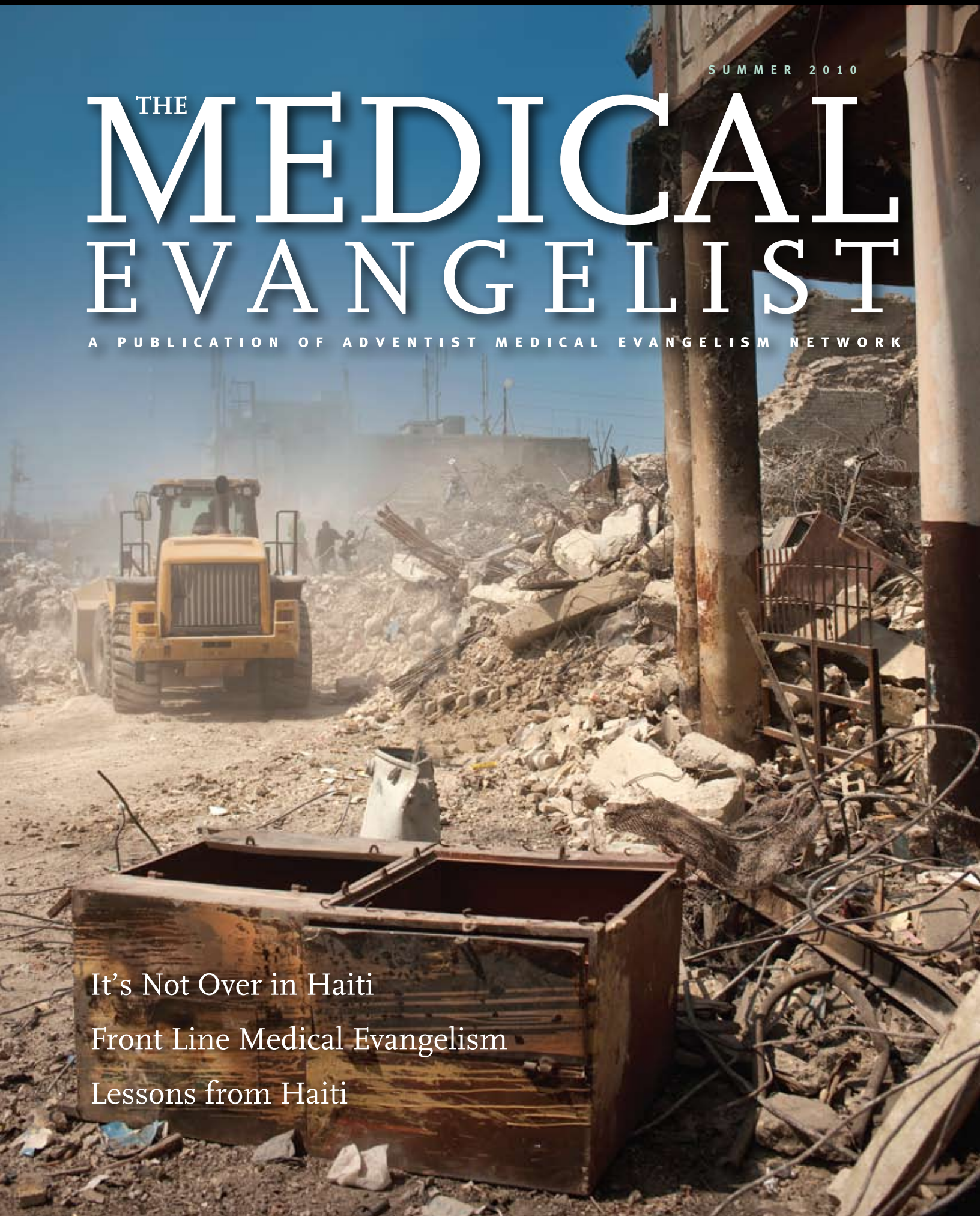
SUMMER 2010

THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK



It's Not Over in Haiti

Front Line Medical Evangelism

Lessons from Haiti

6TH ANNUAL AMEN CONFERENCE

CPR

CHRIST PATIENT RESTORER

OCTOBER 28 – 31, 2010

PARADISE POINT RESORT
1404 VACATION ROAD • SAN DIEGO, CALIFORNIA 92109

FOR MORE INFORMATION, VISIT WWW.AMENSDA.ORG

SUMMER 2010

THE MEDICAL EVANGELIST

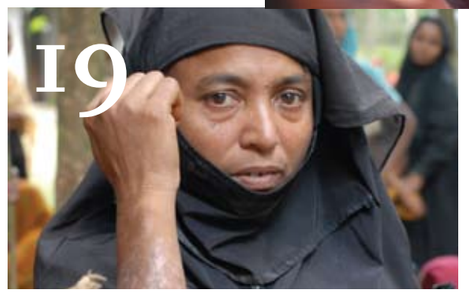
A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

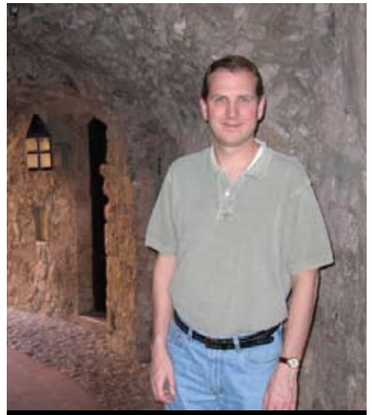
The Medical Evangelist is the official publication of the Adventist Medical Evangelism Network. The purpose of the publication is to equip physicians and dentists to be effective medical evangelists.

The Medical Evangelist is provided to AMEN members. Institutions and individuals who are not members wishing to receive the journal may request copies or a subscription by contacting AMEN at 423-826-4025 or barnhurst@amensda.org.

ADVENTIST MEDICAL EVANGELISM NETWORK
PO Box 1114
Collegedale, Tennessee 37315
423.826.4025
www.amensda.org

contents





BRIAN SCHWARTZ, M.D.

"Let this mind be in you which was also in Christ Jesus, who, being in the form of God, did not consider it a robbery to be equal with God, but made Himself of no reputation, taking the form of a servant, and coming in the likeness of men. And being found in appearance as a man, He humbled Himself and became obedient to the point of death, even the death of the cross." *- Philippians 2:5-8*

On January 12, 2010 at 4:53pm a 7.0 magnitude earthquake hit just 10 miles west of Port-au-Prince Haiti leaving a wake of destruction with 3 million people in need of emergency aid.

The greatest missionary to ever come to this world was the Lord Jesus Himself. Leaving his father and a life of comfort, He chose to come to a small speck on the far reach of the universe. He chose to be bound up with humanity.

In binding Himself to the human race, Christ humbled himself. Christ had been one with God the father with all the attributes of divinity. It was through Jesus that the world was created. He was the all powerful creator God. In becoming a man, He came to our world not as a prince, not as nobility, but as one of us. He came in the form of a servant and humbled Himself even to the point of death; not just any death, but the cruel death of the cross.

On January 12, 2010 at 4:53pm a 7.0 magnitude earthquake hit just 10 miles west of Port-au-Prince Haiti leaving a wake of destruction with 3 million people in need of emergency aid. Already the poorest country in the Western Hemisphere with 80% of the population living under the poverty line, living on less than two dollars per day, the devastation of the earthquake left an already vulnerable country in total devastation.

It was into this chaos that members of AMEN and other relief agencies responded to the disaster. Physicians, dentists, nurses and other healthcare workers responded within hours of the disaster.

This issue of the AMEN journal is dedicated to the people of Haiti and the missionaries who left the comforts of their homes to bring relief, aid and medical resources to the least of the least of all countries in the Western Hemisphere. The members of AMEN, and sister organizations, who met the call shared in the suffering of the Haitian people. Often they had to sleep out in the open, had few resources for sanitation, and in some cases, shared in their illnesses. Thus they had the opportunity to follow in the footsteps of their master Jesus Christ—the greatest missionary ever to our world.

Brian Schwartz, M.D.

by **Aysha Inankur, MD**

Lessons from Haiti

White patches dotted the urban landscape that I viewed from my American Airlines window. Scattered among the ruined buildings were white tents erected in Port-au-Prince after the January 12 earthquake. Thousands of displaced families now lived under plastic or fabric roofs. The rainy season had begun, and I wondered how those Haitians would survive and how a few foreigners with boxes of pills could make a difference.

On February 28, twenty-nine health care providers and supporting personnel landed in Port-au-Prince for AMEN's third annual mission trip to Haiti. Unlike dozens of other teams, who focused on acute medical relief in the earthquake's aftermath, our efforts included lifestyle education and preaching. We hoped to make a lasting impact, and through serving, we were changed.

The Haiti connection began in 2008, when AMEN and the Three Angels' Broadcasting Network (3ABN), sent a team to Children's Lifeline Mission. "Each year, they've asked us back," says David Catalano, MD, who organizes the medical trips. Dr. Catalano uses a three-fold approach, which he calls 'trifective': medical work, followed by health talks, and finally evangelistic meetings. The 'right arm' thus helps establish the gospel. After the earthquake, 150 physicians and dentists contacted AMEN to inquire about relief work. This outpouring of support resulted in our team of nine medical and three dental care providers.

Our first destination was Children's Lifeline Mission. Located thirty-miles outside Port-au-Prince, this gated compound includes a non-denominational school that provides food, clothing, and medical supplies to underprivileged children.

Clinics were held at two Lifeline sites--one on the main campus, another at a satellite school. In three and a half days, our medical and dental teams treated 1200 patients.

With a mere thirty-day supply of meds to give each person, my primary goal was to point patients to God, their unlimited Healer. After handing them a prescription, my translator, Charles, would ask the patient if I could pray with them. Everyone said, "Yes!" The three of us would then bow our heads, while I prayed in English. I considered prayer the most important part of each patient encounter, yet by omitting its translation, prayer appeared to be the least essential communication. Unsure how Charles would respond to added work, I asked him to start translating my prayers. He complied without complaint and became the biggest fan of prayer. "You gave that woman all those pills," he said, "but then you gave her the better medicine." After prayer, Charles asked the patient how she felt. Then he turned to me and said, "Look how broadly she's smiling! She just got her first dose of the best medicine." I will never see how the iron tablets affected that woman's hemoglobin, but I hope our prayer left an eternal impact.

While I told patients of God's power to heal, they showed me His ability to sustain.

I was not prepared for all the medical problems that confronted me. A middle-aged woman walked into my exam room for her weekly debridement of a leg wound. She had refused amputation when the limb was injured 12 years ago. Unsure what to do, I began searching for hydrogen peroxide. She saw my uncertainty, jumped off the exam bed and gathered the supplies. Nodding and shaking her head, she coached me through the dressing changes.

Another afternoon, I was pulled into the waiting room to examine a girl on crutches. Bricks had fallen on her foot during the earthquake. No bones were broken, but soft tissue was sheared off her toes, leaving bone exposed. She visited a doctor daily for debridement and hoped the black tissue would eventually peel off. Though I believed she needed surgery, I was struck by the tenacity of her family, still fighting to avoid amputation.

While I told patients of God's power to heal, they showed me His ability to sustain.

Even more lasting than the health principles we hoped to instill, were the spiritual truths we presented. A recent graduate of the Andrews University Theological Seminary, Sterling Thompson, MD doubled as physician and preacher. Dr. Thompson, a family medicine physician from Michigan, learned about the trip in early February. However, as God would have it, he 'just happened' to already have the first week of March blocked for vacation. His words met the Haitians where they were and lifted their minds heavenward. He preached his final sermon under a canvas by a tent city. Speaking from John 14, he aptly reminded the homeless hearers of God's desire to give them heavenly mansions.

Pews under the canvas were packed. One by one, we Americans left our seats to make room for natives. Standing outside the tent, I could see hundreds of reverent worshipers. A teenage boy stood beside me, holding a white New Testament. Several friends gathered around to read over his shoulder. That Bible was one of few belongings he had retained after the earthquake. Looking further across the audience, I saw more Bibles. Mothers sat, holding a baby with one arm and a Bible with the other. Books were tattered and underlined, their presence revealing faith in the midst of pain. As Dr. Thompson preached to the tent-dwellers, their devotion spoke to me.

After three days at Lifeline Mission, we drove to Eden Garden Orphanage. Started by a Seventh-day Adventist builder ten years ago, the orphanage feeds, houses, and educates 30-50 children. The facility costs $12,000 per month to operate and is entirely funded by private donors. The campus is a garden paradise with pink bougainvillea scattered around its clinic. Kids arrive at the orphanage from all parts of Haiti. No admission criterion is required. They accept any child in need.

We watched the dinner line as orphans, in cotton shirts and ruffles, waited for a heaping bowl of rice. These children are better off than many in the neighborhood. They receive at least one meal daily and sleep on a mattress.

On my last afternoon in Haiti, I stayed at the orphanage while my friends took a walk in the village. I was not alone for long; a crowd of children soon surrounded me. Three girls approached me. They looked like triplets, wearing identical denim dresses. As all three climbed onto my lap at once, I remembered they have no mother or father to carry them.

In place of parents, older children reached out to the younger ones. I met a sixth-grade orphan girl, holding a baby. When she learned I was a physician, she said, "I'd like to become a doctor, but I have no one to help me." Then her face brightened, and she corrected herself, "No, Jesus can help me become a doctor." Life had taught her that Jesus is all she has, yet His support is enough. Her words were the most refreshing testimony I heard.

When we arrived there, we seemed so inadequate. How could we, from a country of excess, encourage faith in Haitians who had lost everything? I learned, however, that though we could not identify with their loss, by giving of ourselves we could model God's sacrificial love. They could not relate to our abundance, but their lives proved His sustaining power. As each of us shared what we had seen and heard of Jesus, both cultures saw a bigger picture of God.

The impact we ultimately made is impossible to estimate. I discussed this concept with AMEN's mission coordinator, Carlos Moretta, an oral surgeon who led our dental team. One could say that Haiti was a disaster before the disaster, so what difference does pulling a few teeth make? He replied, "The answer is rapport. I might not be able to make that difference on this trip, but when a Christian does a good deed, he plants a seed for another Christian to come and reap. Everything is about timing. It's not our timing but God's timing."

From clinic and pulpit, we planted seeds of truth. I do not know how many seeds will germinate, but I do know that, as we planted—we were changed. As we instructed them, they taught us. The faith of those who had lost everything spoke more loudly than any sermon I could have preached. Their lives echoed the testimony of Paul: "Neither death, nor life, nor angels, nor principalities, nor powers, nor things present, nor things to come, nor height, nor depth, nor any other creature, shall be able to separate us from the love of God" (Romans 8:38, 39).

by **Ron Fleck, MD**

Front Line Medical Evangelism

Dr. Ron Fleck and his wife Bobbie founded Second Hope Ministries, a nonprofit based in Walla Walla, WA, with the intent of meshing the medical missionary work with the Third Angel's message. The Flecks design all of the projects in which they become involved so that they are simple and sustainable.

At the request of AMEN, of which he is a member, Dr. Ron launched a pioneer mission trip to Haiti although he had no guarantee of financial assistance. He believed the Lord would provide all of their needs, which He did – safety as well as financial. A motivated and skilled team consisting of four surgeons, a logistic expert, and a diesel mechanic joined him on the trip. A second team left for Haiti shortly after the return of the first team. The two teams ministered medically to over 4,000 individuals in their combined three weeks.

Interestingly, Dr. Ron chose not to join the second team. He felt confident they were equipped to carry out the work he had started. Instead, while the second team worked in Haiti, Dr. Ron left two days later on his trip to Sudan and South Africa. He says this was "the most demanding trip that I have ever been on, especially ministering in Southern Sudan."

Dr. Ron was accompanied on this trip by Gatbel Chamjock, a physician assistant from Colorado. Bobbie and Dr. Ron met Gatbel in 1998 when he waited on their table in a restaurant in Tennessee. Bobbie was particularly impressed with Gatbel, who is Sudanese, and they exchanged contact information. Eventually, they lost touch with each other. Years later, the Flecks learned that Gatbel was at Union College in Nebraska studying to be a physician assistant. Subsequently, he was baptized into the Seventh-day Adventist Church. When Dr. Ron asked Gatbel to accompany him on a trip to South Africa, Gatbel responded that he would if they first went to Sudan. "Sudan needs this training much worse than South Africa," he insisted.

> He belived the Lord would provide all of their needs, which He did – safety as well as financial.

The providence of God was not only evident in their past chance meeting, but also tangible on this trip. Upon their arrival in Addis Ababa, Ethiopia, Gatbel preached in a nearby church on Sabbath; then the two men set up village health training for forty-seven Adventist Sudanese refugees in the hotel conference room.

In the hotel lobby, a woman noticed Gatbel with a Bible under his arm. "Are you a man of God?" she asked. He said that he was, and she introduced herself as a Pentecostal minister. She was so impressed with the work of Gatbel and Dr. Ron, she spent her entire day with them.

The next day Dr. Ron and Gatbel prepared to leave for Juba, Sudan. At the airport in Addis Ababa, they struck up a conversation with a United Nations Development Program officer working in Southern Sudan. He was so intrigued with their village healthcare training program that he urged them to set up a legally and officially recognized NGO with the government of Southern Sudan. He took out a piece of paper and scribbled down the exact process. In forty-five minutes, God had given an entire plan of action for their work in Southern Sudan.

> They left Sudan with a definite sense that God had led and desired to reach out to one of the most impoverished regions in the world.

Within eight days of taking the "concept note" to various bureaucratic offices, which required not only the articles of incorporation for the ministry but also their translation into Sudanese for endorsement, Second Hope Ministries International was certified as a bona fide NGO in Southern Sudan. Under the best of circumstances, this process normally takes months. Going forward, the NGO will ease red-tape hurdles for future plans. All this progressed while the team of two were training Sudanese in village healthcare from early in the morning until late at night under the most adverse conditions.

They left Sudan with a definite sense that God had led and desired to reach out to one of the most impoverished regions in the world.

When Dr. Ron and Gatbel arrived back in Addis Ababa, they conducted further training with twenty individuals who had attended the village training the week before. They were pleasantly surprised when the manager of the hotel waived the $100 rental cost of the conference room. The hotel night manager asked if he could attend the training the next time it is offered.

The next day they set off to South Africa for health evangelism training of business people in Johannesburg. Pastor Sam Misiani had invited them to do this training in preparation for the planting of the Amazing Grace Church. The business people in this modern industrial city of ten million did not want village health training, so Ron and Gatbel presented excellent material on health and wellness instead.

It is evident to Dr. Ron that God is truly blessing Second Hope Ministries and resources are availabe when God is in charge.

While covering pulmonary diseases, Dr. Ron shared the pharmacological dynamics of traditional asthma medications. He slipped in some information on how to treat asthma when no physician or pharmacy is nearby. This immediately raised the interest of everyone present. Stating that he had just shared information from his 'village health' curriculum, the conference participants clamored for more.

One of the attendees was a wealthy lawyer who had recently inherited the title of chief of twenty-three villages upon the death of his ninety-two year-old father. Following the training, he stated that this was exactly what his people needed. He will be training a healthcare worker for each of his villages.

Another businessman who attended the training informed Dr. Ron and Gatbel that he had returned to Christ five years before and now wished to sell his business to begin using his training in health and wellness. This story is still developing; Dr. Ron is currently in contact with him to work out the details.

It is evident to Dr. Ron that God is truly blessing Second Hope Ministries and resources are available when God is in charge. Dr. Ron strives to create simple programs that will be sustainable by the local people once he and his team leave.

Second Hope Ministries is currently planning to train Haitian Adventists in village healthcare. They are working with Dr. Larry Rahn, an AMEN member, and Eden Garden Orphanage board member, who has a passion for a medical missionary and evangelistic training center in Haiti.

Dr. Ron extends an invitation to physicians, dentists, nurses, and other professional medical providers who are interested in learning more about tropical diseases. He will be conducting a four-day training conference called "Hot Topics in Tropical Medicine and Village Healthcare." With world-class presenters from around the country, this promises to be an interesting, educational, and inspirational event.

The conference will be held in College Place, Washington August 26 – 29, 2010. Registration is $240 which includes lunch and supper. For more information or to register contact Dr. Ron at: **flecklogan@hotmail.com** or visit **www.secondhopeministries.org**

by **Greg Saunders, MD**

Disaster, Disparity, And Duty:
In Search Of A Deeper Dialogue On Christian Responsibility

The basic scene is familiar. There are a lot of countries around the world where, as your flight comes in for a landing, you see the beauty of tropical vegetation (coconut palms, mango trees, papaya, etc.), along with azure water lapping on sandy beaches. But once on the ground you meet the evidences of a struggling economy: buildings and roads that have not been optimally constructed or maintained; drivers and vendors competing with one another for your business; traffic snarled with disreputable vehicles vying for position while their tailpipes pour out heavy fumes (from engines whose combustion is ingeniously coaxed onward for desperate service rather than environmental quality); rivers and gutters that run with refuse and debris (both organic and inorganic) where semi-domesticated animals and birds strive for sustenance until they become the next meal for man.

This could be a city in a lot of diverse, economically-challenged countries of the world. But for Port-au-Prince, another insult is added – an earthquake that leaves multitudes dead or injured, homes and businesses in heaps of rubble from which the nauseating stench of decaying flesh continues to exude, and a crippling of all commerce, education, health care, transport and communication.

Extreme situations tend to bring out the best and the worst in people. In some you will find a spirit of courage and determination to do one's best against seemingly insurmountable odds, good humor despite tragedy, and generosity even if it requires unusual self-deprivation.

Others may feel compelled to steal, maim or kill in order to ensure survival for themselves or their families.

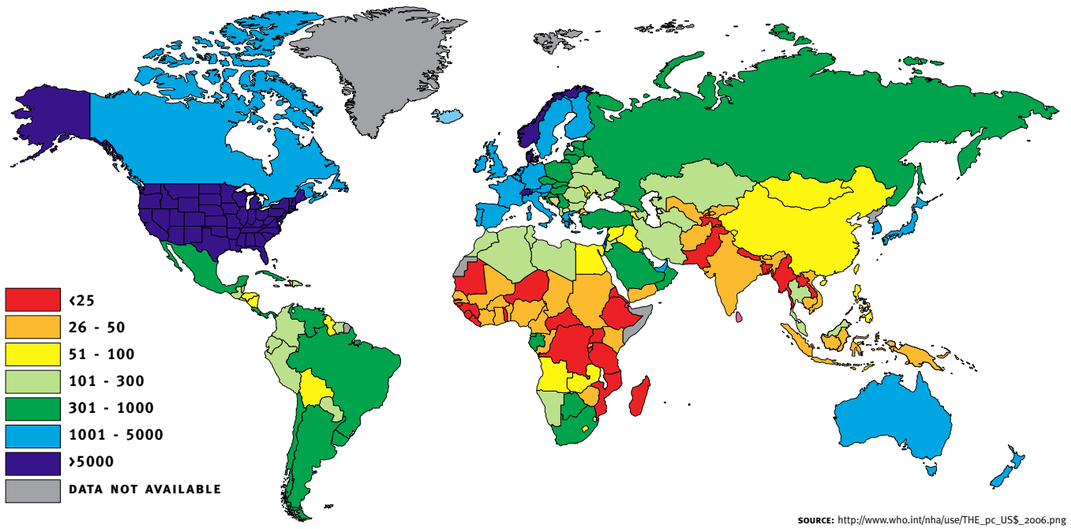
Even among those volunteering to help, different attitudes and motivations exist. Some are willing to sacrifice deeply to ensure that those who need help receive it; others have limits on what they will forego in terms of comfort or security; and some, it seems, are more interested in the recognition accorded to themselves and/or their organization than they are in the actual benefit received by those in need.

The outpouring of international assistance after the Haiti Earthquake is amazing and encouraging. By the time I arrived, about two weeks post quake, the original desperate struggle to cope with the burden of mass casualty management had given way to a surplus of surgical professionals in some areas where there seemed to be competition to find a debridement, skin graft, or revision amputation to take to the operating room. In order to feel useful, I found myself looking to communities that were more peripheral to the epicenter of the quake, where help had not yet come. And in the process, as has been my experience in other disaster responses, I found myself attending to surgical problems that really had nothing to do with the earthquake, but rather reflected the baseline lack of surgical care: i.e., a baby with "tongue-tie," hernias and hydroceles at stages beyond what they would usually be repaired in wealthier nations, and young women with pelvic masses that were difficult to diagnose due to lack of imaging facilities. I was reminded of my experience in Pakistan after the 2005 earthquake, where in a brief two-week period I repaired half a dozen cleft lip/palate anomalies in kids of elementary to junior high school age. Their forced migration to an IDP (Internally Displaced Person) camp adjacent to a hospital where I happened to spend some time as a volunteer created the opportunity for them to receive the care that should have been provided to them much earlier in life.

And that brings me to the heart of my concern-- the underlying disparity that exists in health care in different parts of the world, a horrible situation that seems to be, well, just taken for granted. I'm not ignoring the contribution of many health professionals (and others) who are working hard to make a difference with skills, time, financial resources and keeping research and discussion alive, particularly in areas of the world where the challenges seem overwhelming. But what we have seen in the wake of disasters such as the Haiti earthquake reveals that we could (should?) be doing much more.

To get a quick snapshot of the existing disparities, look at some **World Health Organization (WHO) statistics.** The first is shown in Figure 1. This graphic depicts

FIGURE 1: TOTAL EXPENDITURE ON HEALTH PER CAPITAL, 2006 (IN US$)

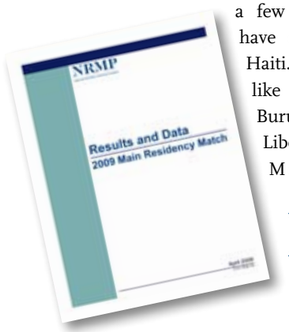


SOURCE: http://www.who.int/nha/use/THE_pc_US$_2006.png

> But what we have seen in the wake of disasters such as the Haiti earthquake reveals that we could (should?) be doing much more.

total expenditure on health care per capita (in US$) for most of the countries in the world. As can be seen, in contrast to the US, which spends more than $5,000/person/yr, Haiti is the only country in the Western hemisphere that spends less than $50/person/yr. However, Haiti is in good company with much of South Asia and most of Sub-Saharan Africa, where many countries spend less than $25/person/yr.

Another telling table of statistics is shown in Figure 2. This is adapted from 2008 WHO data and depicts the number of physicians per 100,000 population for the countries of the world. As can be seen, the United States enjoys 256 physicians per 100,000 population. Haiti is at just under 10% of that, with 25 physicians per 100,000 population. A noticeable number of Sub- Saharan African (and a few other) nations have even less than Haiti. Countries like Bhutan, Burundi, Ethiopia, Liberia, Malawi, Mozambique, Niger, Sierra Leone, and Tanzania have just 2 or 3 physicians per 100,000 population.



NATIONAL RESIDENT MATCH PROGRAM FOR THE YEAR 2009

There is another insidious process going on that many do not talk about, but which raises a significant ethical challenge to the United States and other wealthier nations. Figure 3 depicts the data from the National Resident Match Program for the year 2009. As can be seen, out of 21,340 matched positions for PGY-1 (postgraduate year 1), only 14,566 went to U.S. seniors graduating from medical school. This means that the remainder must come from other nations. The data show that 3,112 of these were non-US IMG's (International Medical Graduates). Many of these IMG's are from countries that can ill-afford to give them up, and most of them (for various reasons) do not return to their home countries. Their absorption into the U.S. workforce means that this country is enjoying the services of professionals that poorer nations undertook the expense to educate, but then lost the benefit of that investment. Not long ago I heard a report on National Public Radio (NPR) that there are more Ethiopian physicians in the Washington D.C. area than there are in the nation of Ethiopia. While it is nice to offer opportunity to international health professionals, who cannot be disturbed by the injustice of a wealthy nation sucking precious resources from a country already unconscionably underserved?

So, what should be our response as Christian health care professionals? I would suggest the following:

1) **As the spotlight of the media dims in regard to Haiti, we should do our best to keep alive the interest of those willing to volunteer their professional services and valuable time.** The existing disparities, not just in Haiti, but in many of the underserved areas of the world, should always be kept in view. Strategies need to be devised to meet these challenges. Building a database of individuals willing to serve that can be made available to institutions and organizations which need their services would be a good place to start. Ongoing communication is essential.

2) **Educate. Educate. Educate.** Not only should the United States (and other wealthier nations) train more of their own health care professionals (so as to avoid stealing them from other, underserved, areas), but those interested in helping should strategize ways to optimize their contribution by making their international interaction focus on imparting skills and knowledge to indigenes who can continue to offer

FIGURE 2: NUMBER OF PHYSICIANS PER 100,000 POPULATION

Country	ISO	1990-2007
Afghanistan	AFG	20
Albania	ALB	115
Algeria	DZA	113
Andorra	AND	364
Angola	AGO	8
Antigua and Barbuda	ATG	17
Argentina	ARG	301
Armenia	ARM	370
Australia	AUS	247
Austria	AUT	366
Azerbaijan	AZE	363
Bahamas	BHS	105
Bahrain	BHR	272
Bangladesh	BGD	30
Barbados	BRB	121
Belarus	BLR	478
Belgium	BEL	423
Belize	BLZ	105
Benin	BEN	4
Bhutan	BTN	2
Bolivia	BOL	122
Bosnia and Herzegovina	BIH	142
Botswana	BWA	40
Brazil	BRA	115
Brunei Darussalam	BRN	114
Bulgaria	BGR	366
Burkina Faso	BFA	5
Burundi	BDI	3
Cambodia	KHM	16
Cameroon	CMR	19
Canada	CAN	191
Cape Verde	CPV	49
Côte d'Ivoire	CIV	12
Central African Rep	CAF	8
Chad	TCD	4
Chile	CHL	109
China	CHN	142
Colombia	COL	135
Comoros	COM	15
Congo	COG	20
Congo, Dem Rep	COD	11
Cook Islands	COK	118
Costa Rica	CRI	132
Croatia	HRV	247
Cuba	CUB	591
Cyprus	CYP	230
Czech Rep	CZE	358
Denmark	DNK	359
Djibouti	DJI	18
Dominica	DMA	50
Dominican Rep	DOM	188
Ecuador	ECU	148
Egypt	EGY	243
El Salvador	SLV	124
Equatorial Guinea	GNQ	30
Eritrea	ERI	5
Estonia	EST	333
Ethiopia	ETH	3
Fiji	FJI	45
Finland	FIN	330
France	FRA	341
Gabon	GAB	29
Gambia	GMB	11
Georgia	GEO	465
Germany	DEU	344
Ghana	GHA	15
Greece	GRC	500
Grenada	GRD	98
Guatemala	GTM	90
Guinea	GIN	11
Guinea-Bissau	GNB	12
Guyana	GUY	48
Haiti	HTI	25
Honduras	HND	57
Hungary	HUN	304
Iceland	ISL	377
India	IND	60
Indonesia	IDN	13
Iran, Islamic Rep	IRN	89
Iraq	IRQ	66
Ireland	IRL	294
Israel	ISR	367
Italy	ITA	370
Jamaica	JAM	85
Japan	JPN	212
Jordan	JOR	236
Kazakhstan	KAZ	388
Kenya	KEN	14
Kiribati	KIR	23
Korea, Dem People's Rep	PRK	329
Korea, Rep	KOR	157
Kuwait	KWT	180
Kyrgyzstan	KGZ	239
Lao People's Dem Rep	LAO	35
Latvia	LVA	314
Lebanon	LBN	236
Lesotho	LSO	5
Liberia	LBR	3
Libyan Arab Jamahiriya	LBY	125
Lithuania	LTU	395
Luxembourg	LUX	273
Macedonia, FYR	MKD	255
Madagascar	MDG	29
Malawi	MWI	2
Malaysia	MYS	71
Maldives	MDV	92
Mali	MLI	8
Malta	MLT	388
Marshall Islands	MHL	47
Mauritania	MRT	11
Mauritius	MUS	106
Mexico	MEX	198
Moldova, Rep	MDA	266
Monaco	MCO	581
Mongolia	MNG	263
Montenegro	MNE	203
Morocco	MAR	51
Mozambique	MOZ	3
Myanmar	MMR	36
Namibia	NAM	30
Nauru	NRU	77
Nepal	NPL	21
Netherlands	NLD	371
New Zealand	NZL	213
Nicaragua	NIC	37
Niger	NER	2
Nigeria	NGA	28
Niue	NIU	200
Norway	NOR	377
Oman	OMN	167
Pakistan	PAK	80
Palau	PLW	158
Panama	PAN	150
Papua New Guinea	PNG	5
Paraguay	PRY	111
Peru	PER	117
Philippines	PHL	115
Poland	POL	197
Portugal	PRT	344
Qatar	QAT	264
Romania	ROU	192
Russian Federation	RUS	431
Rwanda	RWA	5
Saint Kitts and Nevis	KNA	110
Samoa	WSM	28
San Marino	SMR	4,735
Sao Tome & Principe	STP	49
Saudi Arabia	SAU	137
Senegal	SEN	6
Serbia	SRB	199
Serbia and Montenegro	YUG	206
Seychelles	SYC	151
Sierra Leone	SLE	3
Singapore	SGP	150
Slovakia	SVK	312
Slovenia	SVN	240
Solomon Islands	SLB	13
Somalia	SOM	4
South Africa	ZAF	77
Spain	ESP	330
Sri Lanka	LKA	55
St. Lucia	LCA	517
St. Vincent & Grenadines	VCT	75
Sudan	SDN	30
Suriname	SUR	45
Swaziland	SWZ	16
Sweden	SWE	328
Switzerland	CHE	397
Syrian Arab Rep	SYR	53
Tajikistan	TJK	201
Tanzania	TZA	2
Thailand	THA	37
Timor-Leste	TMP	10
Togo	TGO	4
Tonga	TON	29
Trinidad and Tobago	TTO	79
Tunisia	TUN	134
Turkey	TUR	156
Turkmenistan	TKM	249
Uganda	UGA	8
Ukraine	UKR	313
United Arab Emirates	ARE	169
United Kingdom	GBR	230
United States	USA	256
Uruguay	URY	365
Uzbekistan	UZB	265
Vanuatu	VUT	14
Venezuela	VEN	194
Viet Nam	VNM	56
Yemen	YEM	33
Zambia	ZMB	12
Zimbabwe	ZWE	16

SOURCE: http://earthtrends.wri.org/searchable_db/results.php?years=all&variable_ID=1297&theme=4&country_IDall&country_classification_ID=all

the services after the teacher has gone. This can be done by plugging into existing training programs in order to strengthen their capacity; or, if there is adequate interest and appropriate organization, new centers for the training of health care providers can be started. Different levels of training may be appropriate in different areas, thus improving the skills of Village Health Workers , from nurses to physicians to those in postgraduate specialization. Each may play a part. The point is: don't just go and volunteer your services; go and teach someone else to do what you can do. And, in the process, look for ways in which their working conditions can be improved so that there will be a higher probability of retention of their services in their home country.

3) **Learn from each other.** Not only can important knowledge and skills be imparted to people in underserved countries, but those from wealthier nations can learn important lessons from people who have had to manage meager resources. Learning to reduce the "diseases of affluence" and their tremendous burden on wealthy nations would also be a great benefit.

4) **Be open to new paradigms.** Nobody does enough about prevention. Often the focus is on treating disease. What if we did things differently? I believe there is a need for fresh ideas that can be appropriately tested.

5) **Don't lose sight of the Reason.** The Compassion that Jesus talked about in the story of the Good Samaritan is the driving force. It's all about caring, giving and serving. When other motivations get into the mix, things start to get off track. We need to keep our eyes on Jesus.

So that's where my mental meanderings have taken me. I hope that these thoughts can be helpful and inspirational to others, and that together we can make more of a difference in facing the disparities. I'm not naïve enough to think that we are going to solve all the problems; I'm just idealistic enough to believe that we can do more.

FIGURE 3: MATCHES BY SPECIALTY AND APPLICANT TYPE, 2009

SPECIALTY	NO. OF POSITIONS	NO. FILLED	U.S. SENIOR	U.S. GRAD	OSTEO.	CANADIAN	5TH PATHWAY	U.S. IMG	NON-U.S. IMG	NO. UNFILLED
PGY- 1 POSITIONS										
Anesthesiology	733	723	612	4	53	0	0	28	26	10
Dermatology	28	28	27	1	0	0	0	0	0	0
Emergency Medicine	1,472	1,459	1,146	57	163	1	2	70	20	13
Emergency Med/Family Med	4	4	3	0	0	0	0	0	1	0
Family Medicine	2,535	2,311	1,071	80	244	2	12	420	482	224
Internal Medicine (Categorical)	4,922	4,853	2,632	84	306	8	18	470	1,335	69
Medicine-Dermatology	8	8	7	1	0	0	0	0	0	0
Medicine-Emerg Med	24	24	19	0	2	0	0	3	0	0
Medicine-Family Medicine	5	4	3	0	1	0	0	0	0	1
Medicine-Medical Genetics	2	2	2	0	0	0	0	0	0	0
Medicine-Neurology	3	2	2	0	0	0	0	0	0	1
Medicine-Pediatrics	354	339	241	8	27	0	0	28	35	15
Medicine-Preliminary (PGY-1 Only)	1,880	1,791	1,504	33	59	3	3	75	114	89
Medicine-Preventive Med	8	5	1	0	0	0	0	0	4	3
Medicine-Primary	247	236	155	2	10	0	0	15	54	11
Medicine-Psychiatry	20	17	8	1	2	0	0	2	4	3
Medical Genetics	3	1	1	0	0	0	0	0	0	2
Neurological Surgery	191	191	172	3	1	0	0	3	12	0
Neurology	196	195	123	1	10	0	0	9	52	1
Obstetrics-Gynecology	1,185	1,179	879	31	108	1	6	85	69	6
Orthopaedic Surgery	641	640	587	33	5	0	0	3	12	1
Otolaryngology	275	273	263	5	0	0	0	2	3	2
Pathology	522	492	321	27	34	0	1	29	80	30
Pediatrics (Categorical)	2,392	2,326	1,682	20	190	4	6	125	299	66
Pediatrics-Dermatology	0	0	0	0	0	0	0	0	0	0
Pediatrics-Emerg Med	7	7	4	1	1	0	0	1	0	0
Pediatrics-Medical Genetics	5	3	2	0	0	0	0	0	1	2
Pediatrics-P M & R	4	4	4	0	0	0	0	0	0	0
Pediatrics-Primary	79	79	46	0	1	1	0	1	30	0
Peds/Psych/Child Psych	22	21	18	1	0	0	0	1	1	1
Physical Medicine & Rehab	82	78	41	2	15	0	3	11	6	4
Plastic Surgery	101	99	87	7	1	0	0	1	3	2
Preventive Medicine	6	6	2	1	0	0	0	0	3	0
Psychiatry (Categorical)	1,063	1,052	656	31	102	3	5	93	162	11
Psychiatry-Family Medicine	11	10	6	1	1	0	0	0	2	1
Psychiatry-Neurology	3	3	2	0	1	0	0	0	0	0
Radiation Oncology	15	15	15	0	0	0	0	0	0	0
Radiology-Diagnostic	151	148	132	4	8	0	0	2	2	3
Surgery (Categorical)	1,065	1,060	824	76	31	1	2	48	78	5
Surgery-Preliminary (PGY-1 Only)	1,151	678	401	16	16	0	3	70	172	473
Thoracic Surgery	3	3	3	0	0	0	0	0	0	0
Transitional (PGY-1 Only)	981	943	840	12	16	1	4	24	46	38
Urology	9	9	7	2	0	0	0	0	0	0
Vascular Surgery	19	19	15	0	0	0	0	0	4	0
TOTAL PGY-1	**22,427**	**21,340**	**14,566**	**545**	**1,408**	**25**	**65**	**1,619**	**3,112**	**1,087**

SOURCE: http://www.nrmp.org/data/resultsanddata2009.pdf

by Carlos Moretta, DDS

It's Not Over In Haiti

Although the thrust of relief work has subsided it is important to know that a sustained effort in Haiti is not only afoot but needs our support. It's been three months since the devastating quake sounded a bell to which most of the well-intentioned world responded. AMEN members had and continue to have the opportunity to provide care for our Hatian brothers and sisters. This is a brief report for us to assess what our impact has been in that country.

From the inception of the relief effort, AMEN sought out agencies with which to partner in the aid work. They included Loma Linda University and ACTS World Relief among others. Loma Linda University's response in our very own Hospital Adventiste was prompt and a number of AMEN members were able to serve there. Many are continuing to provide sustained support there. By the grace of God, Hospital Adventiste was one of the few hospitals which was largely unaffected structurally by the earthquake. Thus it served as a key center of relief work in that community and beyond. ACTS World Relief set up shop just across the street from Hospital Adventiste establishing a primary care clinic. This allowed the hospital to concentrate on the more urgent

and complicated medical cases. This make-shift clinic across from Hospital Adventiste is where the majority of AMEN volunteers spent their time in the course of the last few months. Thanks to Pastor David Canther of ACTS, I am able to share with you, our members, some numbers which reflect our impact as a whole in this clinic. As of March 31, the ACTS Operation Hope for Haiti clinic is responsible for:

- 167,000 hot meals cooked and distributed
- the training 30 Haitians in basic healthcare
- **providing 63,000 patients with health care assistance**
- **providing approximately $2.4 million in medicine**
- providing 73 architectural and engineering structural inspections, in order to declare the safety of schools, industries, hospitals, churches and homes.
- **providing numerous donation of tents and reconstruction.**
- **providing 164 prosthetic mental health and physical therapy assistance needs.**
- **providing 63,000 patients with mental and spiritual health care.**
- **installing water systems in our hospital and two additional clinics.**

TOTAL DONATED VALUE OF SERVICES = $8.3 MILLION *(bolded are areas where AMEN members were directly involved)*

While these numbers are indeed impressive alone, they are tantamount to a large number of baptisms after a powerful evangelistic campaign...which, if there is no sustained support after the baptisms, those souls eventually go out the proverbial "back door". We are not here to toot our horns. Haiti still needs our help. In relief work, it is difficult, and maybe even inappropriate, to wedge in the gospel when there persists profound basic needs. If our purpose is to bring souls to Christ after this disaster, this may take a while. I've been to some pretty needy places in this world, but after my two trips to Haiti in February and March, Haiti currently sits at the top of my list. I wish to let you, our constituents, know that AMEN is not giving up its effort in Haiti. The AMEN board has officially ratified its full support to the yearly Haiti mission trip(led by Dr. David Catalano for the past 3 years). If you would like to join AMEN in February/March of 2011 contact missions@amensda.org. If another time of year is better for you, we encourage you to join AMEN's partner: ACTS World Relief by emailing volunteer@actswr.org.

> We've only begun to bring relief to needs that have been stewing for years.

We've only begun to bring relief to needs that have been stewing for years. As medical evangelists, our goal is to bring the patient to a knowledge of Christ AFTER we relieve their suffering. This is the pattern Christ left us. Let us follow.

Upcoming Opportunities

Haiti

The Adventist Hospital in Port Au Prince continues to need volunteers; especially nurses and other allied health workers. Loma Linda is coordinating the staffing at the hospital with needs starting June 18. If you have time to serve or know of anyone interested please register at www.lluglobal.com. Simply click the 'Sign Up for Haiti' button; then in the comments section indicate that you were referred by AMEN. If you need more information please email Alex Sokolov at asokolov@llu.edu.

AMEN member Dr Phil Blake will be leading a team to Adventist Hospital in Haiti October 15-23, 2010. They are looking for a Dental team, nurses, and physical therapists.

For more information or to join them please email Dr. Phil at lju@sbcglobal.net or call (979) 236-6030.

India

Maranatha is looking for AMEN members who are willing to join them on a trip to Bobbili, Andhra Pradesh. They will be working at a school for the blind where children are in great need of medical care. Outreach clinics could also be conducted in the area. Final dates are yet to be determined. If you are interested in helping please contact Ricky Kearns at missions@amensda.org or call (314) 779-4492.

In addition, AMEN is developing a database of physicians, dentists and allied health workers who are willing to participate in future mission trips and disaster relief type projects.

If you would like to be contacted regarding future opportunities please contact Ricky Kearns at missions@amensda.org.

by **Phil Mills, MD**

The Secret to a Satisfying Medical Practice

For a number of years physicians have been complaining about the increasingly unsatisfying state of medical practice in this country. Many have told me they have even advised their children to avoid taking medicine as a profession. Talk in the doctors' lounge often centers on increasing regulations, increasing expenses, declining income, insurance hassles and the dangers of malpractice. These, coupled with the increasing impatience of patients, the pressures of staffing (the list seems endless) have taken away the joy of medicine.

A couple weeks ago I received a phone call from an AMEN member who did not respond to my complaints of the latest problems in medical practices. Instead he told me how satisfied he has recently become in his practice. His conversation was like water for my thirst and he had no idea how intently I listened as He told me his story. He has not always been satisfied in his practice. For many years he felt frustrated. He had been in a large group practice with no time for family. He felt guilty being "unequally yoked" with unbelievers. He felt he did not dare witness to patients.

Finally, somewhat fearfully, he set out on a quest to be completely in the will of God. Leaving the seeming security of the large group, he set up his own small practice. He has been working closely with his local church and pastor. He has been very careful in who he hires for his office. Systematically he has been praying, studying his Bible, and attempting to follow what it says. Often he has faced obstacles and perplexities in knowing just what to do.

Through disappointments and unpleasant surprises he didn't give up on his quest to be in the will of God. Now, three years later, he says, he has the steadying assurance that he is doing the will of God. As an unexpected benefit he has found his practice satisfying. He listed off his blessings: His family is supportive, his staff proud to work in the clinic (in fact, there is a waiting list for quality people wanting to work in his office), his practice volume is full, and he is providing a new measure of medical care that is bringing results. He has been giving Bible studies to interested questioners, and has so many interests that he is now referring some of these interests to church members wanting to give Bible studies. He attributes all this to being in the will of God.

His story has set me thinking. There is nothing more important in life than knowing and doing the will of God. The difference between being saved and being lost is the difference between being in the will of God or out of His will (Mt 7:21). Being in the will of God is the only thing that can give us true satisfaction despite the increasing stresses of modern medicine. The martyrs, in the will of God, went singing to the stake. When we are in the will of God we can be satisfied and happy despite our difficulties with increasingly heavy and inconsistent governmental intrusions, insurance kiting and thievery, and the ever present threat of malpractice. My wife and I have been reading through the book, The Upward Look. Shortly after the phone conversation that was so thought

> "Let your will and the will of Christ be one. Talk this, pray this, live this." UL 69.3

provoking to me, we read a passage from a letter written to Dr. F. E. Braught, a physician who had been trained at Battle Creek and was working with Dr. Kellogg in Chicago.

"Let your will and the will of Christ be one. Talk this, pray this, live this." UL 69.3.

That profound sentence gives four keys to a satisfied medical and dental practice.

1. **Let your will and the will of Christ be one.** That means we must study to understand the will of God more thoroughly then we studied any medical or dental information. We face a test more important on the will of God than any boards we have taken.

2. **Talk this.** The thoughts are the source from which our words come (Mt 12:34). If we are to speak of the value of doing the will of God, we must think about the blessings that come from knowing and doing His will; otherwise by our words we will fail to recommend our religion (See GW92 273).

   "Perfect conformity to the will of God is the high aim to be constantly before the Christian. He will love to talk of God, of Jesus, of the home of bliss and purity which Christ has prepared for them that love Him. The contemplation of these themes, when the soul feasts upon the blessed assurances of God, the apostle represents as tasting 'the powers of the world to come.'" 5T 745.

3. **Pray this.** Jesus, the example Physician, shows this means of daily surrender, "Not my will, but Thine be done." Luke 22:42.

4. **Live this.** The will is a choice. Our will is changeable and weak. Our vows and resolutions are quickly broken. But God's will is strong. When we surrender our choices He gives us His choices and we receive His strength. We can go in the strength of the Lord (Ps 71:16, Mic 5:4).

Doing the will of God brings heaven and its peace into our lives. Doing the will of God brings the sweetest kind of heaven into our homes (AH 15.4). Doing the will of God in our practices is the only way we can bring our staff and patients a little heaven on earth (Mt 6:10 last part).

I learned this valuable secret from networking with AMEN.

6TH ANNUAL AMEN CONFERENCE

CPR

CHRIST PATIENT RESTORER

OCTOBER 28 – 31, 2010

PARADISE POINT RESORT
1404 VACATION ROAD • SAN DIEGO, CALIFORNIA 92109

First Name: _____ Middle Initial: _____ Last Name: _____

Degree: _____ Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

	# ATTENDING	AMEN MEMBERS		NON-MEMBERS	
		By 8/31/10	Later	By 8/31/10	Later
Registration:	_____	$195	$245	$245	$295
Registration Guests—Meals only:	_____	$195	$195	$195	$195
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 7 meals. (Friday breakfast 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 Paradise Point Resort directly as soon as possible. **Call: 800-344-2626.** *We look forward to seeing you in October!*

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

REGISTRATION CAN ALSO BE COMPLETED ONLINE AT WWW.AMENSDA.ORG

Rebecca Barnhurst
Adventist Medical Evangelism Network
PO Box 1114 • Collegedale, TN 37315

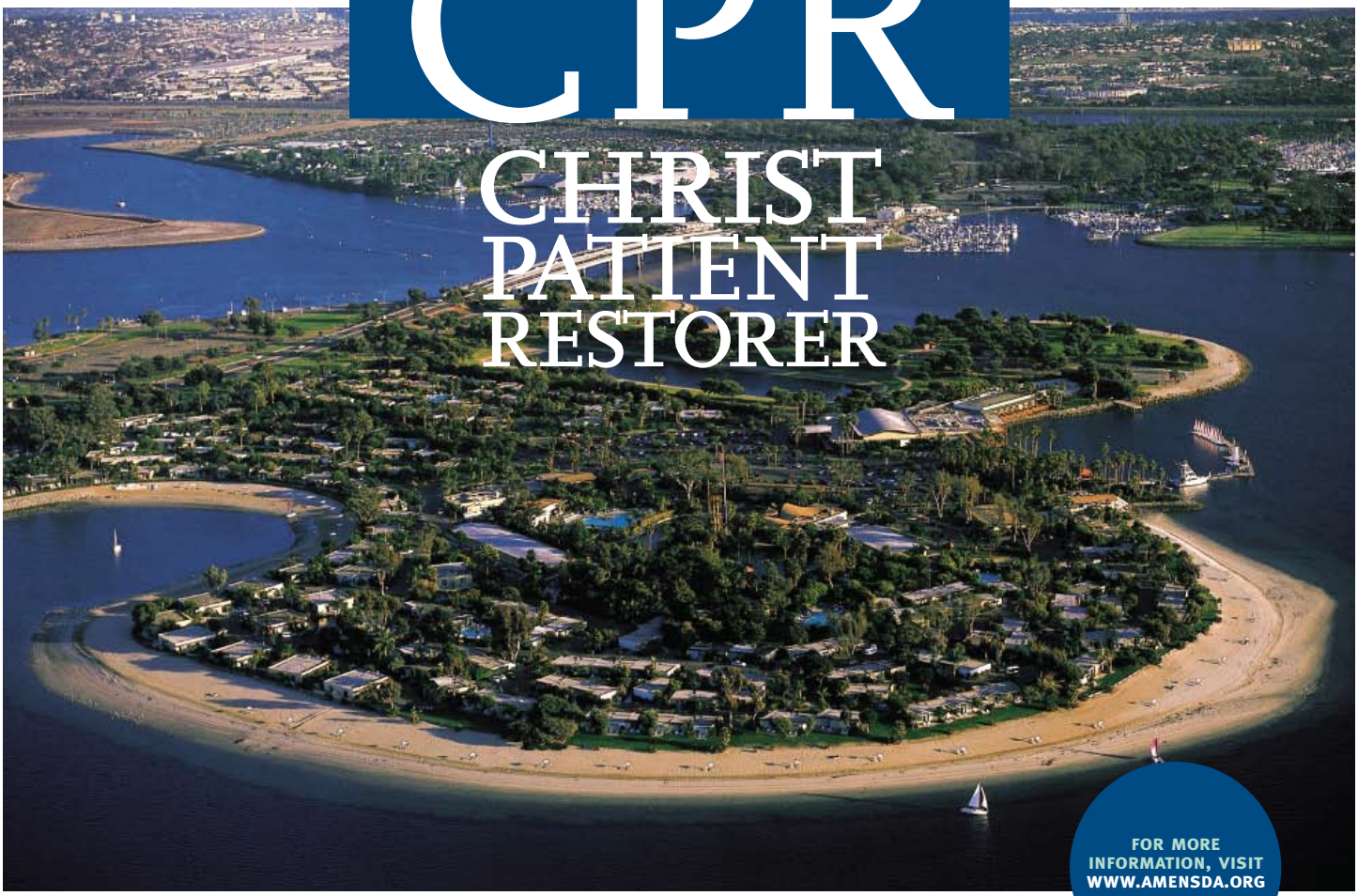
Checks should be made payable to Adventist Medical Evangelism Network or 'AMEN'.

ADVENTIST MEDICAL EVANGELISM NETWORK
PO Box 1114
Collegedale, Tennessee 37315
423.826.4025
www.amensda.org

6TH ANNUAL AMEN CONFERENCE

CPR

CHRIST PATIENT RESTORER



FOR MORE INFORMATION, VISIT WWW.AMENSDA.ORG

OCTOBER 28 – 31, 2010

PARADISE POINT RESORT
1404 VACATION ROAD • SAN DIEGO, CALIFORNIA 92109