



WINTER / SPRING 2008

THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

Depression Recovery

Mission trip to Zambia

The Other Side of the Hospital Bed

“The moment I began reading the AMEN Journal, I knew it was going to be special. The articles expressed my exact life’s journey and met the need of my heart. It was life-changing.”

Dick Miller, DDS

In the heart of man God has placed the need to worship and serve. Many people choose a medical profession because they desire to serve as medical missionaries. Unfortunately, the desire to minister is often lost in the rush of a busy daily routine. It is not always clear why the disconnect happens. Is it a lack of personal spiritual depth? Is it a lack of role modeling? Is there a shortage of effective mentors at the professional academic level? I recognize that true satisfaction and joy in life can only be experienced through meaningful service to others in ministry that involves the whole man. I acknowledge that this has been missing in my life.

As I read the inaugural issue of the AMEN Journal my excitement grew. I said “Yes!” and decided to attend the annual conference. There I discovered Christian encouragement, leadership training and ministry tools—a virtual post-graduate course in medical ministry.

Dick Miller, DDS

EAVESDROP WITNESSING?

An indefinable sort of unease seeps in around the edges of your consciousness sometimes, especially in high-traffic areas. You just “know” that somebody is staring at you. There’s the urge to verify your hunch, but you don’t want to turn around and let whoever-it-is catch you catching them...

It was January, 2008. The atrium at Atlanta’s Hartsfield-Jackson International Airport was the backdrop. This quarter-acre of movable chairs, anchored benches, bizarre art work, and fast-food smells is the ultimate “no-time” zone. Here people from every corner of the earth collide with jet lag and try to re-set their biological clocks for someplace other than here. Women in head-coverings, toddlers with “blankies,” and aging golfers in flowered shirts snore, propped up here and there against a wall or a suitcase. Teenagers munching French Fries tune out on their I-pods. Businessmen, grandmothers, and lovers pick their way through the milieu

while they dictate, chatter, or croon into their cell phones. Uniformed soldiers by the hundreds – maybe by the thousands – “process” through the high-domed balconies above. Rows and rows of them march and wait and wait and march, often pausing to lean on the rail and look down into the mass of humanity on the atrium floor where yet others sit on their duffels, playing electronic games or staring vacantly into space.

Like everybody else, I was waiting. My passenger’s flight was still on the ground in New York. I was glad that technology allowed me to work while waiting. From time to time I rested my fingers on the warm laptop and scanned the youthful forms in camouflage leaning over the railing high above. How many praying mothers were interceding for those youngsters? How many heart-sick fathers wondered if their boys and girls would ever be home again? Once again, as I turned my attention to

transcribing for the Medical Evangelist, I got that unsettling feeling that somebody was behind me. “Of course there’s somebody behind me!” I mumbled under my breath. “There are, in fact, literally hundreds of people behind me! And every single one of them has more important things to do than stare at a weary typist huddled over a computer.”

Raja Tooma’s inspirational message was almost enough to get my mind off my alleged “watcher.” Almost. Eventually self-discipline broke down. I had to look. Snapping my computer shut I pulled off my head-set, stood up abruptly, and turned around...

To read the rest of this inspiring story, login to the member only section of the AMEN website at www.amensda.org

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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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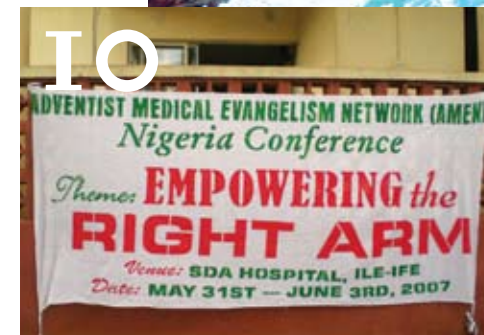
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BRIAN SCHWARTZ, M.D.

As physicians we have a great calling to follow in the footsteps of Jesus as our example.

Patients come to us focused on healing the body, but what have we really accomplished if we leave them without knowledge of Him who heals body and soul?

Like too many physicians I fell into the trap of seeing the practice of medicine as a job. It provided a sense of satisfaction and paid the bills. For spiritual outreach I turned to medical mission trips, Bible studies in our home, and church activities. My busy group practice did not seem to be an appropriate or practical place to do ministry, nor did I have any idea how to go about it.

In the past four years my perspective has changed dramatically. I watched an Adventist anesthesiologist come into the cath lab and pray with my patient during an emergency prep for bypass surgery. I remember thinking, “I wish I had done that.” I realized that I had not prayed with my patient because I was afraid that the patients and staff might think that I was trying to impose my values on them.

To my surprise, the staff expressed appreciation for the anesthesiologist who had stopped to pray. For the past three years staff members have seen me pray with my patients. This week, two of the x-ray techs were delighted to tell me that another doctor’s patient had requested prayer, so one of them prayed with him. They were so excited. They said, “We prayed with him, just like you do with your patients.” I had to hold back tears just thinking that a few years ago I had been embarrassed to pray or share my faith. I am convinced that, unless I am attuned to my patients’ spiritual needs, I truly cannot address their physical problems.

Day after day my patients thank me for praying with them. They thank me for sharing with them about the ways God is calling them to live. When I include the faith perspective, I have found that my patients are far more willing to make lifestyle changes to which I had previously been unable to motivate them.

As physicians we have a great calling to follow in the footsteps of Jesus as our example. Patients come to us focused on healing the body, but what have we really accomplished if we leave them without knowledge of Him who heals body and soul?

“None but a Christian physician can discharge to God’s acceptance the duties of his profession. In a work so sacred, no place should be given to selfish plans and interests. Every ambition, every motive, should be subordinate to the interest of that life which measures with the life of God. In all your business, let the claim of Jesus, the world’s Redeemer, be recognized; let His example be copied. What the physician attempts to do, Christ can accomplish. They strive to prolong life; He is the Life-giver. Jesus, the Mighty Healer, is Physician in chief. All physicians are under one Master, and blessed indeed is every physician who has learned from his Lord to watch for souls while with all his professional skill he works to heal the bodies of the suffering sick”. {MM 12.4}

This journal is dedicated to enabling and encouraging Christian physicians to rise to the challenge of transforming the practice of medicine into a ministry. I believe that all dentists and physicians will appreciate a far greater sense of fulfillment in their work if they include the spiritual dimension in their practices. I believe there is no greater satisfaction than seeing the result of a life that is saved for eternity.

Those who are laborers together with God will be recognized and appreciated. The recognition of the faithful servants of God detracts not one iota from the gratitude and praise we offer to God and to the Lamb. “When the redeemed stand around the throne of God, those who have been saved from sin and degradation will come to those who worked for them with the words of greeting, ‘I was without God and without hope in the world. I was perishing in corruption and sin. I was starving for physical and spiritual food. You came to me in love and pity, and fed and clothed me. You pointed me to the Lamb of God, who taketh away the sin of the world.’” {MM 129}

Brian Schwartz, M.D.

by Don Mackintosh BSN MDiv.

DIRECTOR OF THE AMAZING FACTS CENTER OF EVANGELISM

Depression Recovery



“When I came to this class I could see no way out, but now I have hope” said Marge with tears of joy in her eyes. “I never thought I’d see her smile again” added her husband Bob as he put his arm around me and hugged me on the day of their baptism.

Twelve weeks prior to this conversation I did not know Bob and Marge. They did

not attend any church, but when Bob had heard about the upcoming Depression Recovery program, he thought “why not try it, nothing else has worked.” As Bob attended the informational meeting during which Dr. Nedley gave an overview of the program, he became more and more hopeful. Here was a program that was not just pushing more pills, but was taking a comprehensive, no holds barred approach

to depression. He signed up not only he and his wife Marge, but his son and his wife as well.

The two families faithfully attended the course each Monday night. In addition they began eating mind friendly foods, exercising, listening to classical music and reading a chapter a day from the book of Proverbs. “We literally felt ourselves

changing from the inside out” said Marge. “The only aspect of the program that was hard for me to embrace” said Bob, “was the cold showers.” However after a few weeks Bob even included these in his routine.

During the seminar Bob and his wife bonded with church members and students from the Amazing Facts Center of Evangelism (AFCOE) class that participated and facilitated their small group. In this group the concepts covered by Dr. Nedley in the Depression Recovery seminar were more fully developed, but this time from a spiritual perspective. Bob and Marge began to practically understand how God’s Word could be a healing agent in their battle with depression. They were amazed to see how relevant God’s Word was and equally impressed that the church members and AFCOE students seemed to already know these things. As they began to heal mentally and emotionally they experienced a spiritual awakening and desired to know more about the church that was hosting the depression seminar.

As the seminar came to a close the friends they had met in the seminar invited the entire family to attend an upcoming meeting that Amazing Facts’ evangelist John Bradshaw was holding for the community. They immediately accepted and attended the evangelistic meetings. At the end of the seminar, all four of the adults in the family as well as another family member, took their stand for baptism.

Their lives continue to be gripped and grounded by the study of God’s Word each week both in the small group they attend as well as during the worship services held each weekend.



Rich and Susan Kollenberg the lay leaders who facilitated the Depression Recovery program for their community were overjoyed with these decisions. “We praise God for Dr. Nedley and the Depression Recovery program. Five of the twelve members who came to this seminar are now members of our church and several others who did not join our church continue to attend the small group.”

In a world that is crying out for the comfort and care of a living Christ, those who make themselves available can and will see His healing power in action.

** The names of the participants have been changed by their request.*

For information about the depression recovery program visit drnedley.com.

For information about the Amazing facts center of evangelism visit afcoe.com.

AMEN PROVIDES PHYSICIANS AND DENTISTS WITH RESOURCES

An effective medical evangelist needs effective tools. Therefore AMEN connects you with top quality resources. These include materials by various publishers that can be used to witness to your patients and/or staff; conduct health programs from your office, and much more. Semiannually one resource will be featured on our website and in the journal, focusing on how that resource was used by a physician or dentist to witness. Please visit www.amensda.org for more information.

FEATURED RESOURCE

Dr. Neil Nedley's Depression Recovery Program

To purchase the Director's kit available ONLY to medical professionals, call Paula Reiter directly at (508) 223-5980.

Zambia Medical Mission Trip

For Dr. Sula Mazimba, the proposed medical missionary trip to Zambia meant going home. Although he is currently working as a hospitalist at the Kettering Medical Center (KMC) in Ohio, the needs of his country are always on his mind. Developing a ministry that supports hundreds of orphanages and pays for the children’s education is just one of the ways Sula works for his homeland. But this is not enough to satisfy him. He longs to see more of Zambia’s people learn of the gospel that motivates his own life.

Under the sponsorship of Kettering Medical Center, and making use of his network of family and medical-school contacts, Sula prayerfully developed a plan and a team designed to reach a large cross-section of the population. The goal was to do medical work along with a combination week-of-prayer/evangelistic series. In this way he hoped to impact not only the people who might attend meetings, but also government officials, professors and students at the University’s teaching hospital, as well as AIDS orphans and others on the street.

Sula invited his friend, Brian Schwartz, who is a cardiologist at KMC, to join him on the trip as both medical professor and

evangelist. Dr. David Saunders, an internal medicine resident at KMC, also agreed to join the team. Rounding out the group was Judy, a philanthropist who went along for the sole purpose of laying groundwork for her charitable work with orphans.

As the departure day drew near, each of the team physicians experienced different stresses. Never having been to Africa before, David Saunders had no real idea what to expect. But with a heritage of missionaries in his lineage, and a burning unction from God, he was determined to follow the Lord’s call.

The goal was to do medical work along with a combination week-of-prayer/evangelistic series.

Sula bore the burden of the details. He arranged medical lectures in Cardiology

and Medicine for students in the graduate and post-graduate programs at the University teaching hospital. He made sure the preparatory work was done for evangelistic meetings in the Lusaka Central SDA Church. He scheduled medical and eye clinics for the public. With the itinerary rapidly filling up, Sula had to ensure there would be time to visit with the children in the orphanages that mean so much to him. He was also responsible for finding places for his team members to stay while in Zambia.

Brian Schwartz came with just enough first-hand experience in African medical missionary work to know what to worry about. One of his concerns was what sort of lodgings he might expect. On previous trips, Brian had stayed with a missionary family. All he knew this time was that he would be housed with a local Adventist family. Would it be a mud hut? Would there be a shower? Or even running water?

Brian mentioned his concerns to Sula who simply replied, “No worries,” which is “Hakuna Matata” in Africa.

“From past experience in Africa,” Brian says, “I already knew that ‘Hakuna matata’



could have a variety of meanings. I was told that by a van driver who also told me there would be twelve seats in the van, but there ended up to be only nine. Furthermore, the driver couldn't go across the border since he didn't have a passport. Neither did he end up having a proper vehicle permit. In that case, 'No worries' meant, 'We've never done this before, and it may or may not work, but we will figure it out as we go along, even if it means we have to keep you waiting, bribe a lot of people along the way, and hope for the best.' Needless to say, I was a little worried by Sula's nonchalant response. However, I decided that I could put up with almost anything so long as it was for a good cause."

A larger concern overshadowed Brian's worries about sleeping quarters and showers. He had never before been the speaker for an evangelistic series. Sula agreed to schedule Brian's afternoons as preparation time for the evening presentations. Ten evangelistic presentations in nine days makes for a rather strenuous schedule if that's all one has to do. But Brian also had cardiology lectures at the University, and other activities. There was plenty to pray about.

A week prior to departure, the Kettering

SDA Church held a special dedication service for the team. Each member was committed to the Lord, and the church prayed that the Holy Spirit would be poured out for the benefit of the people of Zambia.

Much to Brian's surprise, the team was met at the Lusaka airport by a white Mercedes and a white Land Cruiser on the tarmac outside the plane. The vehicles were flying diplomatic flags. Brian never even went into the airport to clear customs. His passport was taken inside, but he and the others were whisked away in the motorcade to the comfortable, modern home and guest-house of a Kenyan Adventist family who are serving as diplomats in Zambia. On this trip, "Hakuna matata" really did mean "no worries!" At least not where running water and comfortable beds were concerned.

Our lodgings came with an unexpected benefit. We had the opportunity to get acquainted with some of the other members of the diplomatic community who were friends with our host. Some of these accepted an invitation to attend the evangelistic meetings.

The medical missionary team had, literally,

to hit the ground running. Sula and the Lusaka Central SDA Church put on health screenings each evening for two hours before the evangelistic meetings. More than four hundred people passed through the clinic, and each received an invitation to stay for the preaching service.

Brian's topic for the week was Righteousness by Faith in an end time setting. From Genesis to Revelation, Jesus was lifted up as the foundation of doctrine, the focal point of prophecy, and the Righteousness that empowers the life of the Christian. The first evening, as the meetings were beginning, the electricity went out. That meant Brian could not rely on notes or even read Bible verses.

"In spite of no power or dim light," says Brian, "the Lord brought things to my memory. I was able to continue with the talk. After the power came back on, I realized that I could depend more fully upon the Lord than I had done previously. From that time on I prepared just an outline, and allowed the Holy Spirit to give me the words I needed as I stood in front of the people. I had never done that before."



There were about two hundred and fifty attendees at the week-night meetings, and on Sabbath there were more than a thousand listeners. Some of the medical students at the University are SDA, but many are not. Sula invited them to come to the meetings, and a number of them did so. Each night many people came up afterwards with questions.

The team presented several lectures at the medical school. Some days they visited different orphanages. On Wednesday they went to Riverside Farm, an Outpost Centers International project with an extraordinary lifestyle center that reaches an impressive clientele which includes Government



ministers, their families, foreigners, and others from all walks of life. While there the team each made presentations on laws of health. They also went to the ghettos to visit needy children – many of them orphans.

The philanthropist who traveled with the team introduced them to the Mormon stake president whose territory includes a three-country region. He is also a member of parliament. As a result of this visit, the man came to the Friday night meeting and heard a beautiful presentation on the Sabbath as a sign of righteousness by faith. The stake president had several insightful questions after the meeting.



"We came back to the USA," says Sula, "having been positively impacted with a new appreciation of the power of God's Word."

The journey began with many uncertainties. At the end of the two weeks, each member of the team knew that he had been under the protection and guidance of God. They knew that they had brought relief to the sick, valuable knowledge to the medical students, hope to the orphans, and light to those from the community who attended the meetings. But the people in Zambia were not the only ones blessed. Each team member came away with a deeper sense of God's personal intervention in their own life.

"We came back to the USA," says Sula, "having been positively impacted with a new appreciation of the power of God's Word."

If the Lord calls, would they venture out into the unknown again?
Absolutely!

- AMEN Mission Report

NIGERIA

AMEN's First International Chapter Established

I was so excited to hear that our brothers who are physicians in Nigeria took the initiative to start a Nigerian chapter of AMEN. It is the first international AMEN chapter! They requested parent AMEN Board representation, for which I was delegated.

In less than one month I had so many things to do. Vacation time had to be arranged. Getting a visa to Nigeria took a lot of time (which I did not have), and energy and expense. I had to secure a ticket, and prepare two hour-long talks for presentation on Friday evening and Sabbath's Worship Service. I kept thinking of the exhaustion of the seventeen plus hours of travel, and the eight-hour jet lag that follows. Then there would be the emotional expenditure that is inherent in making such presentations, and the time it would take to recover from such an intense weekend trip as I return to my practice.

The devil succeeded in making me feel that this was a great sacrifice. I expressed these feelings to Dr. Naren James, our AMEN president. Moments later I pictured my Creator, my Lord, hanging on a cross, hurting so much! And it was for me? I felt so ashamed that I had called this little inconvenience a sacrifice! Naren emailed

me back expressing appreciation for my change of attitude, and I strongly agree with the statement he made, "We will never out-sacrifice Him!"

I arrived at the airport in Lagos about an hour before sunset. No one picked me up for over an hour. It was dark outside. Many taxi drivers and other men approached, asking to give me a ride. Ile Ife, my final destination, was four to six hours away and I had no contact information to anybody.

Several attempts at calling the hospital in Ile Ife failed. I felt so alone and afraid! My eyes started tearing.

Immediately, a very clear, almost audible impression struck my mind with these words, "God brought you here, He will take care of you!" Instantly, my tears dried and I felt total peace. I was picked up in about fifteen more minutes. The following morning (Friday), the six-hour plus trip from Lagos to Ile Ife was taxing.



and students. They expressed appreciation, and said that they were really touched. They sat at my table in the cafeteria and told me that they were determined to follow suit.

It was very hot, no air conditioning, rough terrain, in an old rugged car with broken windows and uncomfortable seats.

In the evening, the presentation went very well, thanks to the Lord's blessing. I talked all about AMEN; why it was created, our mission, vision, objectives, our journal, our TV network, action teams, etc., with real-life illustrating examples of most points that I addressed. About thirty to forty specialists and medical/dental students attended. "Bible Readings," "Steps to Christ," and "The Gospel of Sex" books that I took with me were given to the attendees.

Divine service was a packed house in Ile Ife church. There I related an account of my life journey, starting with my childhood up until I really found the Lord a few years ago. I talked about how my spiritual experience had totally changed my life and how that the enriching presentations during AMEN conferences had led me to witness and pray with my patients. I talked about Christ, the divine Healer, the ultimate Physician, how He healed both body and spirit, and how healing both are integrally connected. I illustrated how, as a physician, I try to walk in His footsteps as I interact with my patients, and related many patient experiences as examples. Many times the patients have responded with tears and with thanks.

After the end of the service, I was approached by so many of the physicians

Saturday evening a meeting was held where they solicited my input regarding their AMEN chapter. Officers were elected for the board. It was determined that their constitution will follow that of our National Parent AMEN.

Sunday morning I took, once again, the six-hour plus rugged car ride back to Lagos to catch my return flight that night. The weather was extremely humid and hot, and when the humidity reached 100% it started raining. Seventeen long hours of travel followed.

Back in the U.S., I received an email from Herb Giebel, MD, missionary in Nigeria. He wrote that the medical students called him after I left. They said they were embarrassed. When they were first invited to attend the AMEN Conference they were very reluctant to make the trip, since prior church activities geared for young people were so poorly planned and boring, but that the AMEN Conference surpassed all their expectations. They were blessed beyond measure and they started to work on implementing what they learned about how to bring evangelism and the good news of God's love and His saving grace to their patients. This news was the greatest reward for me. It made the trip worth all my while!

I praise the Lord for the honor that He bestowed on me. He used me as a tool to bless His children! The memory of that trip brings only sheer joy to my heart! I hope you too, will say yes when God calls and experience the life changing power Christ has in store for you. May God bless each one of us as we witness for Him in our daily encounters.



Seeing Patients Through Jesus' Eyes



There are some people who have a great impact on your life, even if you don't know them well. You may meet them only once or twice, but that brief encounter is deeply impressed upon your mind.

I have only met Joni Erickson Tada a few times. But the fingerprints that she left on my soul remain to this day. Joni was paralyzed in a diving accident in her teens. Today she is a quadriplegic. She can't use

her hands or her feet. Somebody has to feed her; somebody has to brush her teeth; somebody has to put her blouse on her and button it for her.

But Joni is a sought after speaker, a talented musician, a gifted orator. She is a world renowned mouth artist. I look at Joni's pictures and they are some of the most beautiful that I have ever seen. Joni is an unusually bright woman; a radiant personality.

One of the first times I met Joni, I sat in her office. She was doing pencil sketches. I was putting the different colored pencils into her mouth and I said, "What is the most difficult thing for you, Joni, about the pencil sketching?"

Joni said, "The taste of the pencil. I have to hold it so tight in my mouth that I taste it, and the taste is so ugly."

Another time I talked to Joni about divine

Jesus, the great Physician, came forth as the minister of the soul. The overarching purpose of His life was to heal the soul as well as the body.

healing. We discussed why God did not heal her. She said, "Mark, after the accident, many people came to me and said, 'O Joni, if you just had more courage, or more faith, you would be healed.' I had faith, I had courage, I believed for healing. But I was not healed. I believed, but my hands still would not work. I believed, but my feet still would not go. I still needed someone to feed me and comb my hair and brush my teeth. Then I discovered a magnificent truth in Mark chapter one..." What Joni shared with me that day in her study, between sketches with her mouth pencil, transformed my understanding of divine healing. The setting in Mark chapter one is Capernaum. Jesus is in Galilee. He touches blind eyes and they open. Ears are unstopped. Husbands have their dying wives restored to them. Parents see their little children dance and play again, their palsied limbs healed. Even Peter's mother, who was sick with a fever, feels the touch of Christ.

In Mark 1:29 and onward it says: "Now as soon as they had come out of the

synagogue, they entered the house of Simon and Andrew, with James and John. But Simon's wife's mother lay sick with a fever, and they told Him about her at once. So He came and took her by the hand and lifted her up, and immediately the fever left her. And she served them."

Now look at verse thirty-two. "Now at evening when the sun had set, they brought to Him all who were sick, and those who were demon possessed, and the whole city was gathered together at the door, and He healed many who were sick with various diseases and cast out many demons." Hundreds, perhaps thousands of people were gathered there. This is one of the rare instances in the New Testament where Christ heals a whole village. And as the sun set, that town was a very happy place.

The next morning Jesus, according to verse thirty-five, rose up a great while before day and went out to pray. And while Christ was praying, people were searching for Him (verse 37). Finding Him, they said to him, "Everybody is looking for you."

They were saying, "Jesus, your medical missionary work has made you the most popular person around. Your fame has spread through all of Galilee. There are children dancing in the streets. Husbands and wives have been restored to each other. Jesus, you're the most popular Person around! But Jesus, there are more people yet to heal. Here's a little boy whose arm is withered. He's waiting for healing. There's a man over there who is deaf. He waits to hear. Jesus, here's a woman born blind. She's waiting to see."

Then the most amazing thing happens. Jesus walks away! He does not heal one person that day. He leaves the blind

standing there. He leaves the deaf with their hearing impaired. He leaves the dumb and they still don't speak. He leaves those with withered arms, and those shaking from head to toe with the palsy. The disciples are saying, "Lord, they are all here! Work your magic. Work a miracle." And Jesus walks away.

Joni said, "Pastor Mark, do you know why Jesus walked away? Do you know why He didn't heal? The next verse – Mark 1:38 tells us. It says, 'But he said to them, let us go to the next towns that I may preach there also, because for this purpose I have come forth.'"

Jesus, the great Medical Missionary, did not come primarily to open blind eyes. He did not come primarily to unstop deaf ears. Jesus, the great Physician came forth as the minister of the soul. The overarching purpose of his life was to heal the soul as well as the body.

Ellen White comments on this amazing passage in The Ministry of Healing page 31: "In the excitement which then pervaded Capernaum, there was danger that the object of his mission would be lost sight of. Jesus was not satisfied to attract attention to Himself as a wonder worker, or as a healer of physical disease. He was seeking to draw men to Him as their Savior."

If Jesus had stayed in Capernaum and continued with His healing ministry, His real mission would have been eclipsed. He sacrificed popularity as a physician: He walked away from the popular misunderstanding of who He was, so He could get about His true mission.

It is possible today, in the 21st century, that a physician can become so busy



with his practice that he misses his true purpose. When the practice overshadows the purpose, we can become so busy with ministering to the physical needs of men and women that we have little time to hear the heart's cry. We fail to minister to their spiritual needs. The true medical missionary physician understands that his supreme goal in life is far more than physical healing.

Jesus' goal was not limited to making healthy sinners who would live longer in sin because He had healed them. He did not want his work to result in making sinners burn longer in the lake of fire. Jesus' goal was to minister to the soul as well as to the body. Neither was it Jesus' goal to make a name for Himself. He did not desire to make an earthly fortune. His goal was not position or a title. In *Counsels on Diet and Foods* pages 458 and 459, Ellen White says: "The object of the medical missionary work is to point sin sick men and women

to the Man of Calvary, who takes away the sin of the world. By looking to Him they will be changed into His likeness."

Do those who pass through your practice sense that you are a medical missionary physician? Do they see that the purpose of your life and your calling is not simply to heal the body, but also to touch the soul? Are you walking in the footsteps of the Great Physician?

Jesus knew that if He continued healing the bodies without reaching souls, men and women would be lost for eternity. Jesus often ministered to people spiritually, and then He ministered to them physically. There were other times when He ministered to them physically and then He ministered to them spiritually. The physical ministry and the spiritual ministry – the ministry to the body and the ministry to the soul could not be separated in the work of Jesus.

Speaking of marriage, Jesus said, "What God has joined together, let no man put asunder." And our Lord says the same thing about the marriage of the healing ministries to the body and to the soul. God has united the physical and spiritual ministries. Let no man, no preacher, no physician, put these two ministries asunder.

Matthew, chapter nine, verse one and onward, illustrates this thought magnificently. Here is a wonderful example of Jesus' total ministry to the spiritual as well as the physical and mental dimensions of human beings: "So He got into a boat, crossed over, and came to His own city. Then behold, they brought to Him a paralytic lying on a bed. When Jesus saw their faith, He said to the paralytic, 'Son, be of good cheer; your sins are forgiven you.'"

Incidentally, faith is something that you see. The Bible says, "Jesus, seeing their faith..." Faith is not faith until it is seen in action. Their faith was manifest as they brought the paralytic to Jesus. "...and Jesus said to the paralytic, 'Son, be of good cheer, your sins are forgiven you,' And at once some of the scribes said within themselves, 'This Man blasphemes!' But Jesus, knowing their thoughts, said, 'Why do you think evil in your hearts? For which is easier, to say, 'Your sins are forgiven you,' or to say, 'Arise and walk'? But that you may know that the Son of Man has power on earth to forgive sins'—then He said to the paralytic, 'Arise, take up your bed, and go to your house.' And he arose and departed to his house." (verses 4 thru 7)

Three great reasons are given in the New Testament for this miracle of Jesus. First, "...that you may know that the son of

man has power on earth to forgive sins." The healing of the palsied body was an illustration of what Jesus longs to do for the palsied soul. The healing of blind eyes was an illustration that Jesus could open the eyes of the mind so we can truly see Him. The healing of deaf ears was an illustration that Jesus could open the ears of the heart, mind and soul so that we could hear the message of his grace and goodness. Jesus heals our feet so we can walk to Him. He heals our hands so we can reach out to Him.

So we see that there are three purposes for miracles.

The first purpose for miracles is redemption.

The first purpose for miracles is redemption. Jesus' miracles are illustrations of His redeeming grace. He heals the body to let us know that He can forgive our sins. Every physical miracle is an illustration of redemption.

Secondly, every physical miracle is a revelation of how good God is. Satan has said that God is unjust. Satan says God is the cause of sickness. Jesus demonstrates that God wants us to be strong and healthy. "Beloved, I wish above all things that thou mayest prosper and be in health, even as thy soul prospereth." (3 John 1:2 KJV)

Third: Restoration. Christ's miracles show that God wants us restored back to total health. Jesus could not be content seeing anyone suffering and dying. Jesus' purpose was to restore them to complete

health of body and of soul.

Every miracle shows us redemption. Every miracle shows us a revelation of the character of God. Every miracle shows us that God wants us restored – body, mind and spirit, into His image. So, the call to follow in the footsteps of Jesus is the call to link the healing ministry of Christ with His ministry to the soul. We see a portrait of Jesus in His healing ministry. We get a glimpse of the overriding purpose of His life.

Jesus was not content to let a woman touch the hem of His garment and walk away healed in body only. This woman had an issue of blood for years. She had seen many physicians but she was not helped at all, but was only made worse. That woman touched the hem of Christ's garment with all the concentrated faith of her life, and the energy of Jesus, the life giving love of divinity, flowed through Him and healed her instantly.

Why did Jesus say, "Who touched me?" The disciples were surprised. They said, "Lord! Look at this crowd! They're all jostling You. What do You mean, "Who touched me?" Why didn't Jesus let the woman fade into insignificance? Because He would not let the woman receive physical healing and go away without receiving His healing touch in her soul as well.



Are you, as a Christian physician, content to let people say that you are so kind, so loving, so capable and competent? Do you want to be known merely as a godly Christian physician, or is there a step beyond that? Is there a place where the godly Christian physician uses his gifts as a bridge into the hearts and minds and souls of the patients?

Let us look at three things about Jesus: First, I will never see patients through the eyes of Christ unless I understand the overarching purpose of His life... unless I understand that Jesus' ministry was not limited to the physical, but rather was focused on redemption. He would not merely heal physically, but also mentally, and spiritually. He wanted His patients to be saved in the kingdom of Heaven.

The second feature of Jesus' healing ministry is worthy of special notice: It is Jesus abounding compassion. Jesus cared for people. He genuinely cared for every person. In Jesus' eyes, people were not just a blip on the radar screen of His life. They were not some statistic.

There is a great danger in modern medicine. Most modern medical practitioners have very little time to spend with people. They've come into the office under pressure to get the patients in and out. Seven, eight, maybe ten minutes, and they are out.

A woman walks in suffering from the trauma of divorce. It's hard to spend time with her because five others are waiting. There's pressure to get her in and out as fast as possible – to

tend to the physical symptoms and send her on her way with her greatest problem untouched.

There’s the teenager who comes in who is depressed and discouraged. He is showing symptoms of migraine headaches and stomach ulcers. He needs more than three and a half minutes of your time, and more than a pharmacological diagnosis.

Then there’s the man who comes in suffering from heart palpitations. He has just lost his wife and is under incredible stress.

Jesus refused to be rushed when He dealt with people. One of the great challenges of our lives as busy professionals is the pressure to do increasingly more in ever smaller amounts of time. The work expands but the day does not. What I want God to teach me is how to focus. It is too easy to be a multitask person, with the cell phone in one hand, and the computer in front of us, half-heartedly trying to listen to a spouse’s needs. It is very, very difficult these days to focus.

Pierre Salinger wrote a biography about President John Kennedy. He noted that Kennedy was a listener. When people came into the President’s office, Kennedy would give them his full, undivided attention. However much or little time Kennedy had, the President would just lean on the end of his chair, hand under his chin, and give them total eye contact. He listened. He asked intelligent questions. And then about thirty seconds before he had to leave – even if it had been only seven and a half minutes of conversation – Kennedy would look at his watch and say, “Oh! This conversation has gone ever too quickly, I am so sorry!”

I’ve been asking the Lord to help me to do that. I want whatever time I have with a person, to belong fully to that person. I want to concentrate, and give them my full attention. In modern medicine today, as in my busy schedule, that focus is difficult to maintain. Christ was under intense pressure for three and a half years, but He chose never to be too rushed to give people His attention. Suffering people were not merely a statistic.

When we study the life of the Great Physician we see an overruling purpose, and that overruling purpose was redemption. Then we see abounding compassion that flowed from Jesus. Hope is another key element of Jesus’ ministry. He inspired the hopeless with hope.

One of the stories that illustrates this is found in John, chapter five, verse one and onward. “After this there was a feast of the Jews, and Jesus went up to Jerusalem. Now there is in Jerusalem by the Sheep Gate a pool, which is called in Hebrew, Bethesda, having five porches. In these lay a great multitude of impotent folk, of blind, halt, withered, waiting for the moving of the water.” (v. 1 - 3)

Now let’s pause after verse three here, and learn something from the name, “Bethesda.”

Beth, in the original Biblical language, always means “sign of” or “house of.” So you have Beth El in the Old Testament. Bethel was the place that Jacob met God because El is short for Elohim, which is a name for God. Bethel then, means “Sign of God,” or “The house of God.” Jacob meets God and receives his vision, and he names the place “the house of God.”

Then there’s the name, “Bethlehem.” “Lehem” means bread. Put “Beth” in front of “lehem” and it is house of, or sign of bread. Jesus, the bread of life, was born in the city of Bethlehem, the house of the baker.

What about “Bethsaida”? “Saida” would be translated, “a fish.” “Beth” means “house of” – so Bethsaida is a fishing village by Galilee and Jesus called Peter and John to be the fishers of men at the fishing village, Bethsaida.

Now look at “Bethesda.” “Esda” is mercy. Bethesda is “house of mercy.”

Bethesda is “house of mercy.”

Imagine this scene. There are three or four or five hundred helpless sufferers lying on the ground all around the pool of Bethesda. This is a human garbage dump. It is a place where the most hopeless cases are taken. Here are the battered and the bruised, the sick and the suffering, the disease-ridden, discouraged men and women. Blind, matter encrusted eyes oozing over with pus, as flies and other vermin crawl on them. Here are men and women that have not had a shower or a bath for years. They’re long haired and their tattered garments stink.

Jesus moves among the crowd of hopeless humanity, and as He does so, that place becomes Beth-esda. It becomes the house of mercy. It becomes the house of grace. Here Jesus sees one supremely wretched man, and that man is found in John 5:5. “Now a certain man was there who had an infirmity thirty-eight years.” Thirty eight

years! The sun rose over Jerusalem, but it didn’t rise in this man’s life. He saw a man walking with his son and the sheep to the market place, which was near the pool of Bethesda, and he wished that he could walk with his son to the market. He saw children playing in the streets with their grandfathers, and how he wished he had a grandson that he could nurture. He saw lovers walking hand in hand and he remembered the day when he walked with his wife hand in hand. But none of that was for him now. His body was broken, and battered. He was in pain, and near death. Thirty-eight years is a long, long, long time. I am sure you have seen patients that have suffered day in and day out, week in and week out, month in and month out for thirty-eight years. They feel hopeless. The Bible says that Jesus asked this man, “Do you want to be made well?” And the man replied, “I don’t have anybody that can put me into the pool.”

There was a superstition that an angel came down and moved the water, but every time this man came toward the pool, others pushed in – others who were more alert and more agile, stepped over him and crushed him. He knew he was never going to get there first, and He couldn’t think of any other alternatives. Hopelessness was all he had left.

Jesus said, rise...walk. And he did!

Ellen White comments on an aspect of this story which amazes me. The inspired record says: “The Saviour saw one case of supreme wretchedness. It was that of a man who had been a helpless cripple for thirty-eight years.” Now don’t miss this next part. “His disease was in a great degree the result of his own sin, and was looked upon as a judgment from God.” (DA 202)



Evidently this man was a profligate. He had lived a disobedient life of sin, and as the result of his sins he brought disease upon himself. Now if Jesus were an Adventist physician...

No, I don’t want to say it that way. I will just say that if Jesus were like some SDA health-reforming Adventists, Jesus might have said to him, “You know I’d like to heal you, but I can’t. And the reason I can’t heal you is because you brought this disease upon yourself. Had you been obedient to the laws of health, you would not be in this situation.”

But Jesus did not talk to the man about the reason for his disease. Jesus didn’t give him a lecture on the eight natural laws of healing either. Jesus did not even talk to him about the confession of his sin ahead of time. Jesus did not allow the man’s sin to get in the way of the man’s healing. And He did it that way because He knew that love always comes before obedience. Jesus

revealed His love to the man, so that the man could fall in love with Him, and thus desire to obey Him. So, God demonstrates again that the great principle of salvation is not that you obey Him and then you love Him. Rather it is that you love Him and then you obey Him. And you love Him because He first loved you.

Just a few weeks ago I was in Europe talking with a group of SDA pastors and Bible instructors about miraculous healings. I asked if anyone had any questions. One lady raised her hand and said, “Pastor Finley, should we pray for people who have violated the laws of health and who have brought disease upon themselves? Should we pray that God’s grace should be manifest in healing them?”

I asked the audience what they thought. I was rather shocked by the lady’s question, and even more surprised by the congregation’s response. Half of them said, “We should not pray for these people.

Jesus did not make a person’s past life a condition for healing.

They were disobedient and they brought sickness upon themselves. Therefore, if we pray for them and God heals them that will confirm them in their wrong course of action.”

Jesus did not think that way. He had overabounding compassion. Jesus did not make a person’s past life a condition for healing. He reached out lovingly. He reached out kindly. He reached out in sensitivity to them.

Jesus entered into the heart longings of others. He met a woman who had had five husbands, and the man she was living with was not her husband. This woman’s heart was broken and bruised and discouraged. Jesus reached out to her in love and compassion.

To a man shaking from head to toe with the palsy – a man who had brought disease upon himself, Jesus reached out in compassion. To Peter whose mother was dying with fever, Jesus reached out in compassion. I am convinced that if our hearts were overflowing with the compassion of Jesus, and we reached out in love like Jesus did, men and women would flock to the Savior because our loving, like His, is not conditional upon their behavior.

Ellen White says, “If we would humble

ourselves before God and be kind and courteous and tenderhearted and pitiful, there would be a hundred conversions to the truth where there is now one.” (9T 189)

It wouldn’t cost us any money! We don’t have to advertise for that! If we were kind and compassionate and humble and tender hearted and pitiful, there would be a hundred conversions to the truth where there is now one!

Ode was 69 years old when he became a Christian. Ode San was converted after moving to mainland Korea from a little island off the coast. On his island he never had a chance to go to school, so he could not read or write.

When Ode discovered the love of Jesus on the mainland of Korea, he immediately had a burden for his people. He could not rest for thinking of the four to five hundred people on his little island off the coast. So Ode San went back to his home. He was still illiterate. He couldn’t read. He couldn’t write. When he got to the island, he just began to reveal God’s love to the people there.

Three months later Ode San sent a note to his mission headquarters. He could not write the note, but he got a friend to write it, and the note said 2 words: “Come. Preach.” It was signed, “Ode San.”

The note came to headquarters. The mission president read it -- “Come. preach. – Ode San.”

The mission people said, “We know Ode San – he’s a godly man. He doesn’t know much. He’s an illiterate fellow. But if Ode San says, “Come and preach,” there must be a reason. So they came out to the little

island, and they found 400 people ready to accept Christ and be baptized. The mission president was amazed. He went to the illiterate old gentleman and said, “Ode, we’ve tried to reach this island with missionaries year after year after year, and we have not been successful. Tell me, Ode, what did you do? You can’t read or write. What did you tell them?”

Ode San said, “Well, Sir, when I got here, I asked if anybody was sick on the island, and they said, ‘There’s an old man sick over there.’ And I just went, and I cut his wood for him, and I brought it into the little house to warm it up, and I heated his water for him. I went and sat by his bed and held his hand and told him he was going to make it through, and in a few days he got well, and I said, ‘Who else is sick?’ and so I went over here, and over there, and to that other place, and in about 3 months I’d been in pretty much every house on the island. You know somebody is always getting sick. Pretty soon I was well known among the islanders because I visited the sick. I tried to be like Jesus – kind, and compassionate, and humble, and loving to them. I cared for them. And they said, ‘Ode San, why do you do this?’ and I said, ‘Because of my Jesus,’ and they said, ‘We want to know about that Jesus!’” Christ’s methods broke through the barriers on that island.

Before Seventh-day Adventists had an organized medical work, James and Ellen White opened their own home. Their house became a mini-sanitarium. Ellen White tells the story in the Review and Herald, July 26, 1906. “The Lord gave me great light on health reform. In connection with my husband, I was to be a medical missionary worker. I was to set an example to the church by taking the sick to my home and caring for them. This I have done.”

Seeing God’s compassion in action helps us to understand the overruling purpose of Jesus’ life.

James and Ellen White knew very little about medicine, but they knew how to love people. They would have a sick person in the parlor...they would have a sick person in one bedroom. In another spare bedroom there would be two or three other sick people. Sometimes they would have five or six or seven or eight sick people in their home. It’s really remarkable to read Ellen White’s account of that time. Their selfless service was a reflection of the abounding compassion of our Lord.

Seeing God’s compassion in action helps us to understand the overruling purpose of Jesus’ life. His great purpose is that the healing of the soul is to be wedded with the healing of the body. To see patients as Jesus sees them is to see them with eyes of compassion. It’s to have our hearts filled up with overabounding compassion. Ellen White writes:

“Before there were any sanitariums amongst us, my husband and I began work in medical missionary lines. We would bring to our house cases that had been given up by the physicians to die. When we knew not what to do for them we would pray to God most earnestly, and He always sent His blessing. He is the mighty Healer, and He worked with us. We never

had time or opportunity to take a medical course, but we had success as we moved out in the fear of God and sought Him for wisdom at every step. This gave us courage in the Lord.” (1SAT 395) If we know the Lord we have hope, and we can inspire the patients with hope.

True medical missionaries do not treat people as things. They don’t treat people as statistics. They don’t treat people as some commodity. They treat them with compassion. Their hearts weep with those that weep and they embrace those that are hurt and bruised. It’s that love that touches hearts.

Here’s a little aside on the story of Ellen White. Long after her death in 1915 – just after the second world war – Australia experienced a shortage of lumber. The Seventh-day Adventists wanted to build a church in Cooranbong. They began the project, but they could get no lumber. Keep in mind, this was more than forty years after Ellen White took sick people into her Cooranbong home.

One of our pastors and a church elder said, “If we can get a few scraps from each lumber yard we can piece this church together!” So they went down to a lumber yard in Cooranbong. They talked to the owner, explaining their need of a little lumber. The gentleman asked where they were from. They said they were from the Seventh-day Adventist church. The owner said, “Have you ever heard of Ellen White?”

“Certainly we have heard of her!” the pastor and the elder exclaimed. “Ellen White was right here in Australia. We believe that she was especially inspired by God.”

The lumber yard owner said, “As a little

boy I watched her life. I played in the neighborhood where her home was. Ellen White was so loving and compassionate. She took into her home the sick and the suffering. I am not a Seventh-day Adventist, but if you want to build a church, I will give you all the lumber you need for your church. You don’t have to go to another lumber yard. I know that if you have anything to do with that woman, then this is going to be a godly group of loving people. This church is going to be a blessing to the community.”

Let’s briefly review Jesus’ approach to patients.

To see patients through Jesus’ eyes means that we see them primarily as individuals for whom Christ feels the overruling and overriding purpose of winning their souls to the kingdom. We do not see them merely as bodies to be medicated.

Secondly, to see patients through Jesus’ eyes means that we see them through the eyes of an abounding compassion. It means that we pour our life out for them as Jesus did.

Thirdly, to see patients through Jesus eyes means that we will go to any length, and make any sacrifice to see people made well physically, mentally, and spiritually. We recognize that being a physician or dentist is not a profession. It is a calling. The Great Physician did not simply give His time. He did not simply give His money. The Great Physician did not simply give His energy. The Great Physician gave His life.

The scripture says, “The Son of man did not come to be served, but to serve, and to give His life a ransom for many.” (Matt 20:28) Jesus’ ministry was not focused around



Livingstone was born in Scotland in 1813. His missionary parents brought him up to have a vision for mission. They would often remind him that Jesus said to go into all the world and preach the gospel. When David Livingstone took the medical course, his one reason was to become a medical missionary.

Livingstone was inspired by Robert Moffat, who had been a missionary to Africa. Moffat described Africa and then

he said, “Early in the morning, as the sun began to stream across the jungles of Africa, leaving the dew sparkling like diamonds, I have seen at different times, the smoke of a thousand villages—villages whose people are without Christ, without God, and without hope in this world.”

Moffat had seen the smoke of village after village ascending into the heavens without one missionary putting his feet there. Those words burned themselves into Livingstone’s mind. He said, “I will put my feet in those villages. I will go. I will map out the villages of Africa. I will cut pathways through the jungle. I will establish mission stations. I cannot sit still in the comfortable convenience of England. I cannot sit still with the disease of affluence eating away at my heart and soul. I must go.”

Two weeks after he heard Moffat preach, Livingstone was on a boat heading for Africa.

David Livingstone got malaria 29 times. Often he walked hundreds of miles through the jungles. His feet blistered. Intestinal parasites competed for his nutrients. Once

To see patients through Jesus’ eyes means that we see them primarily as individuals for whom Christ feels the overruling and overriding purpose of winning their souls to the kingdom.

he was lost without water for three days in the Kalahari Desert. Another time he went four or five days with hardly anything at all to eat. He was attacked by lions. He would go into primitive, savage villages and build a hut and minister to the medical needs of the people.

Livingstone’s journal tells about one village that was plagued by lions which were killing the cattle. The villagers were terribly frightened. So Livingstone got four or five natives, took his gun, and said, “I’m going to go out and shoot a lion. If I can shoot one, it will scare the rest of them away.” Eventually Livingstone saw a lion crouched in the bush. He shot it once. He shot it twice. But that lion didn’t die. It attacked Livingstone. It ripped his shoulder apart and left ten tooth marks. Then the lion fell dead. Natives carried Livingstone back and patched up the wounds in his shoulder.

“I will place no value on anything I do, or anything I possess, except it be in relation to the cause of Christ.”

David Livingstone fought against the slave trade. There were times when he saw thousands of slaves taken to ships. There were times when he met the slave traders with his gun. Knowing who he was, they would flee. Livingstone cut the chains from many a slave.

David Livingstone poured out his life. He was more often sick than not. At one point he trekked into the middle of the jungle, and nobody heard from him for almost five years. For years the people back home thought he must be dead. Eventually, one of the wealthy patrons in England said to Stanley, “I don’t believe Livingstone is dead. He’s in the jungles ministering to the natives. He’s probably weak. He’s probably run out of food. Go find him.” Stanley went to Africa and got word from this native and from that native, and from here and from there. It was by the providence of God that he managed to find Livingstone. The great missionary had run out of food and supplies. The natives came to Livingstone and said, “Another white man is in the jungle!” They were amazed. That’s when Stanley said, “Dr. Livingstone, I presume!” Stanley and Livingstone worked together for months, and Livingstone was restored to health. Livingstone wrote these words: “God had only one son, and He was a missionary and a physician. A poor, poor imitation I am of

Him, but in His service I wish to live, and in it I wish to die.”

David Livingstone’s ministry came at a price. Robert Moffat’s daughter had become Livingstone’s wife. She traveled with him for over 15 years throughout Africa. She eventually died there because of the complications from a tropical disease. His son also died.

When Livingstone’s wife died he wrote these words. “It was the first heavy stroke I have ever suffered in my life, and it has taken away my strength. I wept over her who well deserved my tears. I loved her when I married her, and the longer I lived with her the more I loved her.”

In our technically advanced, twenty-first century society, we think it is a sacrifice when the fuse blows on the Jacuzzi and we can’t use it for a while. The disease of affluence has bitten us. To us, sacrifice is often an unknown word. But to be a medical missionary means to walk in the footsteps of the One who gave His all. To be a medical missionary means to walk in the footsteps of the One who was nailed to a cross – the One who, with blood running down His hands and a crown of thorns on His head and a spear wound in His side, cries from an old rugged cross, “Father into Your hands I commend my life.” To walk in the footsteps of Jesus, the great Medical Missionary, means that our desires are secondary to His. It means at times that we will put aside things that we want to do, things that we could do. We put aside the good in order to gain His best. We put aside the ordinary for the extraordinary. We put aside the mundane for the spiritual. We put aside the earthly for the eternal.

David Livingstone wrote in his journal,

“I will place no value on anything I do, or anything I possess, except it be in relation to the cause of Christ.”

Will you, today, walk in the footsteps of the Great Physician? Will you accept His overruling purpose for your life to be used to touch people for the kingdom of God? Will you walk closely in the footsteps of the Great Physician by not judging the people that God brings into your path, but with abounding compassion reaching out to them in love? Will you let everything you do be governed by the cross of Christ and the cause of Christ? Will you let your life be guided by the overruling purpose of seeing people won to the kingdom of God? Will you make your wishes secondary to the cause of Christ, living sacrificially? If you will, you will be a true medical missionary.

Jesus, the true Medical Missionary, appeals to you today. Let Him make you more than you are in His mission of salvation. Then, one day on streets of gold, in a place called glory, in a land called heaven, somebody is going to walk down those streets and throw his arms around you and with tears running down his face look in your eyes and say, “Doc, thank you so much! You prayed for me in your office. When I gave up hope, you restored it to my soul. When I was loosing my grip, you took time with me. In fact, Doc, even after office hours you drove to my house and you opened the Word of God, and my heart was touched and my life was changed. I am here because of you!”

May the purpose of His life be the purpose of our lives. May His compassion be our compassion. May His love be our love. May we reach out in sacrificial love to touch others with His grace. And may souls be won for His kingdom.

Medical Missionary Work & Discipling



Christ's method for reaching the multitudes is medical missionary health evangelism. It is foolish to ignore this method in our outreach to others. Medical missionary work is the right arm of the gospel. This right arm hands us the three visible legs which sustain and promote the gospel—publicity, protection, and prosperity. Without medical missionary work, gospel outreach is crippled; public and personal evangelism is weakened.

True medical missionary work brings publicity to our presentation of the gospel. It is the face of the gospel. Lip to lip advertising is by far the most effective advertising. It is the advertising which Madison Avenue seeks to imitate, and seeks to create. Money can buy media advertising, but the most effective advertising has always been free.

Every patient is an advertisement. Microsoft has been trying to utilize this type of advertisement—called buzz advertising.

They are paying people just to talk about the Zune, to write about the Zune in college papers, to manufacture excitement. At this point, their “paid for” buzz isn't creating real buzz. But with the iPhone it was genuine lip to lip “buzz” that created ninety-eight percent market awareness in less than five months. Advertisers and marketing experts are studying Apple's approach so they can duplicate it.

But medical missionary work far surpasses Apple in creating immense publicity. This

is why it is the “entering wedge.” Those who are healed spread the news more effectively than television advertisements. Those who are healed tell their friends. These friends become interested and tell their friends, who also become interested. It is this type of explosive spread that will “finish the work” in months. We found this principle to be true in the CHIP program in Wichita. We received excellent television and radio publicity, which cost us very little. Our church became known because of medical missionary work.

This is how the medical missionary work brought crowds to Jesus. Luke tells us that after Jesus healed a leper, “so much the more went there a fame abroad of

Word of mouth
publicity was
actually too
effective.

Him: and great multitudes came together to hear, and to be healed by Him of their infirmities” (Luke 5:15). Word of mouth publicity was actually too effective. The crowds became too big and as the result, Jesus had to go to other places which were less accessible.

When we want crowds that convention centers can't hold, we will start doing real medical missionary work. When we want the windows of heaven to be opened so much that we don't have room for the blessings, we will do medical missionary work. It works at all times, in all places, and all situations. It was medical missionary work that opened Syria to the gospel at the



highest levels in the time of Elisha. In the middle of a war between Syria and Israel, at a time when feelings were at fever pitch, when emotions and hatred were at their peak, Elisha's medical missionary work brought peace. It was his entering wedge. Medical missionary work brought crowds to the Apostles. It was their entering wedge. Luke tells us that “believers were the more added to the Lord, multitudes both of men and women, insomuch that they brought forth the sick into the streets, and laid them on beds and couches, that at the least the shadow of Peter passing by might overshadow some of them. There came also a multitude out of the cities round about unto Jerusalem, bringing sick folks, and them which were vexed with unclean spirits: and they were healed every one” (Acts 5:14-16).

“This was Paul's method, “by the space of two years; ... all they which dwelt in Asia heard the word of the Lord Jesus, both Jews and Greeks. And God wrought special miracles by the hands of Paul: So

that from his body were brought unto the sick handkerchiefs or aprons, and the diseases departed from them, and the evil spirits went out of them” (Acts 19:10-12). Yes, it's foolish to ignore medical missionary work in our outreach to others because medical missionary work does bring publicity like no other work. But let us consider another reason why it is foolish to ignore medical missionary work in our outreach to others. Medical missionary work provides protection like no other work. The people protect the medical missionary from their enemies.

The Jewish leaders were afraid to lay a hand on Jesus because of the crowds of people who had been helped by Jesus' medical missionary evangelism. The enemies of Christ had to delay murdering Him for years. At Christ's trial all mention of Christ's medical missionary work was avoided and excluded, because even discussion of it would have prevented His condemnation. Had Jesus performed a medical missionary healing in King

Herod’s palace, He would have been released.

This protective effect of medical missionary work is true at all times and in all places. During the Saint Bartholomew Massacre, tens of thousands of Protestant citizens were murdered at the command of King Charles IX in an attempt to exterminate Protestantism in France. The king shot Protestant subjects who sought his protection by coming to his palace gates, but he hid his Protestant physician in his cabinet to preserve his life.

When the Adventist message was taken to Australia, ancient Sunday laws were revived. Some of our members were placed in stocks. Some were threatened with fines. At Avondale, where medical missionary work had been done, the community refused to enforce these laws. It is foolish to ignore medical missionary work in our outreach to others because medical missionary work brings publicity and protection like no other work.

A third reason why it is foolish to ignore medical missionary work in our outreach to others is that medical missionary work provides financial and voluntary efforts necessary to support the work of the gospel. It was medical missionary work that provided for Christ’s and the disciples maintenance. Mark tells us that Peter’s mother-in-law was sick. Jesus “came and took her by the hand, and lifted her up; and immediately the fever left her, and she ministered unto them” (Mk 1:31) . Luke tells us that “certain women, which had been healed of evil spirits and infirmities, Mary called Magdalene, out of whom went seven devils, and Joanna the wife of Chuza, Herod’s steward, and Susanna, and many others, which ministered unto him of their

substance” (Lu 8:2, 3). This is true at all times and in all places.

When Paul was an accused felon and prisoner being transported to Rome, “the father of Publius lay sick of a fever and of a bloody flux: to whom Paul entered in, and prayed, and laid his hands on him, and healed him. So when this was done, others also, which had diseases in the island, came, and were healed: Who also honoured us with many honours; and when we departed, they laded us with such things as were necessary” (Acts 28:8-10).

Elisha’s medical missionary work brought huge donations: “So Hazael went to meet him, and took a present with him, even

Medical missionary work provides financial and voluntary efforts necessary to support the work of the gospel.

of every good thing of Damascus, forty camels’ burden, and came and stood before him, and said, Thy son Benhadad king of Syria hath sent me to thee, saying, Shall I recover of this disease” (2 Kings 8:9)?

Medical missionary work is especially designed by God to cause the wealth of the Gentiles to flow into the church to support the final gospel outreach.

Yes, it is foolish to ignore medical missionary work in our outreach to others when it is medical missionary work that gives publicity, protection, and support to the work of the gospel. But, it is equally foolish to ignore the gospel in our medical missionary outreach to others. Medical missionary work is merely a means, not an end; it is a path, not a destination. Medical work brings, at best, only a few brief years of comfort and health, while the gospel opens up an eternity of comfort and health.

If medical work, offering a few years of health is important, then the gospel, with its eternity of health and happiness, must be infinitely more important. It is foolish to share the good while we fail to share the best. Mere health education is cruel, since it offers no hope beyond a prolongation of this poor, earthly existence. While medical work helps others get more from this life, the gospel helps others get more than this life.

In the New Testament the work of the medical missionary and the gospel missionary were one and the same, they were never separated. Where there was one, there was always the other. The gospel is not just about the future life, it is about all of life. Eternal life doesn’t begin then, it begins now. The gospel makes this life the first part of eternal life. Through medical missionary work, God makes the “now” as pleasant as He can possibly make it for us.

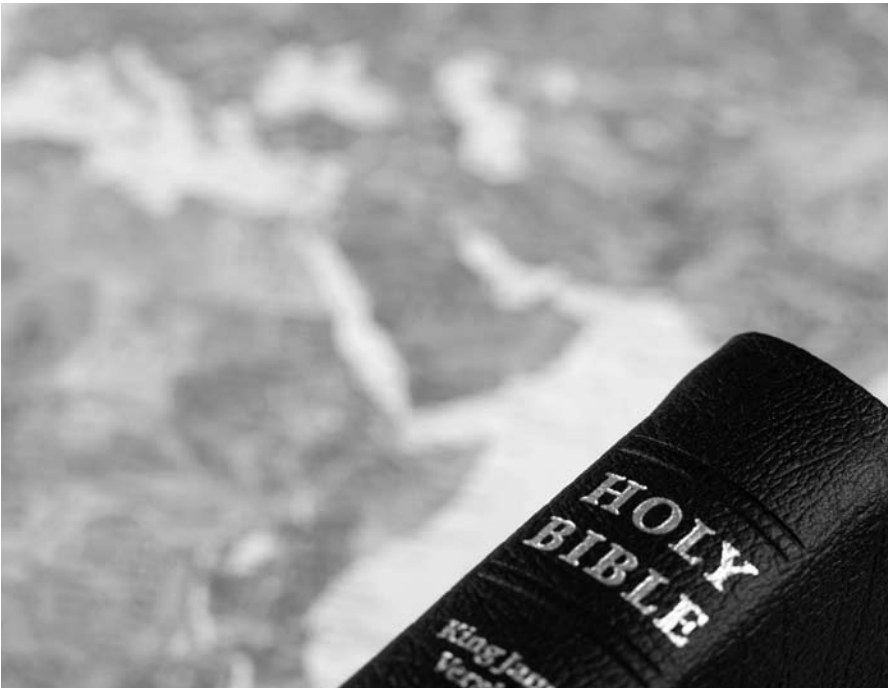
The thorns and thistles that He has reluctantly allowed are “for our sake” (Gen 3:17). Without them we would be so satisfied with this life we would not feel our need for something better than this world can provide. Though we must be exiled

from Eden, God wants to give our lives all the comfort possible. Medical ministry provides the best possible life now, with the promise of perfect paradise when it is safe for God to give it to us.

It is through the gospel that it becomes safe for God to restore Eden to us. Said John, “Beloved, I wish above all things that thou mayest prosper and be in health, even as thy soul prospereth” (3John 2). Through the gospel we learn that the nail-scarred Hand wipes away all tears for those who reach heaven. But that hand begins by wiping tears from our eyes now, through medical missionary work.

In this life medical ministry brings joy to the sorrowing, relief to the afflicted, hope to the desponding, strength to the weak. The medical missionary is giving a message from God, about God. It is a message about a God who cares about our cares, now. It is about a God who wants to give us health, now, and who also wants to give us perfect health in eternity, and for eternity. Medical missionary work tells about a God who is removing the diseases

The medical missionary is giving a message from God, about God. It is a message about a God who cares about our cares, now.



that result from transgression. This work also presents the gospel of a God who is removing the guilt that results from sin.

Medical missionary work teaches us to trust in God’s future promises by showing us that His present promises are true. Jesus has promised that the believer “shall receive an hundredfold now in this time... and in the world to come eternal life” (Mk 10:30). Medical missionary workers are not only to go forth healing but also preaching. When the sick are made well, they are to see that wellness on earth is a little foretaste of heaven. “Heal the sick that are therein, and say unto them, The kingdom of God is come nigh unto you” (Lu 10:9).

What a kingdom medical missionary work anticipates! There the inhabitant shall not say, “I am sick”! (Isa 33 :24). Medical work must never be separated from the gospel. Neither is gospel work to be separated from medical missionary work. We are to go forth preaching but also healing. “He sent them to preach the kingdom of God, and to heal the sick” (Lu 9:2). “And as ye go, preach, saying, The kingdom of heaven is at hand. Heal the sick, cleanse the lepers, raise the dead, cast out devils:

freely ye have received, freely give.” (Mt 10:7, 8).

At the very opening of His ministry Matthew tells us, “Jesus went about all Galilee, teaching in their synagogues, and preaching the gospel of the kingdom, and healing all manner of sickness and all manner of disease among the people” (Mt 4:23). And Jesus didn’t stop doing this after He had obtained publicity, protection, and support. Medical missionary work wasn’t His gimmick. It was His *modus operandi*. It was His method. Five chapters later Matthew tells us again that “Jesus went about all the cities and villages, teaching in their synagogues, and preaching the gospel of the kingdom, and healing every sickness and every disease among the people” (Mt 9:35).

From start to finish, this is what Jesus did. He was a medical missionary. This was His work. This is what He trained and empowered His disciples to do. They couldn’t do it until they were trained. And they couldn’t do it until they were empowered. “... He ordained twelve, that they should be with him, and that he might send them forth to preach, and to have power to heal sicknesses, and to cast

out devils” (Mk 3:14, 15).

Notice the process. They were ordained—set apart, not at the end of their training, but at the start of it. They were ordained to spend time with Him that they might afterwards be sent forth to preach and to have power to heal. They were set apart, they were ordained to be doubly trained. They were to learn the art of preaching, persuading, presenting, publicly and privately proclaiming the truths of the gospel. But they were also to learn the art of the care, treatment, and prevention of disease. Any other training is one sided—lop-sided. They weren’t trained to do either one or the other. They were equipped for both.

How can we receive medical missionary training as the disciples did? How can we include medical work in our gospel outreach to others? How can we include the gospel in our medical work? How can we use the right arm to find an entry into the hearts of people who need life for their souls?

Christ gave to His followers His diploma. His heavenly certificate was power from heaven to do medical missionary work, to heal the sick, to cast out demons. We have a divorced gospel in the church today. We train doctors to treat the body, but give only lip service to reaching the soul. We train ministers to preach the gospel, but give only lip service to health evangelism. If it is not a divorce, it certainly is a separation. They live apart. It is at best a dysfunctional marriage. It is hard to increase the family when you live apart. Medical training is only validated as it trains in Christ’s method, and imparts His power. If you have not learned how to give the gospel, then medical training will actually do a disservice. It will continue the illusion

that the gospel and the medical work are somehow separate.

Properly conducted, medical missionary outreach is the bridge from the secular to the Christ. We will look at three passages in Luke where Christ’s method for training medical missionaries is revealed in detail. These passages are Luke 8:1, Luke 9:1 and Luke 10:1. Please notice how Jesus trained medical missionaries. His method is the only way we can become medical missionaries.

Lu 8:1 “... He went throughout every city and village, preaching and shewing the glad tidings of the kingdom of God: and the twelve were with him.”

Step one, Jesus taught by example. We can never be a medical missionary until we spend time observing Jesus, the great Medical Missionary. I can’t be like Jesus unless I know what Jesus is like. Make no mistake about this. Jeremiah cried out, “O Lord, I know that the way of man is not in himself: it is not in man that walketh to direct his steps” (Jeremiah 10:23). It is not intuitive to be like Jesus. We have no instinct that we can rely on to make us like Him. He declares, “My thoughts are not your thoughts, neither are your ways my ways” (Isa 55:8).

“The reason many in this age of the world make no greater advancement in the divine life is because they interpret the will of God to be just what they will to do. While following their own desires, they flatter themselves that they are conforming to God’s will.” AA 565. In our immaturity, we tend to think that our wants and desires are God’s wants and desires. But often, what we think Jesus would do, He wouldn’t do. What we are sure He wouldn’t do, He would do. The question, “What would

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Jesus do?” is an important question, but it is not very useful, unless we really know Jesus well enough to understand His principles of action.

Think of the mistakes sincere people have made through the centuries, thinking they were being like Jesus. Martin Luther almost died, and he did suffer permanently from his self-imposed impoverished diet, his fastings, his flagellations, his self tortures. All this was done in the mistaken hope of being like Jesus. For hundreds of years, even today, priests and nuns are celibate, missing the comfort and joy of family. They want to be like Jesus, and they believe this will make them like Him!

In the Saint Bartholomew Massacre the French Catholics thought they were pleasing Jesus by brutally killing the Protestants. The Pope was filled with joy and said that Jesus was helping him to destroy the enemies of the church. We pity these people in their darkness and ignorance. But don’t think that misunderstanding Jesus is limited to the dark ages or some extreme cult. Today, sincere, lovely people worship idols, pray



True medical
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We must begin where the disciples began. “He went throughout every city and village, preaching and shewing the glad tidings of the kingdom of God: and the twelve were with him.” According to the SDA Bible Commentary, Levi-Matthew, the last of the twelve disciples, was called in the summer of AD 30. Luke 8:1 occurred in the autumn of AD 30, six months before His crucifixion. Increasing crowds were coming to Jesus. He had been a medical missionary for nearly three years. He was no longer unknown. It was no longer possible for His work to be carried on by Himself, alone. The harvest was too great. The disciples’ labor was needed.

All twelve disciples were with Him on this second Galilean medical missionary tour. “He went throughout every city and village, preaching and shewing the glad tidings of the kingdom of God: and the twelve were with him.” Like the twelve sons of Jacob, they were a family. The disciples were different in age and experience. It was being with Him that united them. Though they were also with each other, that was incidental to being with Him.

They went where He went. Their lives were filled with Jesus. They ate when He ate. They walked where He walked, and He set

to Mary, break the Sabbath and teach others to break the Sabbath, thinking to please Jesus.

Today, many sincere, loving, and well-meaning Christian teachers and ministers are giving horrible advice. And it is not limited to ministers and teachers. You don’t have to go very far to hear people being advised to dishonor their parents, to divorce their spouses, to abort their children, to dress improperly, to listen to heathen music with Christian lyrics, to worship like pagans—all in the name of Jesus.

Jesus began the training of the disciples by giving them time with Him. They needed acquaintance with God or they could never give a correct view of Him. Many Christians want Christ to follow them, to help them, to go with them where they go. They try to make Jesus into their own Disciple instead of learning how to become His disciples.

True medical missionary training makes us disciples who follow Jesus where He goes.

This is the fundamental necessity for all who would do medical missionary work. It is this that is missing from so many training programs. You can get a medical degree and still not know Him—not spend time with Him! In fact, the training can absorb our time and take us away from Him. It can even take away our Sabbath time of reflection, meditation, and rest.

Don’t think we can put on a cooking school or a community health education program that matters if we are not spending time with God. If we don’t know Him, we will misrepresent Him. Our labor will be done with little faith and be productive of little fruit. There is not some form of words, some technique, some specified approach that make us a soul-winning agency. Those who do not know Christ, cannot win others to Him no matter what they say or do. Those who do not know Him will harm evangelism. Said Jesus, “Woe unto you, scribes and Pharisees, hypocrites! for ye compass sea and land to make one proselyte, and when he is made, ye make him twofold more the child of hell than yourselves.” (Mt 23 :15).

the pace. He determined the destination. His schedule was their schedule. His priorities set their activities. While He was attentive to their needs, they became more attentive to His needs. They lived His life. His life changed their life.

They listened to His words. Their ears were filled with Jesus. They heard His prayers. They heard His counsel. They heard His table talk. They heard His sermons. They heard His gentle answers to calm the angry, hostile questioners. They listened to His answers to their own questions. They heard His use of the Bible. They listened to His instruction to the sick, the well, the happy, the sad. They learned from His silence. They listened to Him sing. They listened to His respectful conversation with His mother. His words changed their life.

They observed His actions. Their eyes were full of Jesus. Like the child who watches his mother, they watched Jesus. They not only heard the words and tones of Jesus, they saw His facial expressions and body language. They saw His Bible study habits. They saw His hours of prayer. They saw what He ate and what He didn't eat. They observed how He related to various kinds of people, the rich, the poor, the educated, the ignorant, the leader, the peasant. They observed Him when He was interrupted, when His plans were delayed. They saw Him when He was fatigued and hungry. They saw Him deal with

hardship, privation, and obstacles. By beholding, they were changed!

Choosing a school where we will receive our education is very important because we become like our educators. Universities have a façade of championing freedom of thought, but it is just a deceitful conceit, a mere pretence, except where they teach

Education gives us a philosophy of life, a world view, with the necessity of rejecting competing philosophies and world views.

truth. Truth alone gives freedom of thought. Outside of truth there is no real openness in education. A student doesn't choose the test questions and doesn't determine the answers.



All education is, by nature, religious and exclusive. Education gives us a philosophy of life, a world view, with the necessity of rejecting competing philosophies and world views. It doesn't simply give you equal exposure to all world views, leaving you free to select the one that fits you. Education gives the student an overwhelming world view by

peer pressure, by professors, by repetition. The student comes to see life as he has been taught.

Education is designed to mold our minds and thought. If it doesn't do this, it is not education. Education means spending time with our teachers in their classes. We spend time with the authors of our textbooks. We learn the answers we are taught. We learn the theories of those we accept as authorities. It is inevitable that when we graduate, we become like our professors. That is what education is. This was true in the education of the disciples. "Now when they saw the boldness of Peter and John, and perceived that they were unlearned and ignorant men, they marvelled; and they took knowledge of them, that they had been with Jesus" (Acts 4:13). The English Standard Version calls Peter and John "uneducated, common men." I like the New American Bible's translation of this verse: "Observing the boldness of Peter and John and perceiving them to be uneducated, ordinary men, they were amazed, and they recognized them as the companions of Jesus."

This is what happens to common people when they are companions of Jesus. "He that walketh with wise men shall be wise" (Pro 13 :20). This intimate familiarity with Jesus is necessary for all who would be medical missionaries. We must have companionship with Jesus.

"As Jesus ministered to the vast multitudes that gathered about Him, His disciples were in attendance, eager to do His bidding and to lighten His labor. They assisted in arranging the people, bringing the afflicted ones to the Saviour, and promoting the comfort of all. They watched for interested hearers, explained the Scriptures to them, and in various ways worked for

their spiritual benefit. They taught what they had learned of Jesus, and were every day obtaining a rich experience...In the training of the disciples the example of the Saviour's life was far more effective than any mere doctrinal instruction. When they were separated from Him, every look and tone and word came back to them. Often when in conflict with the enemies of the gospel, they repeated His words, and as they saw their effect upon the people, they rejoiced greatly" (DA 349 & 350).

The first step in becoming a medical missionary is to spend your days with Jesus.

Now the second step in becoming a medical missionary: "... He called His twelve disciples together, and gave them power and authority over all devils, and to cure diseases. And He sent them to preach the kingdom of God, and to heal the sick" (Luke 9:1&2). In step two, the disciples were to do what they had just seen Jesus do. They were to be medical missionaries, themselves. He gave them power and sent them out, two by two. They were not only followers, they were to be copies of Jesus. They were to not only admire what He did, they were to reproduce what He did.

The Twelve were first disciples—followers. They were with Him. Then they became apostles—sent. The goal of discipleship was apostleship. Jesus sent them out together, with power and with a message. He sent them. They did not send themselves.

We must have a message. We must not be like Ahimaaz in 2 Samuel 18. He wanted to run, but when he got to King David, he didn't have any message to deliver. All the energy expended was for nothing. He raised the expectations of the king only to



disappoint those expectations. We must not attempt to heal without a message.

We must have power. We must have more than human power. At first the disciples were not given full power. They were given training wheel power. John 7:39 says that the Holy Spirit had not yet been given in its full measure. Today we do not have latter rain power, but we can and must have training wheel power—early rain power. This is bestowed when we are sent.

There are those who go as medical missionaries without a knowledge, a familiarity with Jesus. There are others who go out armed with head knowledge and facts, but they go out as medical missionaries without power. Their knowledge, their familiarity with statistics and health principles is not sufficient. They may have funding, but that is not sufficient. We must have this power. We must be satisfied with nothing less, nothing else.

"But ye shall receive power, after that the Holy Ghost is come upon you" (Acts 1:8). It was the power of the Holy Spirit that made all the difference between success and failure throughout the book of Judges.

When there was no Holy Spirit there was only defeat. When there was the Holy Spirit there was only victory. Of Othniel, an early judge, it is written, "And the Spirit of the Lord came upon him, and he judged Israel, and went out to war: and the Lord delivered" [the] "king of Mesopotamia into his hand" (Judges 3:10).

After years of defeat the Bible says, "The Spirit of the Lord came upon Gideon" (Judges 6:34). We all know the rest of

The first step in becoming a medical missionary is to spend your days with Jesus.

that story. We are also told that the spirit of the Lord came upon Jephthah. It came mightily upon Samson. In the New Testament, the Spirit of the Lord rested on John the Baptist from his mother's womb.

It was this that gave him power.

All medical missionaries must have the power of the Holy Spirit if we are to make our influence felt in this secular age. There was a vast difference between the condition of the church before the latter rain and the condition of the church during the latter rain. The difference is the power.

Why do we not have this power today? Because it cannot be given until we have taken the first step and received a true knowledge of Jesus. Then and only then can we receive the second step, power. Only then can we be sent as true medical missionaries.

Acts 5:32 tells us that the Holy Spirit is not given indiscriminately. It is given to those who obey Him. When we pray for power, we are praying for the Spirit. When we pray for the Spirit, we are praying for quickness to hear God's commands, and strength to obey them. We will not receive these blessings without earnest, submissive prayer. "And he said unto them, This kind can come forth by nothing, but by prayer



and fasting" (Mark 9:29).

It was not until my son, Philip went away for training with the Amazing Facts College of Evangelism that I began to pray with Sherry every morning at four o'clock. We prayed for our children, the institutions with which we are associated, and our personal prayer requests. Nearly every day I see specific answers to these prayers. These specific answers let me know that God is hearing.

Our angels abide by certain rules in answering prayers. The passages in God's word which are promises to me are commands to the angels. They have full authority from God to grant what the Word promises. The angels love to have us pray. Our prayers give them immediate access to God's presence to receive the answer to our prayers. There is no bureaucratic red tape. When we pray in faith, we allow the angels the joy of communicating directly with God.

Not long ago, after praying to the Judge of the universe, I felt as if I were transported to the throne of God. Each of my requests was repeated by Jesus to God the Father, the Ancient of Days, the great Judge. I could almost hear God saying, "Request granted." "Request granted." I suddenly wondered, "Why am I asking for so little?" He wanted to grant so much more than the trivial requests I was making. His resources are limitless. He longs for me to ask. He loves to answer prayer.

Human kingdoms poorly

As a loving parent provides for the needs and wants of their child, so the heavenly Father, from His vast riches, provides for our needs and wants.

represent the way God's kingdom works. Earthly citizens provide wealth for, and bestow honor upon their rulers. But the divine King provides the wealth and bestows honor on the subjects of His kingdom. A parent is a more fitting representation of Jesus than an earthly ruler. As a loving parent provides for the needs and wants of their child, so the heavenly Father, from His vast riches, provides for our needs and wants. God is looking for those through whom He can display His wealth.

Step one of medical missionary training is intimate knowledge of Jesus, obtained through time spent with Him. Step two is being empowered to share with others the soul saving, body healing medical evangelism. Now we will consider the third step.

"After these things the Lord appointed other seventy also, and sent them two and two before His face into every city and place, whither He himself would come." Their mandate: "Heal the sick that are therein, and say unto them, The kingdom



"Heal the sick that are therein, and say unto them, The kingdom of God is come nigh unto you"

of God is come nigh unto you" (Lu 10:1 & 9)

Step three: He multiplied the medical missionaries. We are to enlist others in medical missionary work. We are not to try to confine the work to ourselves. We are to train others as we were trained. This was Christ's method with His disciples. 1: They learned how Christ did it by observing His example. 2: They gained experience by doing what they had seen Him do. 3: They solidified their learning by assisting in the training of others.

This is how God will train His final medical missionaries. Step one is where I desire to be right now. Following Jesus. Learning of Him. It is not yet time for dramatic miracles of healing. We are in the "John the Baptist time." He did no miracles, but what He said about Jesus was true. How did John know Jesus? Jesus and John never spent time together. John knew Jesus through His word. John studied the Bible. He studied the prophecies. This

gave him a knowledge of Jesus.

In the same way, I can spend time with Jesus today. Only as I take this step will I be ready for steps two and three. He will not send me out until I know Him well enough to reflect Him accurately.

This is my desire. I want to present the One who is altogether lovely in all His beauty. I want His wisdom to know when to speak and when to be silent. What is the connection between the medical work and spirituality? I am the connection. You are the connection. CHIP, or any other medical missionary program is just another program unless Jesus is shining through. You grasp the hand of Jesus and the hand of the weary seeker, and bring those hands together.

From The Other Side of the Hospital Bed



The year 2007 began with many noble plans and aspirations, consistent with my faith and with God's promises to bless. February 12, 2007, marked 45 years of life and 27 years of walking hand in hand with the Master. Life was good. I believed it could only get better. After all, that is what God promised me.

Sometime toward the end of February, I had a significant episode of rectal bleeding. On March 8, 2007, I went in

for a colonoscopy, sincerely anticipating benign results. I hoped to put this behind me and move on with my life. Instead, that March day changed my life because I was informed by a gastroenterology colleague that I had colon cancer.

The ensuing weeks and months were a roller coaster of worry and fear interspersed with periods of faith and trust in God. A colorectal surgeon/colleague in Lexington performed a proctoscopy and confirmed that the tumor was about quarter sized and

only about 3 cm from the colorectal junction. A CT scan provided some encouragement as the tumor appeared quite localized to the colon without any apparent metastasis. The surgeon proposed resection of at least one foot of my colon and partially into the rectum.

On March 22, 2007, I went into a major hospital in Lexington for the procedure. I remember going through all of those procedures that I had for years sent patients through. This time it was me drinking the

Redi-cath, waiting for the CT scan, going through the registration process. This time I was looking around me at fellow patients. Everything looked very different from my new perspective. I was now the patient on the other side of the patient care divide – indeed, on the other side of the hospital bed. I was no longer a part of the care delivery process. It was a humbling and life changing experience. My perspective has been changed forever. I discovered what it is to need care, and to be cared for.

I remember being in the pre-operative holding area where the anesthesiologist came to speak to me. He asked me if I needed something to calm down my anxiety. I looked at the monitor above my bed and noticed that my heart rate was still running in the 60s. I had indeed come to a point of deep confidence in the Almighty God. I trusted His ability to take me through this process with grace and mercy. I declined the offer.

My surgeon arrived. I looked him in the eye and said, "I know God can heal me, so if you open me up and find that there is no tumor, just close me up again and take me out of the operating room!"

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I was blessed with a Godly surgeon. Instead of being cynical he said, "I too am a believer, but the last time I looked, you had a tumor the size of a quarter, close to the colorectal junction. Most likely that is what we are going to find when we go in." Then he gladly agreed to my wife's request for prayer before the surgery. That was certainly another God-sent experience to further confirm my conviction that God was going to see me through.

The surgery was, to all appearances, successful. The surgeon was confident that the full 12 inch length of colon that he removed as well as all of the accompanying 25 lymph nodes appeared free of tumor beyond the wall of the colon itself. However,

I still had to await the pathology report to know the actual and final staging of this malignant tumor.

The postoperative period was rocky indeed. My first recollection after surgery was a searing, sharp, cutting pain in the abdomen upon my first attempt to get out of the bed. Nevertheless, I managed to accomplish my goal of getting up. I was reminded of the advice of my surgeon that I needed to be up and about as quickly as possible to avoid potential complications. On the second postoperative day, I developed a fever up to 102 degrees. My medical training, subsequent residency and years of practice informed my intellect that the fever was most likely due to atelectasis. But

my mind would wander far away from that likelihood to the less likely possibility of severe sepsis.

I felt sure that I was going to become hypotensive from sepsis. I worried that I would have to be taken to the surgical intensive care unit and that I would need to be on pressors and maybe develop ARDS and most likely end up on a ventilator. From there, who knows if I would even survive, since the mortality rate for ARDS that I had seen in my clinical experience is quite high. I am pleased to report that the fever subsided and was indeed just due to atelectasis. But the experience gave me a new understanding of the mental and emotional distress that can be so distressing to those “on the other side of the hospital bed.”

I learned what it felt like to experience iatrogenic complications in the hospital. My hemoglobin dropped from 11 on the first postoperative day to 6.9 by the fourth postoperative day. The drop appeared to be due to the 5000 units of Heparin that I was given every 8 hours as a prophylactic measure against DVT. Fortunately, I did not end up needing a transfusion. Once the Heparin was stopped, my hemoglobin stabilized and I was able to come home on the fifth postoperative day.

On that unseasonably warm, late March day when I departed the hospital, there were already signs of spring in the air. That warmth seemed like a message from the Almighty God that everything was going to be alright. There would be life, indeed, much more vibrant life, beyond this experience which was still ongoing.

I remember my wife driving the car into our garage. We paused to pray before coming out of the vehicle. My prayer

started out something like this “Lord I left here whole. Today, I return broken...” I could not complete the prayer because tears welled up in my eyes. They were not tears of self-pity. Rather, in that brief moment, I realized that I, too, had become a casualty in the great controversy between good and evil which is still ongoing. My wife held my hand and completed the prayer for me. Then she turned to me with that look that said, “Everything is going to be alright.”

On the fifth postoperative night, just after returning from the hospital, I developed a fever again, up to 101 degrees. Once again, the thoughts came back to me of all of the potential complication. At this stage, there could be an intra-abdominal abscess collection. That could require re-operation. I found myself on my knees pleading with God. I claimed His promises and insisted that He could not allow any such thing to happen because of the promises He had made in his word. I took those promises personally.

Then the words of the Apostle James came to my mind. “Consider it all joy my brethren when you encounter various trials, knowing that the testing of your faith produces endurance. And let endurance have it’s perfect result so that you may be perfect and complete, lacking in nothing” (James 1: 2). It occurred to me that it was useless to go through this bargaining with God. I recognized that He was seeking to achieve His perfect result in me through this experience. From that moment on, I learned to pray for patience, and that the experience would achieve God’s intended results.

The following days and weeks were quite a roller coaster experience. I received the final surgical pathology result. It was a

stage 1 tumor, only having invaded down into the muscularis layer. I rejoiced with that news, only to hear that they found “an island of cells that appeared in pericolic fat,” which we could not trace as being contiguous with the original tumor. This finding suggested that there was a local metastasis. In addition, this was a high grade lesion with a great potential for spread. The pathology report suggested that the tumor did not fit clearly in any of the staging classifications, which made it difficult to give a solid five-year survival prognosis.

The new findings, along with my relatively young age for this diagnosis, led my surgeon to recommend that I see a medical oncologist and consider a course of chemotherapy. Approximately two weeks after discharge from the hospital, the oncologist did recommend a regimen of chemotherapy which would last for several months. The goal would be an added margin of safety. And so, about seven weeks after surgery, I underwent placement of the port-a-cath for the stringent Folfox regimen for chemotherapy. It was another humbling experience with “the other side of the hospital bed.”

The chemotherapy itself was not a visit that I took lightly. Past experience with multiple patients of my own had taught

It was another humbling experience with “the other side of the hospital bed”.

My experience with chemotherapy was the most horrible time of my life.

me that these regimens could be quite toxic. There was potential for significant complications, not to mention the horrible quality of life that patients of mine have gone through during these courses of chemotherapy. Before actually beginning the course of treatment, I weighed the possibility of going to a lifestyle center for a more natural intervention. But since I had already been a vegetarian and a vegan for many years, it did not appear to me that I could obtain much more risk reduction than what I already had prior to the diagnosis. And so I proceeded.

My experience with chemotherapy was the most horrible time of my life. It was much worse than the surgery and postoperative course combined. I wore the pump for 48 hours consecutively. Something as “simple” as taking a shower and changing my clothes became a challenge. More devastating was the extreme fatigue during the infusion of this quite toxic regimen. It was more like an “out of body experience.” I now know what it is like to be constipated, nauseated, and profoundly weak. At times I found that reaching across the table to pick up the salt shaker seemed to take more effort than it would cost a normal person to run a marathon. After one of the twelve courses of chemotherapy, I called my medical oncologist colleague and informed him that I would not complete the regimen. Two days after that, I had the port-a-cath removed.

I remained profoundly weak, even after the chemotherapy had been discontinued. I started losing chunks of my very thick hair which I had prided myself on over the years. My wife had contacted several lifestyle centers prior to my surgery. Eden Valley Lifestyle Center in Loveland, Colorado had kept continuously in touch with us and followed my case closely. I was impressed with their genuine concern for my well being. So I took my wife and 12 year old daughter to Eden Valley, where I completed two weeks of lifestyle/alternative medicine regimen.

It was certainly interesting to be a part of this world of lifestyle medicine without any double blind, placebo controlled trials supporting it. None the less there is a strong Spirit of Prophecy injunction in support of it. I learned what it is to be on a true vegan diet. There were extensive hot water treatments, as well as hot and cold water treatments. The high temperature sauna caused me to perspire profusely. This was followed by intermittent, dramatically cold showers. Along with this, I took multiple immune enhancement supplements. Most importantly I began a structured exercise program which greatly contributed to re-establishing my strength after the chemotherapy and surgery.

Within a four month period, I had been through a whole course of traditional interventions with colonoscopy, surgical resection followed by chemotherapy and then lifestyle/alternative medicine intervention. My weight dropped more than 10 pounds through the ordeal. I now know what it is like to have absolutely no appetite. Sometimes everything tasted like cardboard. Nevertheless, I am pleased to report that at the time of this writing in early 2008, the Almighty God has been more than merciful in that He has truly

restored me. I have regained my weight and strength and my full head of hair.

I have now related the practical, human experiences on my journey back to wellness. However, the spiritual lessons are much more profound and far-reaching.

At the inception of the year 2007, I prayed for a broader ministry and a greater effectiveness on behalf of the master, particularly in terms of our ministry in AMEN. I found myself reviewing biographical examples in scripture of effective servants for God. There I found a common thread of experience running through the lives of Joseph and Daniel in the Old Testament, the Apostle Paul in the New Testament, and most importantly, the Master Himself. The common theme that I found was that each servant of God divested himself of his material comforts. More importantly, each one was led through an experience in which they embraced their own mortality. Each one walked away from that experience transformed, ready to serve without being hampered by the fear of loss or death.

In the book of Daniel, I found that Daniel and his three Hebrew companions went directly to prayer when they discovered that they were included in the decree from King Nebuchadnezzar that all of the wise men were to be executed. God answered by giving Daniel a vision. But Daniel’s prayer immediately after the vision indicates that the four young men had come a point of absolute trust in God, transcending their fear of death. This was subsequently reaffirmed in the experience of Daniel’s three colleagues who remained standing on the Plain of Dura while the entire world bowed to the famous golden statue created by King Nebuchadnezzar.



Only after Esther had gotten to that point of absolute trust in God was she able to look fearlessly beyond her current life.

Through following Paul's counsel, the ship's passengers were saved. Then Paul experienced a poisonous snake bite and survived that also.

In Second Timothy, chapter 4, the Apostle Paul articulates his position of complete trust. He lived a life of continuous surrender of his own mortality in his journey with the Almighty God. He said, "For I am now ready to be offered, and the time of my departure is at hand. I have fought a good fight, I have finished my course, I have kept the faith: Finally, there is laid up for me the crown of righteousness, which the Lord, the righteous judge, shall give me in that day: and not to me only but also to all who have loved his appearing." (2 Timothy 4:6-7)

We would do well to meditate on this particular text of scripture and the journey of the Apostle Paul preceding it. All of us are called to that journey of dying to self at the inception of our Christian walk. All are called to other "deaths" along the way until we reach that point of absolute trust, which indeed is a point of absolute effectiveness on Christ's behalf.

The most salient example of one who

The response of the three Hebrew boys in Daniel Chapter three goes down in Biblical history as an excellent example of the liberation that comes from looking beyond our current mortality. It demonstrates a position of absolute trust in the Savior. The influence of Daniel and his three colleagues upon the conquering nation of Babylon, even the heart of paganism, was so far-reaching that Nebuchadnezzar himself was converted and even decreed that others join him to worship the God of the Hebrews.

In the book of Esther, we find the young lady coming to the place of absolute surrender of her mortality in the famous statement, "I shall go before the king

and if I die, I die". Only after Esther had gotten to that point of absolute trust in God was she able to look fearlessly beyond her current life. Only then could she be effective in advocating on behalf of her people. God was then able to work out through Esther an amazing deliverance for all the Israelites.

In the New Testament, the most amazing example is that of the Apostle Paul. He often found himself in places in which it appeared that life was going to end. Paradoxically, we often find this apparent captive behaving more like the captor. The account of the jailor on the night of the earthquake illustrates this point. Again there is the account of the shipwreck.



embraced His mortality and went on to the greatest effectiveness on behalf of his Father is the Master Himself. It is recorded in each of the gospels. It is seen in His agony in the Garden of Gethsemane prior to His mock trial and subsequent sacrifice on Calvary. In the struggle that Jesus went through, we find our own individual struggles. He experienced desire for self preservation. We see Christ begging the Father to take the cup away from Him. But each time the plea ended with "Thy will and not mine be done." This is the attitude that each one of us must have in order to be effective on behalf of our Master.

As we look at the example of the life of Christ, particularly this moment in Gethsemane, we find that He gained the victory on his knees. From that fateful night in that garden, He went on to the final surrender at Calvary. His surrender, His death, and His resurrection are the guarantee of salvation for the entire human race. We now have the promise of restoration of the entire universe to complete harmony. Never will there be the possibility of the blemish of sin returning.

So at the inception of this New Year 2008, as I reflect on my journey of the past year, I too find myself transformed, changed

forever. On New Year's Eve, my wife invited our pastor and some other brethren from our church for a praise service. That is how far we have come—not only me personally, but also my wife and my daughter. We have come

to a point of actually praising God for the experience because through it, I find myself a better person, stronger in faith, more confident in His mercy and grace and assured of a place with Him in eternity. By His grace, I remain connected with Him as a branch to the vine as He promised in the book of John, chapter fifteen.

Certain Biblical truths are difficult to accept, but are nevertheless as true and relevant to us as the passages which are easy to embrace. Difficult passages include accounts such as the beheading of John the Baptist in which Jesus eulogizes him as being the greatest man ever born of a woman even though his head ended up on a platter. There is the account of the rich young ruler who received a call to forsake all that he had materially in order to follow the Master. He declined because "he had much possessions." Today, all that we know of him is that he was rich and young.

The spiritual journey to which each of us is called appears to be one of a progressive and continual invitation to do that which is counterintuitive to the human and secular mind. We are called to give in order to get, to die in order to live. Jesus records in the gospel that he who desires to save

his life will lose it, but he who is willing to relinquish his life on behalf of the Master will preserve it.

As I have embarked on this New Year after the preceding experience, I find myself stronger in faith, more confident in God's grace and better prepared to serve him without being hampered by the fear of my own mortality. I do not claim to have arrived in terms of my journey because spiritual growth is still ongoing. But I look back and find myself giving thanks for many things that I did not take the time to thank Him for before. I find myself much more willing to take on bold initiatives on behalf of the Almighty God, particularly in our vision for the Adventist Medical Evangelism Network. It is my sincere hope that by sharing this experience with you, some part of it will resonate in your own spiritual journey and lead you to choose absolute trust in the Master. It is a trust that transcends this current life and reaches out in faith to take hold of eternity. That eternity begins the day that we fully accept Jesus as our personal Savior.

I find myself stronger in faith, more confident in God's grace and better prepared to serve him without being hampered by the fear of my own mortality.

4TH ANNUAL
AMEN CONFERENCE

Linked FOR Service

OCTOBER 30 - NOVEMBER 2, 2008

DORAL DESERT PRINCESS RESORT • 67967 VISTA CHINO • CATHEDRAL CITY, CA 92234

The AMEN 2006 conference challenged me and many of my colleagues to a deeper commitment to the mission of the Advent Movement. I saw afresh the role of a Christ-like ministry for the whole man--body, soul, and spirit--in the work to prepare people at this close of earth's history for God's coming kingdom. – Fred Bischoff



FEATURED SPEAKERS:

- ☐ Doug Bachelor
- ☐ Roger Miller, MD
- ☐ Naren James, MD
- ☐ Samuel Pipim
- ☐ Robert Weaver, DDS
- ☐ Wendell Lawrence, DDS
- ☐ Neil Nedley, MD

WHAT TO EXPECT:

- ☐ Biblical devotional messages focusing on your personal relationship with Christ and how God can use you as a medical evangelist
- ☐ Hear inspirational testimonies from fellow physicians & dentists. You will be motivated by what they are doing to further medical evangelism.
- ☐ Attend workshops on a variety of topics from witnessing to patients, to becoming involved with missions, to strengthening your spiritual life.
- ☐ A challenge to fully surrender your personal and professional life to God's leading



I was so blessed by the presentations—the whole weekend was a rich feast of fellowship with committed healthcare professionals. – Todd Guthrie



As a medical student, I really enjoyed and appreciated the opportunity to interact and learn from physicians, who are using faith as an integral part of healing. Also hearing physicians talk about using their talents to help spread the Gospel reminded me why I am training to be a physician in the first place. – Thaddeus D. Wilson

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PALM SPRINGS

President's Perspective



Then Samuel took a stone and set it between Mizpah and Shen, and named it Ebenezer, saying, "Thus far the Lord has helped us." I Sam 7:12

This year 2008 marks the fourth year of AMEN's existence as an organization and as one who was blessed with being at the inception of the events leading up to the formation of AMEN, I find myself reflecting often on the above text, after a great victory by Israel over the Philistines.

In the summer of 2004, when Michael Orlich and I decided to sponsor a luncheon at the Cincinnati ASI for physicians and dentists with the theme: "Reviving the Right Arm" we did not have plans for an international organization of Seventh day Adventist physicians and dentists

that AMEN has now become. We were challenged by elder Finley to gather a group of SDA physicians and dentists at Cohutta Springs, GA in the Spring of 2005 so he could share with them a vision for medical evangelism. When the small group of us launched out in faith to take hold of that challenge and network with fellow colleagues to come to that event, little did we know that we would have over 40 professionals attending at such short notice and coming from great distances. Here again we saw the Hand of God at work through our feeble faith.

Inspired by the response to our Cohutta

event, we committed to the organization of AMEN and to our first annual conference in San Diego, CA. Once again we on the leadership team went forth timidly, unsure of the response, concerned that unless the attendance met our minimum goal, we would have to fund a large part of the expenses associated with the conference. Suffice it to say that once again we saw the hand of God at work with an attendance exceeding one hundred and contributions exceeding our needs to fund the conference.

Since these events, we have had two additional annual conferences with attendance exceeding two hundred. The Lord has provided more than enough funding to continue our operations and our registered physician and dentists membership has exceeded our initial goal of one hundred. Most importantly, we have seen the hand of the Almighty at work in the fulfillment of our core mission at home and abroad. In the year 2006 we collaborated in evangelism in Detroit, MI and Rajamundri, India. Harder to quantify is the revival of medical evangelism in the individual medical and dental practices across North America and overseas by each of us as members of AMEN. Only in heaven will that account be complete.

This second edition of the journal is itself a testimony to the maturing of AMEN as an instrument in the hand of the Master Physician to finish the great plan of redemption that predated the fall of our first parents. The most grand and exciting project in AMEN today is our AMEN TV initiative which was thrust upon us at the 2006 annual conference and is now actively ramping up its archive of high quality, professional health programs soon to be aired on key Adventist satellite networks but with the final goal of



reaching a secular world with the Three Angels Messages using the Right Arm. As one who has been blessed with seeing this initiative struggle to be born and now maturing before our eyes, I can't wait until our annual conference in October to feature the preliminary results of the Right Arm at work in the media of television.

So as we embark on this fourth year of AMEN as an organization, from the pen of inspiration comes the reminder that we have nothing to fear except that we forget the way the Lord has led us in the past. But most important, let us remind ourselves often of the above text: "Ebenezer, thus far the Lord has helped us."

We have nothing to fear except that we forget the way the Lord has led us in the past.

Bridges to the Soul



In a recent Gallop Poll, seventy-seven percent of Americans expressed the wish that their physicians or dentists would pray with them. Think about it! Seventy-seven percent of the people who walk into your office are looking for somebody that will pray with them. The vast majority of your patients instinctively recognize something that Ellen White wrote years ago:

“Satan is the originator of disease, and the physician is warring against his work and power. Sickness of the mind prevails everywhere. *Nine tenths of the diseases*

from which men suffer have their foundation here. Perhaps some living home trouble is, like a canker, eating to the very soul and weakening the life forces. Remorse for sin sometimes undermines the constitution and unbalances the mind. There are erroneous doctrines also, as that of an eternally burning hell and the endless torment of the wicked, that, by giving exaggerated and distorted views of the character of God, have produced the same result upon sensitive minds...The religion of Christ...is a potent soother of the nerves.” {CH 324.2}

People come to the doctor with real diseases, manifesting real physical symptoms. Adventist physicians who understand the inspired statement above, recognize that diagnostics which correctly label the disease process address only part of the problem. Pharmacology is a part of medicine but not all of medicine. It is time for physicians, especially Seventh-day Adventist Medical Missionaries, to create bridges to the souls of their patients. Then you may gain access to the mental, emotional, and spiritual roots of nine-tenths of physical disease.

If you arrange to see fifty or sixty patients a day, there is an almost overwhelming temptation to get them through as quickly as possible. It is so easy to miss the underlying issues of broken hearts, spiritual stresses or family issues which can trigger the headaches, stomach ailments, high blood pressure, and other issues which bring them to your office. It's easier to write the expected prescription for Prozac than to pause and get to know your patient.

A spiritual profile is as important to the Medical Missionary Physician as the list of previous surgeries and the number of relatives who died of heart disease. An emotional inventory can be as useful in successful treatment as a blood panel. A key question is this: “Was there any life changing event that occurred around the time these symptoms began to trouble you?”

Very often your patient will say, “Yes, there was.” Prayerfully you open the door for them to talk to you by saying something like, “Do you want to tell me a little about it?” You may hear of a wife that began seeing somebody else, or a child killed in an accident, or some other life-shattering experience. You spend a few life-changing minutes with your patient. You ask, “How did that make you feel?” “Have you been able to process this?” In your heart you are praying for wisdom. You may be led to talk about self-worth, and personal value in the sight of God. You bring in the Great Physician as your consultant by saying, “May I pray with you?”

Many times these patients will leave your office with a bounce in their step, feeling that they have been pointed in the right direction. You have ministered to them spiritually. You have been a true Medical

Missionary. You may send a patient away with a prescription to ease symptoms during the healing time, but the long-term solutions often come because the peace of God sets the patient's immune system free to do its job in overcoming the disease process.

What is Medical Missionary Work? It is the Ministry of Healing. It is saving body and soul for heaven. Technology is included. But technology is not all-encompassing. Medical Ministry embodies the teaching and healing ministry of Jesus. It meets health needs with the best technology available, and it does all of this in the attitude of Christ.

Is participation in Medical Ministry limited to those who have degrees? Absolutely not! In fact, it is important to be careful that our degrees are not allowed to limit our Medical Missionary work. There are many who practice medicine. There are many who do health education. But there are few who do health ministry or evangelism.

In the life of Christ we see true humility which puts the real needs of the people ahead of His own popularity. Medical Missionary work in its' broadest sense is “others centered.” It ministers to the real needs of other humans. The emphasis is not on the degree that I have, or the practice that I am trying to establish. The higher my educational level, the more obligated I am to minister like Jesus. Medical Missionary work shifts us away from the arrogance of our position to the needs of the person who comes to us. A physician who is wrapped up in himself is a very small package. Whoever is great among you will copy the Great Physician's methods.

Jesus was a Master at finding and meeting people's real needs. The first five chapters of John give us some of Christ's case histories. In Chapter One, the thirty-eighth verse, Jesus says, “What do you seek?” In chapter two we see Christ meeting social needs at a wedding. In chapter three He responds to a Pharisee's spiritual need. In John's fourth chapter Jesus meets the emotional needs of the woman at the well on His way to appointments with other patients who had pressing physical ailments. In the fifth chapter of John we see the Great Physician bringing health and hope to the most miserable of humans, the paralytic at the pool of Bethesda.

“Nothing that in any way concerns our peace” is neglected by the Great Physician (SC 100). This must also be true of the Medical Missionary.

It cost something when Jesus revealed that He had a mandate higher than that which his followers expected of him. John 6:66 says that many “walked no more with Him” after He shared that revelation. Many a physician, who, in his heart, is a committed SDA Christian, feels reluctant to share the Word of God. There is always the temptation to worry that doing the work of Christ in the medical practice might make us unpopular with some of the patients. Jesus well understands the difficult question, “Will I share the essence of who I am with the risk of losing people?” Our Pattern put the real needs of the people above his own popularity.

Let us look at three diagnostic tools – three “bridges to the soul” which, with prayer, can make it easier for the honest in heart to receive the blessings God wants to give them through your ministry.

Number One: The FFF Principle has to do

with the past, the present, and the future. This modality focuses on the way a person feels. Your patient may present with a minor infection, with anxiety or nervousness, insomnia, stomach complaints, or a host of other symptoms. As the physician you are in the perfect position to ask this question, “Was there any life-changing event which preceded the onset of these symptoms?” Answers may vary from “I don’t know” to “My wife started seeing another man,” to “My teenage daughter was killed in a car accident.”

Example: A female patient has just lost her 16-year-old son in a collision. Her life is falling apart. She is a nervous wreck. She has come to get something to calm her nerves. You begin by talking about the onset of symptoms and you find the trigger that occurred when these symptoms first manifest themselves. Then you begin to talk about feelings related to the incident.

Applying the FFF principle is as simple as expressing your effort to understand how the patient Feels now. The second F comes when you share that others have Felt that way in the past. The third F tells what you and/or others have Found to be helpful in such difficult situations.

You will not try to tell the patient that you know just how he or she feels. You cannot really know, and they will respect you for recognizing that. But you can express your effort to understand. I have said to a mother whose child was killed, “I can hardly imagine what you must be going through...I have children. It is hard to imagine what it would be like to lose one...

Number Two: In order to find a hook on which to hang something spiritual, you must learn something about your patient.

To a stressed-out father with young sons you might say, “Does your busy schedule allow you enough time to spend with your boys...?”

It is important to learn how to frame these probing questions in such a way that they are not offensive. You would not gain the man’s confidence if you just said, “Have you been spending enough time with your children?” He’s already heard it that way from his wife, and his defenses would immediately go up. But once your patient senses that you empathize with his situation, he is led to confide in you about the things that matter to him.

Having found the “hook” on which to hang a spiritual blessing, you apply the third F in the FFF Principle. I might say something like “You know, John, your problem is not unique. Many men face the same problem. I can understand something of how it feels. You feel guilty about it sometimes, don’t you?” When John agrees, and expresses his sense that his stomach ulcer is probably related to that guilt-stress over being a stranger to his sons, you can say, “Others have found that probing the spiritual values in life has brought them peace. They have found that God is a refuge and strength. May I share with you some of the spiritual values that these others have found helpful?” Then I might read a text, and ask John for permission to pray with him.

Number Three: Watch for physical symptoms that may be indicators of a deeper problem which is rooted in spirituality. Remembering Inspiration’s insight about nine-tenths of physical disease having its roots in the mind, you begin to see that the foundation of heart disease may be a faulty thinking process – faulty ideas about diet – or childhood patterns of taking comfort

Medical Missionaries learn to see the whole person as Christ sees him – physically, mentally, and spiritually.

in unhealthful foods. If you just explain the food problem, you are not solving the fundamental problem which is the faulty thinking process that led to the food problem. Stress may be underlying your patient’s symptoms. Faulty thinking often leads to stress. The disease may be cancer, but did the person’s immune system get broken down because of tension and anxiety?

Medical Missionaries have the highest of mandates. They look at life and at health from a broad perspective. Medical Missionaries learn to see the whole person as Christ sees him – physically, mentally, and spiritually. Medical Missionaries make use of all the tools God has given. Through Technology and through the Scriptures, the Medical Missionary seeks to enhance each patient’s health, increase longevity, and make room in the heart for that faith which brings salvation and peace. In the day of final accounts, Jesus will say to the true Medical Missionary, “Verily I say unto you, Inasmuch as you have done it unto one of the least of these, My brethren, ye have done it unto Me.” (Matthew 25:40)

Attention Medical & Dental Students

YOU ARE ELIGIBLE TO RECEIVE A SUBSIDY TO ATTEND AMEN’S ANNUAL CONFERENCE “LINKED FOR SERVICE”
OCTOBER 30 – NOVEMBER 2, 2008 • DORAL DESERT PRINCESS RESORT IN CATHEDRAL CITY, CALIFORNIA

One of AMEN’s primary goals is to encourage, mentor, and support Seventh-day Adventist medical students and residents in their development as medical evangelists. Therefore, AMEN provides you with the opportunity to attend our annual conference at no cost to you. AMEN covers the cost of your registration fee, food and lodging. You are simply responsible for transportation costs to and from the Palm Springs

area. We encourage you to take advantage of this unique opportunity. Space is limited so sign up today at www.amensda.org/events/annual-conference/student-subsidy/

Many medical and dental students attended AMEN’s conference in San Diego two years ago. Here is what they had to say....

As a medical student, I really enjoyed and appreciated the opportunity to interact and learn from physicians, who are using faith as an integral part of healing. Also hearing physicians talk about using their talents to help spread the Gospel reminded me why I am training to be a physician in the first place. —Thaddeus D. Wilson

As a fourth year medical student, the AMEN conference was especially beneficial to me. Having had a little bit of clinical experience I know the time constraints of an office visit. The leaders at AMEN offered excellent ways to deal with this challenge, ways that they have found to work in their practices. This will help me better meet the spiritual needs of my patients as I start my residency. Thank you very much for not only inviting us medical students but also giving us a subsidy to attend. —J. Seth Lukens

I believe that God has raised up AMEN for such a time as this! As a medical student, I am eager to learn tools for medical evangelism from those that have gone before me. —Jason Shives

“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.” —Dipika Pandit

“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! My favorite part was Pastor Finley’s seminar to Residents and Students. It 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, Resident



Mission Update



WE ARE SOLICITING INTEREST FOR SEVERAL UPCOMING MEDICAL MISSION TRIPS WITHIN THE NEXT YEAR. Not only are physicians and dentists needed, but also nurses, allied health professionals, and anyone willing to learn simple medical tasks such as taking vitals or using an automated machine to fit corrective lenses. Current projects we are investigating include:

2008

MALAWI, AFRICA • JUNE 16-JULY 1

- Health/HIV education and basic medical care, with special emphasis on family medicine, emergency room physicians, internal medicine, etc.

FIJI • JUNE 27-JULY 14

- The Quiet Hour Youth Mission Adventure—medical clinics in a school setting combined with building and evangelism

PAPUA NEW GUINEA • AUGUST 1-16

- The Quiet Hour—one medical team is needed to run medical clinics along side evangelism with Pastor Bill Tucker and his wife Jackie

SOLOMON ISLANDS • SEPTEMBER 20-OCTOBER 10

- The Quiet Hour Youth Mission Adventure—medical clinics in a school setting combined with building and evangelism

2009

CUSCO, PERU • MARCH

- The Quiet Hour—10 teams are going. There will be evangelistic meetings & medical clinics on this trip. The number of clinics conducted depends on how many medical professionals are interested being a part of this mission opportunity.

If you feel God leading you to participate in overseas medical missionary work, please contact: Dr. David Catalano at djcats7@hotmail.com or AMEN’s Administrative Director, Rebecca Barnhurst at Admin@AMENSDA.org for more information.

AMEN serves as a clearing house for a number of overseas medical evangelistic projects. Visit www.amensda.org/mission-trips/ to use the searchable mission database and view more opportunities.

AMEN is partnering with Gospel Outreach in China, and will be sending members to the Sichuan province near Tibet in April of this year to arrange an outreach there. Please pray for their safety and success. We are still seeking donations for a medical van to work in this previously difficult-to-reach area of the world.

AMEN ANNUAL CONFERENCE REGISTRATION

Linked FOR Service

OCTOBER 30 - NOVEMBER 2, 2008

DORAL DESERT PRINCESS RESORT • CATHEDRAL CITY, CALIFORNIA

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	# ATTENDING	AMEN MEMBERS		NON-MEMBERS	
		By 8/30/08	Later	By 8/30/08	Later
Registration:	_____	\$185	\$235	\$235	\$285
Registration Guests—Meals only:	_____	\$160	\$180	\$160	\$180
Registration Children 4-12 years:	_____	\$ 80	\$ 90	\$ 80	\$ 90
Children 0-3 are free:	_____	--	--	--	--
TOTAL:	_____	_____	_____	_____	_____

Residents & their spouse receive 50% off the above rates. Medical and Dental students are eligible to receive a subsidy covering their registration fee and lodging at the conference. Apply online at www.amensda.org

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. Please make your reservations through the Doral Resort directly as soon as possible. Call: (888) 386-4677. We look forward to seeing you in October!

Please mail your completed application & registration fee to—or register online at www.amensda.org:

REBECCA BARNHURST, ADMINISTRATIVE DIRECTOR
Adventist Medical Evangelism Network
PO Box 1114 • Collegedale, TN 37315

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

REGISTRATION CAN ALSO
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ADVENTIST MEDICAL EVANGELISM NETWORK

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