman spends all her money. She goes looking for this cure and that cure and now her insurance has run out. It won’t cover her and she spends all her money. Now what is interesting, Luke is a physician, and he says ‘she spends all her livelihood on physicians and she could not be healed by any’. The gospel of Mark, written by a non-physician, says ‘she goes to all these physicians and she spends all her money and she just gets worse and worse and worse’. Regardless, she could not be healed by anyone. The Greek word for ‘healed’ in this passage is ‘therepeau’. What the text, translated literally says is, there was no therapy that worked. She went from physician to physician to physician. There was no cure. No medicine, no therapy.

The cures they tried in those days are interesting. If you read Leviticus 23 a woman who has the issue of blood is unclean. Her husband can’t touch her. If her menstrual cycle goes on for more than thirty days, she is unclean.

Here's a woman who has been bleeding for 12 years. She's weak and fatigued. She's gone from doctor to doctor. She's spent all her money. She's gotten worse and she was treated with 'cures' like this. (Incidentally, there was no medical education in first century Rome. In Greece there was some, but not in Rome. Neither was there any licensure, neither were there any standardized medical board exams. Basically you saw a person that was getting results and did an apprenticeship with him and hoped for the best.) They believed that there was great healing power in lamb's wool. One remedy for what this woman had was to take lamb's wool, dip it in oil and then wrap the area that was bleeding in that lamb's wool and oil hoping it would cure her. But for this woman She was exhausted and depressed. No therapy worked. In the concentrated faith of her life she touched Jesus. In Luke 8:47 it says, "Now when the woman saw she was not hidden she came trembling and falling down before him". She declared before him in the presence of all the people the reason she had touched him and how she was healed immediately.

The word for healed here is different than in verse 43. The first word means nothing could cure her. There was no therapy or remedy. That is the first word for healing. That is the word "therepeau". Look at Luke 8:47, the word there for healed is "iaomai". This word means "my disease stopped. I'm not sick anymore." The focus here is not on the therapy but on the eradication of disease—the results. In verse 48, Jesus says to her, "daughter be of good cheer your faith has"..." some translations will say 'your faith has healed you' but the word for healed is changed. Here's what the word is—this is the critical point. The word for healed is 'sozo'. It is used 110 times in the New Testament and 92 times it is used for salvation. So when Jesus

said, 'you are well,' what he was saying to that woman is that you have come to physical, mental, and spiritual wholeness. When you touched me in faith there was a deeper inner healing besides the physical. Now if you take the word "sozo" and you look at, it is God's will that all men be saved (2 Pet.3:9)—that's "sozo". It is not just an intellectual salvation, but coming to a place where everything that was taken by sin is restored. When Adam and Eve sinned they were physically decrepit; when they sinned they were emotionally scarred. When they sinned they were socially inept because of all the guilt and conflict. When they sinned they were spiritually separated from the Father. And the word "sozo", salvation, is the restoration of everything that they lost.

Medical missionary work is loving service in cooperation with God so men and women are physically, mentally, spiritually and socially restored into the wellness and wholeness that God designed when He created them.

In a sinful world we cooperate with God in helping to establish this wholeness.

Now to do that, Ministry of Healing page 113 says, "Jesus taught that many brought disease upon themselves by transgressing the law of God and that health could be preserved only by obedience." Jesus did not work miracles so people could go out and violate the laws that created the sickness in the first place.

Some people have very strange ideas about faith. I remember 30 years ago when I was a young pastor in North Georgia. I was giving a Bible study to a family in a log cabin. A man came in smoking a big cigar. He was puffing away. The first words out of his mouth were, "Praise God I'm healed!"

puffing away he said again, "Praise God I'm healed!" I looked at the 'big cigar man' and said to him, "Tell me your story, what were you healed of?"

"Well," he said, "six months ago I was diagnosed with cancer but I went to the doctor today and praise God I'm healed!"

I was young in those days and not quite as diplomatic as I may be today. I looked at the big cigar man and I said, "Sir, what about that cigar you're smoking? What did the doctor tell you?"

And while he was puffing away, he literally said to me, "Sir, this big cigar makes absolutely no difference at all because if you have enough faith God is going to heal you. God healed me of all my cancer. I can smoke as many big cigars as I want."

Is this really faith? Does God heal you so you can continue the same lifestyle you've had only to cause greater sickness and disease? The method of medical missionary work is loving service that attempts to lead people to obedience to the laws of health.

Medical missionaries recognize that God can heal instantly and sometimes He does that. We believe miracles will happen. We also believe medical missionary work leads people to be in harmony with the laws of health. The Holy Spirit will work in their bodies to create healing in ways which we cannot imagine. We recognize as medical missionaries that all healing comes from God. Whether God chooses to heal through medicine, or He chooses to heal through natural law, or He chooses to heal by direct miracle, only God can repair the tissues in the body; and only God can heal the pain in the heart.

The Goal of Medical Missionary Work

by Mark Finley

The Goal of All Medical Missionary Work

The goal of medicine is to cure disease. The goal of health education is to prevent disease.

But the goal of medical missionary work is to transform lives so individuals can be happy, healthy, and holy, as well as live in physical, mental and spiritual wholeness.

Jesus did not separate the physical and spiritual components of life. If you look at Jesus ministry, He would often say.... “The Kingdom of God has come near to you.” There is not a dichotomy in Jesus ministry between physical healing and spiritual healing. Jesus healed the paralytic of the guilt of sin then He healed him physically. Jesus healed the woman with the issue of blood physically and then He healed her spiritually. So there are times when Jesus healed first physically then spiritually, and there are times when He healed spiritually then physically.

Spirituality and health are intimately linked. There are at least three reasons why this is true. First, human beings are a unit and genuine spirituality brings peace of mind, a freedom from guilt, and a sense of security which powerfully impacts physical health. I do not believe what some people say that your physical health, your mental health, your spiritual health, and your emotional health are all spokes in the wheel. I believe the hub is your spiritual health because if your spiritual health is not right it is very difficult to make the lifestyle changes physically. Although I do believe that every time a person tries to bring their bodies into harmony with natural law that God gives them divine power. But I have also seen scores of people come to a five day plan to stop smoking with weak human willpower and fail. They come to the cooking school and they never seem to have the strength to make the lifestyle changes necessary. They come to a stress management program or a wellness program and they leave just as stressed.

If we do not integrate physical, mental and spiritual, one of two things is going to happen. Either we are going to produce humanists who are healthy because they are people with good strong willpower, and they succeed, but the people that don't have strong willpower will fail. If you don't integrate the spiritual in the program you do not provide the patient the greatest maximum benefit for lifestyle change. The greatest maximum benefit for lifestyle change is when you tap into a power outside of yourself which can provide spiritual strength. One reason for the spiritual is that the spiritual provides the basis for everything else. It provides the power for change. If a person is having incredible guilt, you can give them all of the tranquilizers in the world but their guilt is still going to fuel the depression unless that guilt is ultimately dealt with. If a person is resentful and does not forgive, you can give them all the medication in the world but if they are bitter, angry, and resentful they are still going to have social barriers. Social health, emotional health, and physical health are largely tied in with spiritual health and that is one reason we are interested in the spiritual.

There are some interesting studies that have been done. A number of years ago at the University of Illinois' Dr. Howard Hayman argued for the inclusion of spirituality in medical training. He said, “Despite western man's religious doubts and the rise of skepticism, human beings have a hunger for a more spiritual outlook on life”. That was written in the journal of the school of health. Basically he is saying, “look, we have to include more classes on spirituality in medicine because we are denying the essence of human nature.” I was interested in some research done at Johns Hopkins University regarding religion and health. It said church attendance conclusively contributes to improved health. The Israelis did a fascinating study—the Israel Ischemic Heart Project. The study concluded: Jews who pray daily have fewer heart attacks. I was recently reading some studies out of Duke University, Dr. Harold Koenig a

faith and health researcher. Koenig made a statement that was troubling to me when I first read it. He said,

“The growing body of evidence that religion positively impacts our health is so strong that keeping spirituality out of the clinic is irresponsible.”

Here is a researcher at Duke University that says that the growing body of evidence that spirituality impacts health is so strong that if you keep it out of the clinic it is irresponsible.

Here is the second reason why including spirituality as a treatment modality is so important. The clearer the mind, the freer from toxins, the more likely the Holy Spirit can communicate with the brain. The Holy Spirit doesn't communicate with the big toe or the left ear. He doesn't communicate with the right thumb or the belly button. The brain is the citadel of communication. If it is true that the Holy Spirit communicates with the brain, then I am interested in physical health because the clearer the blood that flows to the brain the more possibilities for the Spirit to communicate.

There is a third reason. I've often been asked, 'Should you not serve for love sake?' Should you not reach out to people and simply love them for love sake and leave the spiritual alone. There have been some Adventist physicians who asked "doesn't Ellen White speak about 'disinterested benevolence'." She used the term 6 times. However, 'disinterested benevolence' does not mean you are not interested in the spiritual. Rather, it means you have no interest in personal aggrandizement and taking advantage of the patient for your own personal gain. Your prime motive is not money or power. If love leads me to want a person to have a lower cholesterol level so my patient can live seven years longer, won't that same love lead me to want him/her to live for all eternity. If love leads me to go out night after night and give health education classes so people live ten years longer, it's fuzzy thinking to say that love does not prompt me to want that person to live eternally. Do we force it on them? No, you don't give a day old baby a gluten steak and force it down their throat. What's wrong with that gluten?... Just as you do not jam gluten steak down a baby's throat, so you do not force spiritual truths upon people. You minister to them in loving ministry for Jesus' sake. You are compassionate, you are kind and you

make statements to draw them out. You respect their freedom of choice but in your mind there is the recognition that they will only be whole if they are whole physically, mentally and spiritually.

“Jesus was not satisfied to attract attention to Himself merely as a wonder worker or healer of physical disease. He was seeking to draw men to Him as the Savior.” MH31

The goal of all medical missionary work is to present Jesus to men and women. It is to help them find a refuge. It is to help them find security. If you knew a cure for cancer but you thought your patient would not accept it, and the cure was 100% successful, yet you did not give it to him, you would be sued for malpractice. Do I not have that same responsibility if I know that Jesus is the refuge? I don't want to violate a patient's freedom of choice. I don't want to go beyond the bounds of ethics. But lovingly in my mind I am thinking, Lord, how can I share Jesus with him. How can I give her the abundance of life, the wholeness of life?

Some time ago I read a fascinating study. The object of the study was to see how much stress a lamb could take. The scientists hooked up electrodes to feeding pens. They had about 10 feeding pens. The lamb wandered over to one feeding pen and the scientist shocked the lamb. The lamb ran from that feeding pen. The lamb would never go back to the feeding pen where it was shocked—pretty smart lamb don't you think. The lamb began to tremble. It went to the second feeding pen and they shocked him. He ran. He would never go back there. He ran to the third pen and they shocked him there. Pretty soon they had shocked this poor little lamb at about 7 or 8 feeding pens and the lamb came to the center of that little corral and shook and shook and shook. It had a nervous breakdown and a heart attack and died. The scientists then took that lamb's twin and they put it in the feeding pen with one difference: they put the mother lamb in with him. And when they shocked the lamb, where do you think that little lamb ran? It ran to momma right? Now here is where the scientific experiment broke down because the mother went 'bah bah' and they couldn't interpret that because nobody knew lamb language. Then the little lamb ran back to the same feeding pen that it was shocked at.

They shocked it again. It ran back to mother. She looked at it and it ran back to the same feeding pen again. They shocked it again. It just looked at mother, she went ‘bah bah’ and the lamb kept feeding. What is the difference? In the shocks of life, the lamb had someplace to run. I can prescribe all of the Valium, prescribe all of the tranquilizers. I can get people walking as much as I want. I can get them on a low cholesterol diet. I can take them through a CHIP program, or some other wellness program. I can take them through a Five Day Plan and a cooking school but if sometime in that person’s life they do not meet Jesus, life is going to shock them. It may be a terminal illness, cancer, or a divorce. It may be with some tragedy with their children. Unless there is a place of refuge, a place of security, they will not be able to cope. The gentle words of Jesus give peace, “Come unto Me all you who are burdened and heavy laden and I will give you rest”.



The work of the true medical missionary, is to minister to people lovingly, to have the incredible desire that they have the best health possible—the most optimum life—but to lead them kindly, gently to a place of refuge, to a place of security.

Would you like to say, “Jesus, teach me to do that?”

Ellen White says we will come to a place where the entire church should take hold of medical missionary work. Does that mean everybody gets a medical degree? No. It means that they serve lovingly where God has planted them

ministering to the needs of others so that someday they can lead someone to Jesus.

You may be a young person, and you can say, “Jesus I just want to lovingly serve you. However I can serve, I want to serve. I want to be a blessing and Lord as hearts are open, as minds are open, I want to lead people to you.” You may be a physician and you can say in your own heart, in your

own life, “Jesus, help me to be more sensitive to my patients’ needs for spiritual things. Give me the eyes to see their inner needs. Lord, help me to know how, sometimes it’s difficult, I don’t know quite what to say but you give me the wisdom. Help me to lead them from beyond where they are to where you want them to be. Help me to have the courage to pray with them. Help me at times to share a bible passage with them. Help me Lord, to be a genuine medical missionary. Now I don’t want to arm twist people, I don’t want to

go beyond the bounds of ethics. I’m not going to give them a bible study on the mark of the beast today or tomorrow, but Lord I want to witness for you. I want to have the eyes of Jesus. I want to have the mind of Jesus. I want to have the heart of Jesus.”

The reason there are so few great soul winners is because there are so few people who look beyond their own needs and their own problems to the hearts and lives of other people. Why not say today, “Jesus, help me be like you. Help me be like you. Help me look beyond me to the needs of people around me. Help me minister to them in your name.”

Mark Finley, MA, DMin
VP General Conference of SDA

Impact of the 2006 AMEN Conference on One Medical Practice

by Naren James, MD

After returning from the last annual AMEN conference, I was particularly impressed by the presentation by Dr. Rod Willey both in his plenary session as well as subsequent breakout session, which I attended. The common message that came home to me from both of these sessions was his commitment to branding himself personally, and his practice, with a ministry orientation. I was particularly impressed with Dr. Willey's statement that while he looked away from all of the usual financial motivations within a practice and focused on the patient and his employees as

an opportunity for ministry, his practice actually grew to where it is now in the top one-half of a percent of dental practices across the nation. Even though I have been expanding my ministry orientation in my own practice, I felt that it was time to take

this one step further. And so, when I returned, I initiated one new activity with a strong ministry orientation in the practice. In the early days of our medical practice, I had led out in a Monday morning devotional time for all of our employees at our Stanford location, and with our employees at our Liberty

location approximately 20 miles away, participating via speaker phone. This usually begins with prayer by myself followed by a chosen reading from the morning devotional and followed by maybe a few short comments relevant to the topic as well as to our own practice, then followed with a closing prayer. After hearing Dr. Willey's presentation, I felt impressed to expand the ministry orientation of my day-to-day practice life by beginning with prayer for all of the patients on our schedule. Shortly after returning from the AMEN conference, I felt impressed to tell the clinical team

that works with me that I would like to see the schedule printed out and brought to me at the beginning of the day, and I invited them to participate with me in prayer for the patients who are

scheduled.

In addition to that, I have taken the opportunity to ask my staff if they are aware of anyone with special needs on our schedule. I would also identify people that I know with special needs, and I would pray for them with



special mention. I have found this to have an amazing impact on my clinical support staff because they have joined in mentioning not only the patients on the schedule, but many times they would also mention a need from home or a need of a fellow employee that they felt should be brought to prayer. I must admit this was somewhat awkward at first, but now it has become a truly satisfying part of my daily routine because it contributed to compelling me to think of the patient more as an opportunity for ministry rather than a person with a medical condition to be treated.

Another aspect of Dr. Willey's presentation in his seminar which impressed me was regarding the impact of an overseas mission experience on his employee morale and his overall mission. After returning from the AMEN conference, I initiated a new benefit within our practice whereby we allow two employees per year to go on an overseas mission trip, and the practice will give 1 week of paid time off towards it as well as \$1,000 to cover the costs of it. In addition to that, I have offered the physician and two nurse practitioners who work within our practice the additional benefit of an overseas mission trip with up to a week of time off along with the \$1,000 of cost that the practice will put toward an overseas mission experience each year. I can say that this new benefit immediately had an impact upon our provider as well as all of our supporting staff as to the seriousness of my commitment to our mission within the practice. Even though we have not had anybody take that opportunity as yet, I feel confident the mere initiation of that policy has led to a better appreciation of our mission and our commitment to it within our practice.

Another aspect of the AMEN conference that made a tremendous impact upon me was the testimony

by Dr. Todd Guthrie during one of the progress note sections as to his decision to offer prayer for every patient coming through his practice who was willing to be prayed for. Simultaneously with starting the schedule with prayer in the morning, I also began in the examination rooms to offer the option for prayer to each of the patients who come before me regardless of whether they are there for a well visit or a sick visit or even my little pediatric patients. This also, I must admit, was somewhat awkward at first, but it has now become very much a part of my routine as part of the care to take the opportunity for prayer if the patient would permit. I must admit that close to 100% of patients are happy to be prayed with and for, and I can actually identify any problem on less than 5 occasions since I returned from the conference where the offer has been turned down. Interestingly, even in the offers that were turned down, I feel like a witness was made by the mere fact that a physician was willing to offer prayer for that individual patient.

However, I have two specific incidents in patient care related to the prayer issue that I feel impressed to share. One was the mother of a 7 year old child with a rare CHARGE syndrome which includes features of mental retardation and the need for a G tube and overall poor functioning of this child. After examining the child and making a recommendation for treatment, I offered to this mother the opportunity to pray for the child. The mother appeared uncomfortable and then told me that it will be fine if I wanted to pray for her child, but that she was an atheist. I thanked her for giving me the opportunity to pray for her child even though she herself did not believe in prayer, being an atheist. I said a prayer for the child, and they left. I could tell she was impressed and actually more satisfied because I prayed for the child because the mere act of praying demonstrated care. After returning

home from a long day of patient care, I could not help but feel impressed to continue to pray for that mother who probably became an atheist through the difficult situation she had to face with a handicapped and disabled child. And then I was reminded of a statement by John Torquato at the first AMEN conference that in many ways the medical work in the Seventh-day Adventist Church represents a similar opportunity that was given to Israel of old to be at the crossroads of human existence and, therefore, have the option to witness to all who passed through their territory. In the same way, this mother with this handicapped and disabled child would probably never have come to a prayer meeting or to a church service but walked through my office and had a spiritual encounter beyond the usual medical care she received. It made me think as to how many more patients have passed through my office and hospital service through the years who were not fortunate to get the additional ministering to them of prayer and sharing the promise of the Savior with them.

A more recent encounter that came into my mind was that of Eddy. Eddy was a 50 year old who came to me because of uncontrolled hypertension. After walking into the room and smiling as I usually do in greeting him, I, of course, asked him, "How are you doing?" Eddie responded that it was just good to see a smiling face to begin the day and that he did not want to start telling me how he was doing. Through the encounter, I was made aware that Eddie was having tremendous stress in his life and a tremendous spiritual struggle to the point that he was taking his revolver regularly and putting it to his head and even pulled the trigger a few times. My heart lifted up in prayer during the encounter as I recognized that Eddie was brought to me most importantly for a spiritual encounter rather than a traditional medical

one. After spending several minutes listening to Eddie and sharing with him Bible promises, I took the opportunity to pray for him as I usually do and then to share with him a copy of The Hidden Truth magazine, which I keep in my examination rooms, produced by Amazing Facts. In the end, we took care of Eddie's medical problem, namely his uncontrolled hypertension, and give him an appropriate medication for that. However, throughout that day and even after I left the office, I could not help but think that the Lord brought Eddie to me most importantly for a spiritual encounter.

In conclusion, so much has changed in my own personal and professional life as a result of being at the last annual AMEN conference. Even though I presented at a plenary session as well as a seminar, I feel like I learned much more from being there than I imparted. Most importantly is the impact that all of this has had on me personally. I have never been more at peace with myself and more fulfilled in my medical practice as I have been ever since implementing these measures after my experience at the last AMEN conference. I urge all of you AMEN members and others reading this article to think seriously of how you can take one step forward in integrating ministry into your practice life and experience the blessings that the Lord has in store for you as a result of this.

*There is no such thing as insignificant
medical evangelism.*

*Every encounter creates a ripple that can
only be measured in eternity.*





amen Adventist Medical



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- Inspiring testimonials from fellow professionals on how God is using them
- Networking opportunities with other ministry minded physicians and dentists
- Information on how to get more involved with a variety of medical evangelism projects around the world
- A challenge to fully surrender your personal and professional life to God's leading

Registration Form on page 39

Evangelism Network



Featured Speakers:

- Phil Mills
- David Asscherick
- David DeRose
- Edwin & Maria Nebblett
- Paul Musson
- Randy Skeete
- Raja Tooma

Attendees' Remarks

"It was my first AMEN conference and I was blown away. I appreciated the highly spiritual and practical focus of the conference. It gave me a new vision for medical evangelism and outreach through my practice and our church.."

- Dosung Kim

"At the AMEN conference I saw that the Right Arm is working, and God is blessing the Medical Ministry! I was revitalized, refocused, renewed and reenergized! The conference helped me see that I need to look to Jesus as my model, and to depend on Him for the energy and enthusiasm I need with my busy schedule."

-Stephen Waterbrook

For more information visit www.amensda.org or call 423.826.4025

India Now 2006 Report

by David J. Catalano, MD



If by beholding we become changed, then we will never be the same after seeing what God accomplished during our recent trip to Southeastern India on AMEN's first foray into overseas medical missions, in November 2006.

Pastor Doug Batchelor was planning an Amazing Facts evangelistic campaign near Rajahmundry, in the state of Andhra Pradesh, and we were invited to provide medical clinics in nearby villages. Just off the Bay of Bengal, this region is a lush, verdant area of coconut palms, rice fields, and banana groves inhabited by some of the poorest but most pleasant people on earth.

While they lack many necessities such as shoes, adequate nutrition, and access to clean water or basic health care, they seem not to complain much about their lot, but live gratefully one day at a time. Life is cheap and longevity rare in their part of the world.

The State of Andhra is predominantly Hindu but is much more receptive to Christianity than other areas in India; even the current Governor is a Christian. Indeed the majority of new converts and nearly all new Adventist Christians are in this region. God has seen fit to open the floodgates to

over 150,000 souls in our church alone over the last decade, whereas just hundreds had been baptized in previous years. The harvest is ripe, and many evangelistic teams have come to this region from groups such as It Is Written, the Carter Report, and individual churches around the globe. Literally hundreds of new churches are built here each year through Maranatha Volunteers International. Under the direction of Doug Clark, Maranatha VP for Asia, hundreds of new churches are raised, averaging one for every day of the year!

It was in this setting that Pastor Batchelor and his Amazing Facts team arranged to hold their evangelistic campaign for 70 villages near Rajahmundry, and build a church for each one of them.

Many of us at AMEN have dreamed of providing medical support for such a venture for some time; in fact, the AMEN board had allotted funds for this purpose months earlier. It would be expensive—over \$300 per village just for medical supplies and logistics—but worth every penny.

We wanted to demonstrate the spirit of Christ's Ministry of Healing, using the Right Arm of the Message of Salvation in a real and tangible way outside our own neighborhoods and comfort zones.

So it was that nearly 50 of us—including several doctors, nurses, physician assistants, nurse practitioners, a chiropractor, a dentist and other medical volunteers—headed to our local airports for the 2-day journey to southeastern India to join up with another 50 from the Amazing Facts evangelistic team. On arrival, we were greeted by the logistical support personnel from Maranatha, who guided us to a waiting tour bus for the final 3-hour drive to Rajahmundry. For those of us who had ventured to India before, we were pleasantly surprised at the quality and comfort of the River Bay Hotel chosen to be our headquarters for the next three weeks. Past evangelistic groups counted themselves fortunate to have sheets, a western toilet and/or functional shower in their rooms—we had all of these and a quiet, gated compound set on the banks of the Godavari River.

Meals were provided in a large meeting hall which also served as our worship and conference center. Jim Ayer, Amazing Facts VP for Public Affairs, and his team had done a great organizational job including scheduling a few days for us to get equilibrated before heading out to the villages. And on a personal note, as the medical director I was excited to be working with my niece, Kristen Catalano, who is in India for a year as Maranatha's medical team coordinator.



By the third day, we were ready to tour some of the 70 villages we would be serving the next week. Averaging an hour or more by car from our hotel but seemingly a world away, these villages were largely without paved roads or many of the modern conveniences to which we are accustomed: electricity, running water, telephones, or restrooms. Upon arriving in a village it was difficult not to be struck by the dichotomy between the abject poverty of the villagers and their seeming contentment, a quiet acceptance of their place in society. They were so polite and gracious!

Yet there was a palpable yearning for something better—and an opportunity to share the gospel and to demonstrate God's Love for them through our ministry of healing, touch, caring, and prayer.

We had come half way around the world for that and this fact was not lost on them.

Important to the success of our medical venture was a meeting with our hired Indian national physicians—we could no more practice medicine in their country without a license than they could in ours! Seven young physicians were hired, as well as a nurse, one each for every medical team, to translate for and assist the practitioners. In our introductory meeting we learned about some of the diseases we would be seeing, such as Elephantiasis, Chikungunya (Chicken Guinea), and possibly Dengue fever.

We now were ready for our first clinics! Organizationally, we divided into seven teams of 7 or 8, each with an Indian national physician and nurse; each team would visit one village per day for two weeks. In addition, we had one dental team. A generous supply of medicines and vitamins had been purchased through Maranatha, along with arrangements for shade from an open tent or building for each clinic.



Unarmed, uniformed guards were also hired to direct the flow of patients. This system worked well and we felt secure, for the most part. Obviously, in a country of a billion people, there is less expectation of personal space.... So occasionally, a throng would gather around us and give a 'friendly push' to a place in line. The flow was regulated by numbered tickets handed out ahead of time.

We began our clinic with prayer and then ‘opened the doors’ for business. Each patient’s name was recorded, and they were briefly interviewed in their native Telugu and asked for a chief complaint, meds, previous illness, etc. These were then written in English and sent to the nurse’s station, where vitals (and urine or blood glucose, where appropriate) were recorded. Next, the patient was seen by the physician practitioner for a more detailed explanation and treatment regimen. We tried hard to minister to each patient by the personal touch of a hand on an arm or shoulder, often using auscultation, the oto-ophthalmoscope, a tongue blade, and so on. A prescription was given to every patient to fill at the next station, even if only for vitamins, as these villagers were insistent on receiving some liquid or a pill—not unlike western patients!

Although our agreement with the Indian government was to provide medical care without proselytizing, *we felt compelled to pray for anyone who would allow it, and this was performed by the physician and/or a designated prayer person. In fact this became so routine that if a patient somehow got through the system without prayer, even the Hindu doctor, nurse, or guard would often direct them back for it! In so doing we were able to minister to ‘the whole patient’ as was our goal.*



We saw patients with degenerative pains from field labor, acute and chronic infectious diseases, cancers, worm infestations, and malnutrition. I was surprised at the number of diabetics and hypertensives, but alarmed at the number who knew of their condition and had let their medication run out for lack of funds, or even access. Many obviously were suffering needlessly out of their poverty, or even just out of ignorance.



Averaging over 1,000 patients per day in all our camps, there was not much time to address more than each patient’s immediate health concern. We did take a few opportunities to teach health principles to those who were queued up awaiting care. Village lectures might be a consideration for future trips. Fortunately, in the evenings every village was provided transportation to a central meeting place where a health talk and slide presentation that addressed major health topics was presented just prior to the spiritual

message by the evangelistic team. These programs were held in six large outdoor venues, each attended by up to several thousand people. There we might see a grateful patient from one of the villages who would express their thanks and delight in seeing their new western brother or sister in Christ. On the final night, all villages came together at one site—approximately 20,000 souls—an amazing testimony to our Lord’s working in India today.



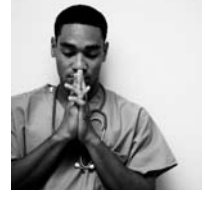
God richly blessed the efforts of the Amazing Facts campaign, with 70 churches started or arranged and some 15,000 souls baptized! In ten days the medical teams saw between 10 and 11,000 patients in those same villages. The medical camps were hard work; but of course each of us felt the blessing we received was greater than that which we bestowed.

We felt that after ministering in India, each of us was forever changed, through this rare and unique opportunity to share our faith.

And as is often the case, some of the seeds that were sown might be reaped much later.... We hope and pray that these first seeds will grow and blossom until Jesus comes to take His entire family home for eternity.

Medical Evangelism, Where Do We Go From Here?

by Naren James, MD



The year was 1983 when I arrived at Montemorelos University to begin my medical education. I had just completed pre-med at West Indies College in Jamaica. . Several months before that, I was interviewed by the Vice President of Montemorelos University. Do you remember the usual question? Why do you want to become a physician? My answer was unhesitating and sincere. I saw the profession as a tool for soul winning which is the most important objective that one can pursue.

Three years prior to that, I was not a Seventh-day Adventist, not even a Christian. I was unsure of what my life work was to be. I had been exposed to Adventism at around 11 years of age by my eldest sister. She attended an evangelistic series in the country of Guyana in South America where we grew up. She had made a giant step at that time to depart from the religion of our parents which was Hinduism and become a Christian. I had actually been baptized at 11 years of age but my experience was shallow and brief. Even worse, I left with a strong desire to avoid any contact with Adventists. My return and total surrender to Christ did not come easy, but the Lord pursued me all of those years until my 18th birthday, after a protracted and strange illness which kept me in bed for a whole week. I still can not recall what actually happened. The Holy Spirit spoke to me and I surrendered my life to the Master. It was only after that that I sensed my calling to the healing ministry of being a coworker of the Great Physician. Soon after that, the doors opened for me to experience the benefits of a Christian education at the college level in Jamaica and subsequently at the medical institution of Montemorelos University in Mexico.

Arriving in Mexico was quite a culture shock; especially since I did not speak the language. The Holy Spirit impressed me with one of the statements of Ellen White in the book Education. "Education is more than just the acquisition of knowledge but was meant for the development of character in the preparation for service and preparation for service is much more far reaching than just the acquisition of knowledge." I was really impressed with that. I also had a firm belief that if I were going to become a medical evangelist, then I should look for opportunities to be exposed to that line of service, even while I was learning a new language and engaging in the intense and demanding experience of being a medical student. One student organization that immediately caught my interest was AALMMA. It was a student led organization focused on medical missionary work. AALMMA had two objectives; the first was to go out every Sabbath afternoon after church and to do medical missionary work in the surrounding villages. The second was to send out teams of physicians and dentists to the far reaches of Mexico to provide much needed medical and dental care to very poor and medically destitute communities far from the campus. This was accomplished during our annual spring and winter breaks. It was a great boost to the visibility of Adventist Churches in those areas. One of the teams that I joined when I arrived there was going to a village called La Union, consisting of over 90 people less than 1 hour away from our campus. There were no Adventist believers in that community despite several evangelistic efforts by Adventist groups. Various Evangelical groups also attempted to establish a work there but without success.

People in that community, like most of Mexico, were steeped in Catholic traditions and beliefs and were very resistant to any other teaching. Therefore, we decided to use a different approach. We were going to use the method that Christ outlined in the ministry of healing, mingling with the people as one and desiring their good, meeting their felt needs, establishing trust, and only then bidding them to follow us. So, every Sabbath afternoon on a consistent basis, we went along with some senior medical students. We offered free medical care for basic health conditions as well as free health lectures. We were very well received. In addition to our efforts, other members of our team—dietitians, nurses, pastors, etc.—visited the people of La Union and established relationships. By the end of the first year, to our surprise, people began requesting bible studies and expressed a specific interest in our beliefs as Seventh-day Adventists. This was interesting because we never really made any direct effort towards overt evangelism during that first year, but they knew where we were from. We were Christians. We were from an Adventist community and they wanted to learn more about us and what motivated us to do what we were doing. So, at the inception of the second academic year, we offered bible studies and were surprised that almost all of the families in that village participated. At the end of that year, we conducted a public evangelism series delivered by one of the theology majors who was an integral part of that group. At the end of the series, I was pleased to visit each family with one of our senior theology team members and seek decisions. On one particular day, my soul was stirred when 25 people in the village decided to give their hearts to Jesus Christ. After the initial baptism, we had an additional 6 people from one family who were also baptized, bringing our total to over 30 in a village of only about 45 adults. By all accounts, it was a resounding success with all of the glory to God and the power of his spirit. I am happy to say that recently, I encountered an old professor of mine at one of the ASI events. He is still down there at Montemorelos. I asked him how the brethren at La Union were doing. He said “I am happy to tell you, Naren, they are going very strong”. The pastoral folks have taken them under their wings and they are still ministering to them there.

I learned several important lessons from that experience which shaped my perception of AMEN’s potential.

- **Lesson #1:** I learned that medical evangelism works. By every definable point, medical evangelism worked there and will work again. When the people were exposed to the gospel, even to unique beliefs, they accepted them and were baptized and became members of the Seventh-day Adventist church.

- **Lesson #2:** Medical evangelism can achieve success where others can not. If our theology brethren had gone in totally on their own and sought to do what everybody had done before, it would never have been successful.
- **Lesson #3:** Collaboration with others is critical to success in medical evangelism. We, as physicians and dentists, need to learn that by working with our colleagues in the pastoral ministry and working with our colleagues in other areas of medical care, we can achieve much more than we would be able to achieve totally on our own.
- **Lesson #4:** The Lord is willing and eager to pour out His Spirit. Those were spirit filled days that I remember well. Every Wednesday at the University, we would meet as a group and enter into a season of prayer, interceding on behalf of our efforts in that village. That was the most important act that precipitated the success that we had. Finally, the benefits were personally profound and far reaching. I still remember that at the time, occasionally I would find myself on a Friday evening or Sabbath afternoon or Sunday evening, going down there and visiting people and offering a Bible study in the midst of a very demanding medical education curriculum. Yet, by the end of my second year of medical school, without being fluent in Spanish, I was second in my class. It is amazing how much the Lord can fulfill other aspects of your priority when you take hold of His priority.

That occurs even now. That is why I want to especially encourage our medical students and residents that while you may think that the curriculum is very demanding and the demands upon you clinically are extremely engaging, there is still time left to seek out opportunities for ministry. The whole sense of trying to defer it until later may be a serious mistake. I encourage you to think seriously of what you can do now. It certainly was a good experience for me and shaped where I am now and how I perceive medical evangelism.

Fast forward to more recent times. In 1998, I had been in Stanford, Kentucky for one year working with another colleague when I decided to launch my own private practice. Ministry was far from my mind. My motives were inherently self centered and materialistic. I needed a new house, a better car, more money in the bank and the patient was a means to get there. From a purely secular standpoint, there was nothing unethical, immoral or indeed illegal about this. After all, you know the usual reasoning. I had sacrificed all of those years, I provide good care and I deserve this

and even more. I even brought a builder to my house with my wife to tell him what kind of house I was going to build within the year. Well, the Lord had different plans for me. Within 6 months of starting out, I found myself heavily in debt, not able to pay myself, drawing off an ever extending line of credit which the bank was happy to extend. Soon, I found myself moonlighting in the local ER at night and seeing my patients during the day to keep from going further into debt. Also to keep expenses down, my wife, a registered nurse by training, came to work with me full time in the office. My only child, a 3 year old daughter, ended up in daycare. That does not sound like the American dream. As a matter of fact, it sounds more like the American nightmare. Many of us who started out on this journey to become a medical evangelist have lost our way. We have forgotten that God called us and gave us a professional skill and talent to glorify him and further his cause. Many of you know colleagues and friends who have lost their way. Isaiah 55:2 asks “Why do you spend money on what is not bread and your wages on what does not satisfy. Listen carefully to me and eat what is good and let your soul delight itself in abundance”. What an invitation!

Despite over 6 months of a desert experience, an experience in which I felt my prayers did not go beyond the ceiling, I am happy to say that my journey did not end there. I went through an absolute state of true clinical depression. I remember days when I just did not have the motivation to get out of bed. I came close to abandoning something that I love to do so dearly which is obstetrics and to restrict my practice and actually move out of the community. However, my problem was really internal. Finally, I began to come out of my mental and spiritual doldrums. Like Jonah coming out of the fish, I began to take deep breaths of fresh air, walking with the Master. The most important lesson that I learned is one of stewardship; a simple concept that drives me every single day. The Lord owns me, all that I have: my time, my talent, and most importantly, my material possessions. I tell you colleagues, it is so liberating to relinquish ownership and to take up stewardship on behalf of the King of Kings, the one who owns it all. Many of us need to experience this. The Lord is calling us to experience the blessings of walking with Him once again in an owner/steward relationship. A master/servant relationship with which comes innumerable blessings. Isaiah 55:1 records it well “Ho, every one who thirsts, come to the waters and you who have no money, come buy and eat. Yes, come, buy wine and milk without money and without price”. The probable New Testament equivalent of that is found in Matthew where Jesus said “Take My yolk upon you, it is easy. My burden is light”. It is a wonderful invitation.

Within a year of my stewardship mindset, I was able to envision and construct on behalf of the Master Owner, the largest private medical facility in our small community. As I refocused on the patient as a soul to be ministered to, the Lord expanded my domain as His manager. He led me to greater giving to his cause. A few years ago, I finally exceeded in charitable giving what used to be my total income when I came out of residency. When I saw that, I said “Lord, You have brought me so far”. My accountant warned me to prepare for an IRS audit because I was off of the statistical norm. Sure enough, within the last year, I came home one evening, to receive a letter from the IRS for a targeted audit on my charitable giving. Most of you who think of a letter from the IRS, being a business owner, your heart would sink. I was amazed at myself. I actually rejoiced. I said “This is going to be a wonderful opportunity for an IRS auditor or some bureaucrat in Washington to learn that there are servants of the Almighty God out there who give liberally. Sure enough, after gathering my receipts, I sent it in with a letter from my accountant. I was notified of a clean slate. My accountant reassured me and said the rule is once audited you are clear for at least 2 years. He said “Go on Dr. James and do what you need to do now”. I tell you my friends, for those of you who the Lord has entrusted much the Lord expects more from us. I know that is not all of you in the medical profession. I am very cognizant of physicians and dentists who have made significant sacrifices and work in low paying positions. Honestly, we all should head towards that goal of being audited. If we are not, we are probably not giving enough yet. Materialism is really zapping the spiritual energy of many of our colleagues and is stunting the work of the Master here and overseas. It is getting in the way of a greater intimacy with the Savior. I invite you to join us in AMEN in giving to the cause of medical evangelism. I am happy to say that the members of AMEN’s board have led by example. They donated over \$20,000 to cover the initial start up costs for AMEN. That was truly leading by example. We have been excited to see the amazing sacrifice being made by AMEN members consistent with their commitment to medical evangelism.

In the beginning of the year 2000, I was impressed to study again, the life of Christ as outlined in the gospels. Although I had read the gospels many times, this time I committed to the Lord to seek to understand the implications of His teaching for my life and to be bold in implementing those principles into my life. I doubled and finally tripled my early morning devotional time. Yet, it took me over 4 years to go through the 4 gospels, putting scripture upon scripture and taking each from the concordance and going back to the other text and just studying it and at a quiet time with

the Lord. Brethren, I confess to you, that I am a radically different physician than who I was before that devotional experience which is still ongoing. So, I stand before you as a living testimony to the power of Bible study. I encourage you to seriously study it; particularly the life and ministry of our Savior. As part of my study, I came across several segments in the gospels that I found very uplifting. Mark 2: 1-11 truly inspires me in the whole area of medical evangelism and gives us a moral, philosophical basis for what we do and why we have the strong biblical mandate to do it. The reason why

I read that passage is that I found it very unique as I studied through the gospels compared to every other account in Jesus' healing. There is the woman with the issue, there is the man sitting at the pool. Ellen White sheds a lot



of light on this in “Desire of Ages” in that this man was close to dying but his problem was deeply spiritual and not so much physical. As a matter of fact, she said that from the time Jesus said “Son, your sins are forgiven you”, he was content to remain in that state and just receive forgiveness. That brings me to the point that Matthew Henry commentary also records “Curing disease was a figure of his pardoning sin for sin is the disease of the soul. When it is pardoned, it is healed”. And so, the Master physician was able to make the correct diagnosis and the proper management. I have often wondered how many times each day we mismanage our patients by not paying attention to their spiritual priorities within the clinical presentation. How often in the care of the patient do we neglect the underlying cause or the exacerbating spiritual factor in the clinical presentation? I challenge all of us to be deliberate in seeking to minister to the spiritual needs of the patient. In the *Ministry of Healing*, page 119 is recorded

an injunction for all of us as physicians and dentists in medical ministry, “Into the medical missionary work should be brought a deep yearning for souls. To the physician equal with the gospel minister is committed the highest trust ever committed to man. Whether he realizes it or not, every physician is entrusted with the cure of souls”. And so, whether you realize it or not you have been entrusted to cure souls.

Bonnie came to see me last week. She is 56 years old. She

is a patient of mine who I have been following for several years with end stage COPD due to heavy smoking which she continues to do. She had just been discharged from the hospital after a bout in the ICU for respiratory failure. It was relieved with BIPAP but she came close to intu-

bation and mechanical ventilation. I felt impressed when seeing her a week later to ask her about her spiritual state. I pointed out to her the need for spiritual help to kick the habit of tobacco and also to prepare for eternity which will likely come to her with the next bout of respiratory failure. After we had prayer, I gave her a copy of the Happiness Digest. I could see the hope in her eyes after that encounter. Let us seek each day to be mindful of the spiritual need of our medical and dental patients. In doing this, we join the Master in assuring their well being, not just now but also for eternity. This is one measure of AMEN’s success as an organization, and for us individually as members.

Another passage that comes to my mind is found in John 4. It was an eye opening experience for me in that it exemplifies the intensity with which the Master looks out for every single soul in the universe. It talks about a woman of Samaria and about Jesus coming across her in the heat

of the day, walking on the way to Jerusalem with his disciples. As the disciples went out to buy food, Jesus comes up to this woman and asks for water, but he never drank it. There is no account of him ever drinking it. It was certainly an encounter intended for a spiritual reason. After His question, the Samaritan woman asks “How is it that you being a Jew asked me for a drink since I am a Samaritan woman” for Jews have no dealings with Samaritans. Jesus answered and said to her “If you knew the gift of God, who it is who says to you give me a drink, you would have asked Me and He would have given you living water”. This is an interesting account. One of the things that Jesus brought out to her is in John 4: 13-14. It is recorded that Jesus answered and said to her “Whoever drinks this water, will thirst again but whoever drinks of the water that I shall give him will never thirst but the water that I shall give him will become in him a fountain of water springing up into everlasting life”.

What is unique about this encounter is the fact that Jesus looked beyond the usual boundaries that existed in those days. There were several. There was the fact of gender which is not too much of an issue in our Western society but in those times, it was significant. Women were at a different level altogether. Jesus looked beyond those things. He looked beyond the many prejudices against the Samaritans. He reached out and looked at this woman the way God looks at any individual - as a soul to be saved for His kingdom. That is what He has called each one of us to do. Now considering that it was high noon on a dusty day after a long journey, He became so absorbed in saving this one morally degraded Samaritan woman's soul, that He absolutely forgets His own physical need for the very water that He came to get and also for the food that His disciples subsequently brought. John 4: 32-34 records that. His disciples came and said “Master, don't you want to eat?”. He said “I have food to eat of which you do not know”. Therefore, the disciples said to one another, has anyone brought Him anything to eat? Jesus said to them “My food is to do the will of Him who sent Me and to finish His work”. Today, I challenge you. The Master is inviting us and encouraging us and challenging us to take hold of that same priority. To become so absorbed in the saving individual patients that we forget our own temporal needs, our own secular priorities and make that our highest priority. I challenge myself with the same goal. The Master invites us to emulate him and experience the blessings that come from intimacy with him. Another text that really came to my heart was Luke 5: 1-7. I drew a spiritual lesson out of this which I had never had before.

There are several lessons to be drawn here. There is one regarding soul winning but I want to point out a lesson that I found from this which I had never gotten before. The Master is calling upon us as He did with the disciples of old, to relinquish our profession, our medical/dental practices, to be used in the advancement of His priorities, which is to restore that relationship with every human soul which He enjoyed before the fall of man. In return, He promises abundant blessings. As we depart from here, would you join me in committing your professional skill, your practice, to be used by the Master for His priority? In return, like the disciples, He promises an abundance of blessings on our secular priorities. I know this. I have seen it in my personal/professional life for the past 5 years. Most importantly, He promises the joys of intimacy with Him which surpasses anything else we can hope for on this earth. With all of this being enjoined upon us and pointed out so far, we engage in this great and noble task of medical evangelism.

Where do we go from here as an organization called AMEN? We live in the most unique time in earth's history. Every day, our planet shows signs of decay with a rapid acceleration of last day events of political, social upheaval and increasing frequency and scale of natural and manmade disasters. As we look to the written word for guidance, we find great hope because in the end of it all, what emerges is a God with absolute sovereignty intent on achieving His purpose on His own timetable. These issues, frightening and stressful as they are to the average person, must engender from us a different response. We must share in the excitement of the heavenly host that this experiment in sin and rebellion is about to end and after it comes a long, awaited reunion of a loving God with those originally created in His image and after His likeness. That is you and me! After all, we were saved by grace through faith, yet in His ultimate wisdom, He has left the most tangible and measurable event before His return in our hands. Namely the proclamation of the gospel message. Have you thought of it? It is all the signs that have been mentioned about the coming of the end.

The only one that we have a direct part in making happen is the proclamation of the gospel. This gospel will be preached to all in the world and witnessed to all the nations and then, shall the end come. That is the most measurable. Within that, He has designated you and I as a “Right Arm”. The entering wedge going places and doing things that only we are uniquely qualified and called to do. Let it be said by our posterity, and most importantly by the Great Physician Himself, that we took our charge seriously and accomplished our task.

As we look at the work before us globally, we see fields previously closed and now opening and the laborers coming forward. In February next year, three of us on the board, will be going as part of a team, joining a group going to India to support evangelistic work in the villages doing health presentations relevant to them. We need more physicians and dentists who will team up to support the work of these pioneers by providing medical and dental expertise in short term missions, whether it be direct care or health education. Then there are still the hostile and un-open fields in a predominately Muslim world of the Middle East and Asia as well as in communist China where we have a unique opportunity as the “Right-Arm” to develop infrastructure. In so doing, we will be uniquely positioned to complete our work there when these territories and peoples become open. I challenge you to dream as an organization and think globally of the injunction this word of prophecy gives to us that we can go places and do things that the direct ministry may not be able to do.

We must put forward the same level of skill, intuition, initiative and governance it takes to achieve what we do in our own individual practices toward the cause of medical evangelism.

Here in North America, Western Europe and Australia, our greatest challenge is actually secular humanism and rampant materialism. Yet, the Lord loves these souls whose forefathers came to these lands with a passion for freedom to worship and to evangelize. Today, the majority of these have turned their backs from the religion of their forefathers to idols of materialism and humanism. Paradoxically, some are turning to Eastern religions, where these beliefs are being rapidly abandoned by those same people in favor of Christianity. The message must be sober and direct. It is the message of Revelation 14: 6-7 which is familiar to all of you within this group. That is what is most relevant to the cities of North America and Western Europe and those places where Christianity has been well known but has actually been increasingly abandoned. So as we look at the events of 911 on New York and Washington, Katrina and Rita on the Gulf Coast cities, we should develop a deep burden for these souls because this is just the beginning of sorrows. What if we in AMEN, join our brethren in leadership of our church and self supporting ministries like ASI, our consecrated business owners and entrepreneurs in

strategizing how we can reach these cities of the developed world, particularly in our nation right here in North America. After all, this entire nation is ground zero in the final events of a great controversy. If you read the Great Controversy, you will find that the United States plays a pivotal role and this is indeed ground zero. The Lord is challenging us to dream big for Him and see Him achieve great things on His behalf. In order to achieve all of this, the Lord is calling all of us to a position of absolute humility. We must guard against one of the hallmarks of our professions, rugged individualism and desire for control. Let us collaborate with whomever shares our vision and mission, even if they are more visible within that arrangement. After all, this is not about us, it is about Him and His priorities. As we go from here, your servant leaders on the AMEN board have voted the following tangible and measurable criteria of AMEN’s effectiveness which I want to share with you.

1. The first is strictly and simply the number of members that we have. I challenge you to go out and help us in gathering the membership that we need to have that critical mass within which we can make the difference which we seek to make.
2. Knowledge of AMEN in the Adventist medical and dental community and in the church at large. We must be more well known as an organization because within that we will attract those who want to minister.
3. Member outreach to patients.
4. AMEN collaboration with local churches and other ministries.
5. AMEN mentoring and training of medical students and residents. The impact of that is much more far reaching than we will ever be able to tell now. These are young professionals who are just about to get out there and by being mentored, they can start and actually avoid some of the pitfalls that some of us have had to go through.
6. Funds donated for medical evangelism projects.
7. Member collaboration with each other. We look forward to you collaborating within those action groups, taking initiative and vision on your own and having the freedom to pursue it under some general directive from the board only.
8. Developing new approaches and models for medical evangelism. We must sit down and apply the extensive level of intellectual ability that we have towards creating new avenues and new approaches and models for medical evangelism.

9. Developing new medical evangelism resources.
10. Impacting the view of the health message within the church. We must take responsibility to revive the Seventh-day Adventist health message.

Let us look at John 15: 4-5. This comes to the crux of the whole achievement agenda. He says “Abide in Me and I in you as a branch can not bear fruit of itself unless it abides in the vine. Neither can you, unless you abide in Me. 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.”. This chapter has presented enormous hope to me personally. After all that I have said this morning, I confess to you that I never put much effort into it. I never had to go out and do it as a result of guilt. The reason was simple. As I looked at the Master, I was transformed. I was changed personally. As I attach myself as a branch to the vine which is what He enjoins upon us to do, it all became so simple and so natural and so pain free. I encourage you to read that chapter. As a matter of fact, I fell in love so much with that segment of John 15: 1-11 that I have actually memorized it. Many times in the middle of the night, if I wake up and cannot go back to sleep or early in the night if I can’t get to sleep, I will actually repeat John 15: 1-11 in my head. It has an amazing calming effect upon me. I recommend that passage to you because within it lies the secret of all that we have challenged you to do today. In John 15: 1-11, Jesus records the key secret, the essential ingredient to achieve all that he enjoins upon us. The Master demands much and He has every right to. We were bought with a price, even His precious blood. Each one of us has our idol, something that competes for our intimacy with the Savior.

For the rich young ruler, it was his material possessions. For some of us, it may be our desire for influence but for many of us it is the medical/dental profession itself and ministry in itself. Some have said that the greatest competition for devotion to Christ is our service to Christ. In this passage in John, Jesus makes it clear what our priority should be: a relationship with Him. He demonstrated that in His life and ministry. Jesus was the busiest medical/dental professional the world has ever known. He also could have been the most stressed out because He had to do this entire ministry while at the same time being constantly pursued by the Jewish religious leaders of the day and the secular Roman authorities. Can you imagine what His day was like, having to minister in the midst of the constant danger to His personal life?

Yet, we find an amazing commitment to prayer and communion with the Father which we would do well to emulate. Over 5 years ago as I studied the life and ministry of Christ, I was impressed with one thing—His effectiveness. He got so much done in 3 ½ years of ministry. Having shelved divinity, He took on humanity and taking hold of the same tools that are available to you and me, he achieved in 3 ½ years what no other leader has ever been able to achieve. He split history in two. He has followers today who will die for Him, which no other political or religious leader can count on. Jesus was indeed highly and immensely effective. Many of us as physicians and dentists are type A people. We have an amazing drive to achievement and effectiveness. I exhort you to look at His model. It is a good one that we would do well to emulate. As I studied the life of Christ, I was impressed with that and as I looked closer, I realized that His effectiveness was a direct result of His devotional life. I decided that I would implement what I had learned and decided to double my morning devotional time and then tripled it. Today, I find myself spending 4 times as much time as I did with the Lord a little over 5 years ago.

Believe me, the results have been tangible. First, the stress of practice left, fear departed and my heart was changed to where I have a deep love for my wife, my daughter, my patients, my employees and the people who work around me. From that flows my own personal effectiveness for Him in all of my endeavors, both secular and spiritual. He invites all of you to experience the same. He calls us to set aside a portion of your most precious commodity, your time, for communion with Him. In doing so, your effectiveness will be multiplied and your impact for His kingdom will be much more far-reaching. Will you commit in your heart? Like you do with your other priorities. I challenge you to be deliberate about it. Commit to yourself to spend some time, whatever time you decide in your own individual heart, additional time from what you are doing at present and say to the Lord, “Lord, I don’t know how I will fit this additional time into my demanding schedule, which still remains only 24 hours in the day, but please help me to do and to experience the blessings from it.” Will you join me in committing to that?

*- Naren James, MD
AMEN President*



Imagine a network where you can hear information about a medical subject you are very interested in, and still be able to think at the end of the program that there is hope for your condition, and that God really cares about you and your health. Imagine a network where people are not telling you that you should drink wine daily, and that it is a good idea to eat shrimp instead of beef.

Imagine that your son or grandson is hooked on smoking and no one has been able to help them even though they would like to quit. Would you appreciate a network where you could check out the programs every month and see if there would be something that could help in their situation?

Imagine that one of your patients has severe depression and stress, and even though she has responded well to the medicine you gave her, and you have even been able to pray with her on occasions, she is still in and out of depression. Would you like to be able to refer her to a channel that can offer her more information and practical help for her situation?

There is 3ABN, there is Loma Linda Broadcasting Network, there is Hope Channel, and now there is AMEN-TV, the Adventist Medical Evangelism Network television project.

The goal of this project is to obtain sufficient programming to launch a 24 hour per day network dedicated to health based on biblical principles.

By the grace and leading of God a small committee explored the idea to begin a TV network project. This committee was appointed by the AMEN board to explore and implement the Adventist Medical Evangelism TV Network project.

This network will be primarily focused on combining the message of health with the spiritual message of the gospel as understood by the Seventh-day Adventist church. The goal is to capture the unity between the gospel and health. This has been a dream of some of the members of AMEN.

At the annual conference last September, the members and guests were challenged to commit to this evangelistic goal by each pledging a sacrificial amount. By God's grace, \$500,000 was pledged in one night. After exploring further through the smaller committee, the full board in December voted to commit to the program with the understanding that new programming would be developed before the network was launched, and that additional commitments could be made by members and friends to cover the costs for a large part of the first 3 years. In January, 2007, the full board voted unanimously to go forward with specific plans to develop this network.

The Mission of the Adventist Medical Evangelism Network (AMEN) TV ministry is to take the "everlasting gospel" (Rev 14:6-12) combined with the health message of the Seventh-day Adventist church to the entire world in these last hours of earth's history.

The Vision is the development of thousands of hours of Seventh-day Adventist programming that can be used effectively in medical evangelism. These programs will show motivated, consecrated Adventist physicians and dentists and other health professionals who will model Christ's methods of loving service through the ministry of healing which will naturally open hearts to the gospel and the truths of the

Bible. AMEN-TV will seek to emphasize the unity of the gospel and health messages leading to more effective medical evangelism.

This network is not to be a duplicate copy of the other highly effective Adventist Programming networks. The AMEN board is committed to having a network that will be unique, highly spiritual, and able to help people with their problems in practical ways, which would showcase the advantage of the Adventist health message. "As the right hand of the third angel's message, God's methods of treating disease will open doors for the entrance of present truth." (CH219)



Everyone with experience, talent or vision is invited to become a part of this project by committing time, talents, and financial gifts to develop the best programming possible and to operate on a solid financial basis. We anticipate that committed SDA health providers around the country will also want to team up with us to participate in production of quality programming at some of the participating production locations. For

more information or to volunteer your time or to become involved in programming, or if you know of others who could help with this project, you may write to AMEN-TV, Box 1549 Loma Linda, CA, 92354, or email us at info@AMEN-TV.org



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Adventist Medical Evangelism Network



"Following in the footsteps of Jesus Christ, healer of body and soul"

"Why join AMEN?"

- Experience partnership with evangelistic, mission-minded Seventh-day Adventist health professionals.
- Share successful approaches to witnessing in day-to-day practice.
- Participate in ground breaking medical evangelism programs.
- Journal: Read articles that will educate and inspire you to integrate witnessing into your practice.
- Annual Conference: Network with like-minded health professionals and be inspired by what they are doing to further medical evangelism.

Membership Criteria

1. Physician, dentist or medical/dental student
2. Member of the Seventh-day Adventist Church
3. Support the mission, vision and objectives of AMEN

Join AMEN

You can join AMEN online at www.amensda.org, call (423) 826-4025, or complete the form on page 39 to request that a membership application be mailed to you.

"And they departed, and went through the towns, preaching the gospel, and healing everywhere." Luke 9:6

AMEN Members Collaborate in Detroit Area Evangelism

by Wendell Lawrence, DDS & David DeRose, MD, MPH

On November 1 through 3, 2006, AMEN members Wendell Lawrence, DDS, and David DeRose, MD, MPH, teamed up with members of the Radiant Living team, and the Troy and Warren churches to hold a Health Expo at the Macedonian Cultural Center in Sterling Heights, Michigan, a suburb of Detroit. Health screenings were conducted from 6 to 7 pm each night, followed by Dr. DeRose's one-hour lectures, respectively entitled: Changing Bad Habits for Good; The Brain-Health Revolution; and The Methuselah Factor. The three-night Health Expo attracted an average of 100 individuals, 30 of whom were not Seventh Day Adventists. The aim of the Health Expo was to address current health concerns and attract attendees to a high profile evangelistic series beginning immediately after the health meetings on November 4. The evangelistic meetings were conducted by David Asscherick, Executive Director of ARISE, and were videotaped by 3 ABN. To help bridge the two sets of meetings, Dr. DeRose made a short presentation on Three Biblical Keys to Health immediately before David Asscherick took the stage on the evangelistic series' opening night.

Half of the non-Seventh-day Adventists who attended the health event attended the opening night of the evangelistic series, swelling total attendance to 600 people. In contrast to the health meetings, most of those attending David Asscherick's opening night were predominantly non-Seventh-day Adventists. When David Asscherick's meetings concluded four weeks later, it was obvious the Lord had richly blessed the combined health and evangelistic outreach as approximately 40 souls

were baptized and a new church was planted in Sterling Heights.

Dr. Lawrence and the evangelistic team at the Troy church followed a model established by two other AMEN members, Drs. Chris and Lela Lewis. In November 2005, Chris and Lela had the privilege of seeing fruit from their years of hard work. Over 150 non-Adventists streamed through the doors of the Phoenix Hyatt Regency Hotel to attend their three-day health seminar. Many of these individuals were among the 3,000 people that their ministry, "Right Arm of Love," had screened earlier in October of 2005 at the Arizona State Fair. That evening the Lewis' were impressed to integrate a solid biblical component with their health presentation and the audience responded enthusiastically. When the seminar finished three days later, Chris and Lela's only regret was there was "no formal evangelistic series to immediately follow up their labors".

In late 2005, Wendell Lawrence, met Dr. Lela at the 1st annual AMEN conference. Lela's experience and passion for using health screenings to lead into health seminars followed by evangelistic meetings resonated with Wendell's reading of the inspired counsel: "When properly conducted, the health work is an entering wedge, making a way for other truths to reach the heart." (Testimonies, vol. 6, p. 327) Before the year was out, Wendell Lawrence, working with AMEN, invited the Lewis' to visit the Troy SDA Church in Michigan to share their experiences and provide practical insights for conducting effective, evangelistic health screenings.

With inspiration and training from the Lewis' presentation, Dr. Lawrence and medical professionals from several area churches held a three day health screening in September 2006 at the Troy City Festival in preparation for the November 2006 Health Expo & Evangelistic Outreach. At the September 2006 City Fair, over 200 people were screened and invited to the November meetings.

A legitimate question is, "Did anyone come to the health event and evangelistic series who would not have otherwise attended David Asscherick's meetings?" Dr. DeRose initially felt this would be the most likely way to judge the effectiveness of the health meetings as the entering wedge. Later he remarked, "One of the challenges with an evangelistic series is merely getting people out the first night. I would like to think that our featuring a less threatening health event in the same venue helped people feel comfortable with the setting and allowed them to make friends with those who would be attending the Saturday night meeting. Even if all of the non-Adventist health program participants had intended to go to David Asscherick's meetings, we believe they became more likely to follow through with their intention because of the friends they made—and the comfort level they already developed for the meeting hall and those organizing the meetings."

With God's blessing, we expect many more baptisms to stem from these two series as the Radiant Living team of Bible workers continues to follow up on the hundreds who attended the meetings.

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Adventist Medical Evangelism Network



Mission Op

AMEN is currently working with the General Conference of SDA's large scale medical training project in Gambia. The details are still being worked out as possible. AMEN is continuing to collaborate with other organizations to have an electronic mission database available on our website. We are planning of this searchable mission database as it will enable AMEN members to

Trips planned by other organizations

Chula Vista SDA church:

Madurai, India • August 7-18, 2007 • Goal: Evangelism & Free Medical Care

Bloomington /Bedford Seventh-day Adventist Churches

Manaus and the Amazon River—Brazil • July 10-24, 2007 • Goal: Lead and provide medical attention on board our mission boat. • Contact: [Name]



opportunities

Seventh-day Adventist World Headquarters to coordinate a large project being worked out but will be sent to AMEN members as soon as possible. Organizations such as Maranatha, Gospel Outreach, etc. We hope to have you by the end of 2007. We are very excited about the capabilities of our members to become more involved in mission trips.

are needing a physician &/or dentist

Clinics • Contact: Eric Hillis: ehillis@san.rr.com

evangelistic crusade, a vacation Bible school, build a church, and travel along with Pastor Fernando Ortiz <http://www.bedfordchurch.org/brazil>

Job Opportunities



- BC/BE FAMILY PRACTICE LEAD PHYSICIAN needed for Southern California growing practice. Incredible practice opportunity in rapidly growing community 29 miles from Palm Springs in the San Geronio Pass. Opportunity to practice medicine with like-minded Christian medical staff. Perfect opportunity for (SDA) mission-minded physicians.
- Family practice clinic serves pediatrics to geriatrics, provides on-site x-rays, and has an established patient population. Recognized as one of the fastest growing areas in Southern CA. Great place to raise a family. Local hospital is under major expansion. Several local churches and three K-12 Adventist schools near by. Competitive salary guarantee, health/life/vision/dental, CME reimbursement, and paid malpractice insurance. Contact Erik Lloyd at 909-240-7199 or email confidential cv to MDposition@yahoo.com
- Opening for a general dentist in a family practice in Blue Ridge, GA. If interested, please contact Ronnie Hold at 706-632-7145.
- Dentist associate/partner wanted in busy dental practice. The practice does pedodontics, orthodontics, restorative, prosthetics, crown and bridge, endodontics, oral surgery and limited implants. A candidate must have a genuine interest in the physical and spiritual health of patients and be open to learning and sharing his/her faith. Opportunities for mission dentistry several times/year with evangelistic-minded young people are available. Call 870-464-7777, Central Time Zone.



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Adventist Medical Evangelism Network

"Changing our World, One Patient at a Time"

3rd Annual Conference: August 30 - September 2, 2007

Registration Form

First Name:

Last Name:

Degree

Specialty

E-mail:

Phone

Address

City

State

Zip

- Pre-Registration (deadline July 10, 2007):
- Pre-Registration Spouse/Children 12 years & older
- Pre-Registration Children 4-12 years (under 3 years are free)

Attending

AMEN Members

Non-Members

\$ 175

\$225

\$ 135

n/a

\$ 67.50

n/a

Full Registration Fee Includes: Attendance to all meetings & seminars, accompanying materials and all 8 meals (Thursday dinner through Sunday breakfast)

Guestrooms have been reserved for AMEN conference attendees and you will receive the discounted rate of \$99/night. This rate is available until July 25, 2007 but is not guaranteed after that date. Please make your reservations directly through Mission Inn Resort in Howey-in-the-Hills, Florida as soon as possible. Call (800) 874-9053

Please mail your completed application & registration fee to—or register online at www.amensda.org:
Adventist Medical Evangelism Network • PO Box 1114 • Collegedale, TN 37315

Checks should be made payable to Adventist Medical Evangelism Network or 'AMEN'.

Join AMEN

Has your heart been stirred as you read this journal? Are you anxious to share the gospel with your patients? Do you wish you had training, support and resources to make medical evangelism a reality? To become an AMEN member simply visit our website www.amensda.org, call (423) 826-4025, or complete the form below to request a membership application form be mailed to you.

First Name:

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Address

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State

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Subscribe to receive "the Medical Evangelist"

Don't qualify for AMEN membership? For a \$20 annual donation you can receive the AMEN journal and enjoy articles on how to make medical evangelism part of your profession.

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Adventist Medical Evangelism Network



3rd Annual Conference: August 30 - September 2
Howey-in-the-Hills, Florida

“Changing our World, One Patient at a Time”

See page 39 for registration information

‘The [AMEN] conference was a true “shot in the arm”. We understood that the Holy Spirit is preparing us for the final work to reach the world, as we keep talking to and touching the suffering in this world. If you need inspiration and a breath of fresh air in your practice, or if you are in danger of burnout or cynicism, try the AMEN conference next year in Florida...’

-Manuel and Esther Alva

Adventist Medical Evangelism Network



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