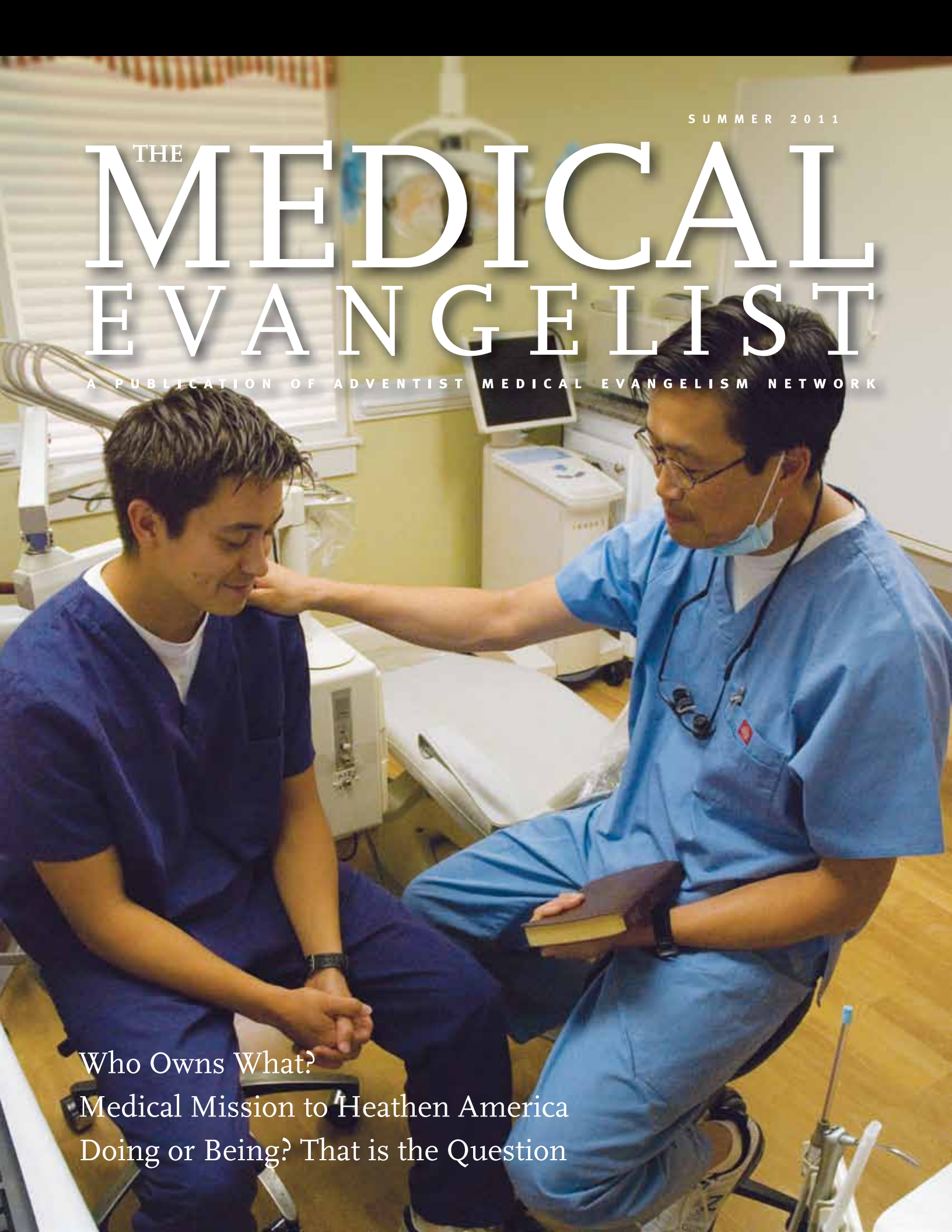


SUMMER 2011

THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

A photograph of two men in medical scrubs sitting in a clinical setting. The man on the right, wearing glasses and a blue surgical mask around his neck, is holding a brown Bible and has his hand on the shoulder of the man on the left. The man on the left has his hands clasped and is looking down. The background shows medical equipment and a window with blinds.

Who Owns What?
Medical Mission to Heathen America
Doing or Being? That is the Question

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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.

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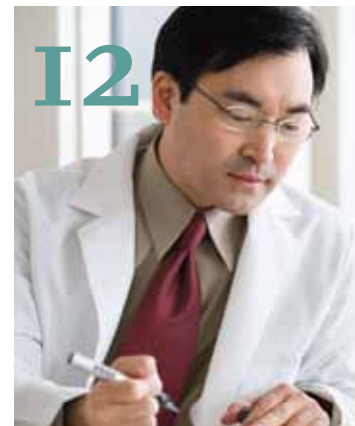
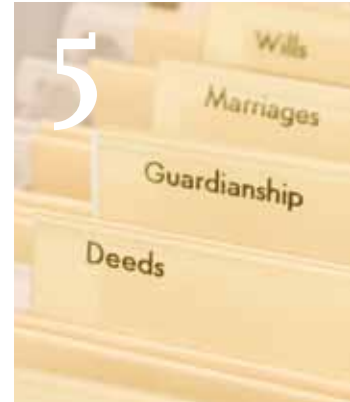


ADVENTIST MEDICAL EVANGELISM NETWORK

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BRIAN SCHWARTZ, M.D.

Dr. Brian Schwartz is an interventional cardiologist, practicing in Kettering, OH. As a medical student, he struggled with his faith, nearly coming to the point of giving up. He was reclaimed through a deeper understanding of the meaning of Christ's sacrifice and its implications for his personal life. Having recovered, Dr. Schwartz still struggled for years with the nagging conviction that medicine was supposed to be more than just a job. He longed to make his medical work a healing ministry. His involvement with AMEN has taught him how to intentionally integrate spirituality into his practice so now it feels like a natural transition. His joy is to share with his patients the message that has so touched his heart.

Since 1844, we have been living in the last days. Each generation since then has been given the call, and the privilege, to have a part in finishing the work and, as such, be *the final generation.*

However, like the children of Israel, who believed the task was too large, and thus responded by unbelief—many since 1844 have been left to “die in the wilderness” until a new generation can be raised up, one that will keep the commandments of God and have the faith of Jesus, the one that will, finally, bring the gospel to the world.

I am, though, encouraged because there is now a generation that shows a renewed interest in the everlasting gospel and the three Angels messages. It appears that, now, indeed, God is preparing a final generation who will give this gospel of the kingdom to the world. And it is for this reason, and not because of all the wars, rumors of wars, earthquakes, tsunamis and hurricanes, that I believe the end is near.

What does this mean to us, as physicians, dentists and medical workers? It must be that now, today, we use the influence, resources, and skills that God has entrusted to us. Now—when the harvest is great but the workers few— is the time to prepare our own lives for service, to establish and keep a personal walk with Christ, and to be ready to give everything for the completion of His work.

In our task as health care workers, we have the opportunity to meet people who are often afraid, who fear that this world and their lives are coming to an end, and who are searching for the truth, for answers to the toughest questions. Look at this quote from Ministry of Healing (469): “There is an eloquence far more powerful than the eloquence of words in the quiet, consistent life of a pure, true Christian. What a man is has more influence than what he says.” In other words, our own character and experience determine our influence upon others. In order to convince others of the power of Christ's grace, we must know its power in our own hearts and lives. The gospel we present for the saving of souls must be the gospel by which our own souls are saved. Only through living faith in Christ as a personal Savior can we make our own influence felt in a skeptical world. If we would draw sinners out of the swift-running current, our own feet must be firmly set upon the rock, Christ Jesus.

Only, then, can we be the generation that brings this message to the world, the final generation.

Brian Schwartz, M.D.

What does this mean to us, as physicians, dentists and medical workers?
It must be that now, today, we use the influence,
resources, and skills that God has entrusted to us.

Who Owns What?



CHESTER CLARK, DDS, MPH
specializes in applying the Adventist health message, including its spiritual component in his state of the art, biological dental practice in rural Arkansas. The Clark family has been used by God to help establish new churches and Ouachita Hills Academy and College.

Professionals, especially doctors, expect to own all the comforts of life, even to set the standard for prosperity. From the time they graduate from professional school, many assume that their income will allow them to purchase anything their hearts desire.

What, though, has been your experience of ownership since graduation? How much have you thought about your path to prosperity? What should our proper attitude be toward what we have acquired?

I remember my first experience with legal ownership. I had worked most of my way through academy and had a little left over at graduation. I was able to buy my first car, a beautiful blue and white '58 Ford with low mileage for only \$350.00. I would need it for summer canvassing and to get to college in the fall. Wow! I still remember the thrill of owning something with a legal title. (I also remember the sorrow, 5 years later, when my wife and I rationalized we didn't need a second car and sold my "baby" for a mere \$100.00--but that is another story).

While in dental school, I was able to purchase a home not far from Loma Linda. The sale of that home at graduation provided for our living needs as I started, from scratch, a practice in Arkansas. After four years

of renting, we purchased 15 acres close to my dental office, bought an old house, and moved it onto the property. Since then we have purchased adjoining properties and other investment real estate.

With each successive title tucked away safely in the bank safe deposit box, my sense of ownership grew. And, of course, when the mortgages were paid off, I felt blessed; even, yes, a little proud at what "my hands" had accomplished.

Then, last year, I read a few paragraphs in *Adventist Home*, p. 367 that have forced me to change my concept of ownership. Listen to these words: "That which lies at the foundation of business integrity and of true success is the recognition of God's ownership. The Creator of all things, He is the original proprietor. We are His stewards. All that we have is a trust from Him, to be used according to His direction."

This paragraph exposes many of the success seminars and DVDs on professional prosperity and success as nothing more than bunk. Yes, God owns us and everything we have; but how can that concept be the "foundation" of our business integrity and success? Will our definition of "success" change if we fully understand what God's ownership is all about?

If God owns everything, can we honestly say we own anything?

In other words, if God owns everything, can we honestly say we own anything? If everything we have is just a trust, or a loan--what does that say about how we use these things? If they are to be “used according to His direction,” how long has it been since I have asked for His direction?

Surely there must be some exceptions. We might be tempted to think, “I am young, just beginning my professional career, and there are so many demands on my meager income.” Or, “I have been faithful for many years supporting the Lord’s work, so isn’t it time I spent more for my wants.” Or, “Retirement is not far away, so I should be putting more dollars into investments to enhance my retirement income and...”

Fair enough questions, and most any rational person would think them. But what else does Ellen White say about this?

“This is an obligation (to use our means according to His direction) that rests upon every human being. It has to do with the whole sphere of human activity. Whether we recognize it or not, we are stewards, supplied from God with talents and facilities and placed in the world to do a work appointed by Him.”

Thus, my question, my challenge: Is it time for us to step back and evaluate



whether or not we are truly engaged in the work “appointed by Him?”

Her counsel gets more specific. “Money is not ours; houses and grounds, pictures and furniture, garments and luxuries, do not belong to us.”

In other words: computers and iPhones, cars and airplanes, real estate holdings and investments could be added to the list. Does that mean, then, that none of these things I have—from the deeds and titles in my safe deposit box to my car—are actually mine after all? If not, what can I consider “mine?”

The next sentence begins to give us some clues: “We are pilgrims, we are strangers. We have only a grant of those things that are necessary for health and life. . . .”

What is necessary for health and life?

Maybe that is where the subjectivity begins; that is, we can each determine what is necessary for health and life. We can each simplify our lifestyles according to our own values. However, Ellen White helps clarify this important point even more:

“Our temporal blessings are given us in trust, to prove whether we can be entrusted with eternal riches. If we endure the proving of God, then we shall receive that purchased possession which is to be our own--glory, honor, and immortality.”

In short, we need to be ready to exchange what seems to be tangible and real for something ephemeral, intangible and maybe imaginary. This seems to be, humanly speaking, a test more difficult than the state board exams. How would anyone want to exchange something real for something intangible?



“Humble yourselves therefore under the mighty hand of God, that He may exalt you in due time; casting all your care upon Him for He careth for you.”

The answer, I would say, is that this is what it means to live by faith.

Here, too, is where the Holy Spirit is able to give us a desire for “glory, honor and immortality.”

We are told: “It is the Holy Spirit that works to transform character by withdrawing the affections of men from those things which are temporal and perishable, and fixing them upon the immortal inheritance, the eternal substance which is imperishable. The Holy Spirit recreates, refines, and sanctifies the human agents, that they may become members of the royal family, children of the heavenly King.” Signs of the Times, April 17, 1893.

What is the real problem? One word: selfishness.

“Selfishness girds many about as with iron

bands. It is ‘my farm,’ ‘my goods,’ ‘my trade,’ ‘my merchandise.’ Even the claims of common humanity are disregarded by them. Men and women professing to be waiting and loving the appearing of their Lord are shut up to self.” 2T p. 197.

Fortunately, God has a wonderful remedy for selfishness:

“Constant, self-denying benevolence is God’s remedy for the cankering sins of selfishness and covetousness. God has arranged systematic benevolence to sustain His cause and relieve the necessities of the suffering and needy. He has ordained that giving should become a habit, that it may counteract the dangerous and deceitful sin of covetousness. Continual giving starves covetousness to death. Systematic benevolence is designed in the order of God to tear away treasures from the covetous as fast as they are gained, and to

consecrate them to the Lord to whom they belong.” AH p. 370.

1 Peter 5:6,7 reads: “Humble yourselves therefore under the mighty hand of God, that He may exalt you in due time; casting all your care upon Him for He careth for you.”

Many of us, as medical professionals, have been blessed with material goods. That in and of itself is not sinful. However, we should be concerned about how we relate to these material things. Just as we are not our own, spiritually, but have been “bought with a price” (1 Cor. 6:20), what we “own” really isn’t “ours” after all. True joy in life comes from the reality of our “glory, honor and immortality” with Jesus and in being owned and cared for by such a wonderful Creator, Redeemer and Friend.

Strategic Planning Report



PHIL MILLS, MD is a board certified dermatologist, but his passion for evangelistic work was kindled years before his medical training when, as a 14 year old, he read Ellen White's book, *Evangelism*. This passion was focused into a calling during his college years through reading the book *Medical Ministry*. Throughout his time as a clinician, Dr. Mills has always found his greatest joy in soul winning. For him, nothing else compares. One of the founders of AMEN, Dr. Mills is convinced that God is using this organization to catalyze a revival of medical missionary work that will impact outreach on every level - family, church, clinic, and community. He prays for the descent of the Holy Spirit upon medical evangelists all over the world to empower them to do their part in the finishing of the gospel commission.

The AMEN organization is now six years old and this year's annual spring AMEN board meeting focus was strategic planning. Neil Nedley organized the process and led the board through a re-examination of AMEN's mission, vision, priorities, and direction.

The goal of AMEN is to find God's instruction to physicians and dentists so we can better understand God's plan and follow it in our homes and offices. Since "the work of the true medical missionary is largely a spiritual work," in preparation for the board's strategic planning, board members were assigned to review key counsel from selected chapters in *Ministry of Healing*, and other *Spirit of Prophecy* volumes and present their findings to the board.

To make it practical, each presenter attempted to answer three questions from their study:

1. Why was this inspired instruction particularly important in AMEN's strategic planning?
2. In what ways does this instruction change the way I conduct my practice?
3. In what ways does this instruction give me subject matter for prayer?

Each presentation became a testimony, giving distinct evidence of the Lord's leading, both in the life and medical/dental practice of the presenter and guidance for AMEN as a ministry.

Several commented during breaks that this was as edifying for them as being at the AMEN annual conference. In the truest sense, it was the AMEN conference on a smaller scale - inspired testimony, encouraging experiences, nuts and bolts of medical evangelism in real life.

Out of the board came a number of new initiatives:

- AMEN will actively seek to encourage the development of a course specifically dealing with medical evangelism.
- AMEN will seek to develop electives for residents and fellows.
- AMEN will seek to expand its influence and promote Annual Conference attendance through reaching out to physicians, dentists, and pastors through local conferences.
- AMEN will seek to further develop connections between practitioners and pastors through the development of a pilot program for joint workers' meetings and journal opportunities.

In addition to a revision of AMEN's vision and mission statement, a tagline for AMEN was also voted, "Restoring Christ's Ministry of Healing."

This board was a life-impacting event for me in my own personal growth and understanding of medical evangelism. And it has already had an impact on the expanding work of AMEN. One participant commented that this was an "upper room" experience where the Spirit's presence was felt.

From the Front Lines

Mental Health Summit



DON MACKINTOSH

Is the Director of the Amazing Facts Center of Evangelism (AFCOE). In this capacity, and during his time in the pastorate, he has worked with others in effectively using the health message to reach people for the Master.

Working for the Lord is always exciting, especially when you can see the Holy Spirit manifest Himself in the lives of those whom you are seeking to reach. I saw it happen this February in Dallas at the *Emotional Intelligence and Depression Recovery Summit*, hosted by the Nedley Clinic.

Because my involvement with the Depression Recovery Program has been in the area of Spiritual counseling, I covered topics that focused on spiritually, such as--Spirituality and Health Outcomes; Spiritually Directed Thinking: It's effect in the treatment of Depression & Anxiety; and Assessment of Spiritual Care in the treatment of Major Depression. More than 200 people attended. What an inspiration to see how God worked on numerous hearts through these presentations!

The first talk, Spirituality and Positive Health Outcomes, built confidence in the need for utilizing a person's spiritual understanding in their treatment. For instance, studies demonstrate that a person of faith will have more rapid recovery rates from major depression than seen among those with no belief. And, because many mental health researchers are focusing on the spiritual aspect of healing, I used current research to introduce spiritual points. This gave me

the perfect segue into Biblical topics. After I quoted the research, I used the Bible to show that what is new in science is not new to God. This approach was particularly effective for a professional audience such as this who is on the cutting edge themselves.

In fact, after the lecture one lady (a psychotherapist) approached me and said, "I knew there was research like this, but this talk took me from simply being aware to desiring to actually utilize the information in my own practice." I thanked her and then said, "One of the things I've found in my experience of sharing spiritual things is the appropriate sharing of personal testimony..."

She interrupted, "I wish I had one to share, but as a young girl I gave up on God." She then told me about her painful past and why it led her to abandon faith. Yet I thought this may have been the healthiest thing she could have done, given the circumstances. It was gratifying, though, to see her new openness.

As the weekend continued, however, her openness turned into "a desire to give God another chance."

Next, my talk called Spiritually Directed Thinking cited research about the effectiveness in the treatment of Major Depression of Cognitive Behavioral Therapy

(CBT). I then used the story of Jesus giving encouragement to the depressed disciples on the road to Emmaus (Luke 24). This account demonstrated how the power of spiritual CBT could turn the disciples away from despondency and depression.

Afterward, I answered many questions, including ones from those who had never utilized Bible stories in their counseling. Among the responses I received were: “I’m going to study that again” and “Wow, looks like Jesus really knew how to counsel!”

Also, after the same talk, a young Seventh-day Adventist minister from Europe asked for my notes. He said that he had brought two non-Christian friends (one of which he was studying the Bible with). He thought that the weekend could possibly lead his friends to more deeply consider spiritual things. He was right. Throughout the weekend, conviction grew in the heart of his Bible study contact and, by the end, she had decided to become a Seventh-day Adventist Christian!

Many of the participants were people of influence in their fields, physicians, psychologists, nurse practitioners, psychotherapists, nurses etc. Because we offered continuing education, these people all heard the gospel. This is important because many, I’m sure, would never have attended a typical evangelistic meeting.

Also, because Dr. Nedley was introduced as the President of Weimar College, many participants asked about the college. As a result, the school made a special presentation on Sabbath afternoon, and now many plan to attend the four-month evangelism program by Amazing Facts (www.afcoe.com) while others (including the “new Adventist,” who is a R.N.) plan to attend the health evangelism course



soon to be offered at Weimar College (www.weimar.edu). Still others asked for more information about the NEWSTART (www.newstart.com) and Depression Recovery Programs.

Among the responses I received were: “I’m going to study that again” and “Wow, looks like Jesus really knew how to counsel!”

My last talk focused on the importance of Spiritual Assessment. The fact that “The Joint Commission requires organizations to include a spiritual assessment as part of the overall assessment of a patient to determine how the patient’s spiritual outlook can affect his or her care, treatment, and services” (Joint Commission: The Source, February 2005, Volume 3, Issue 2) made it again very easy to talk about the necessity of knowing something about the religious beliefs of others. As the Joint Commission put it, “Spiritual assessment should, at a minimum, determine the patient’s religious affiliation (if any), as well as any beliefs or spiritual practices that are important to the patient.”

With this kind of an introduction, I was able to share how we did pre- and post-assessments on those attending the Depression Recover Program. I then



According to the study, those kind of attitudes “increased risk of mortality by 22% and 28% respectively.”

21:25-27), how important it is to know that God does love humanity. Indeed “in all our afflictions He is afflicted” (Isa. 63:9), and that He is “the God of all comfort” (2 Cor. 1:3).

It is also clear that, as we near the end, it is no wonder that:

Americans are currently more open to faith-based solutions to life’s problems than anytime in the last several decades. However, they remain somewhat confused as to how to begin to find or apply these faith-based solutions.

No question, God is using seminars like these to help people find and apply the “faith-based solutions” found in the Spirit of Prophecy and in His healing Word (Psalm 107:20). What a golden opportunity to reach out to others.

shared testimonies from some whose lives had been spiritually reoriented during the 10-day program. I told them about a study done in 2001, where 444 hospitalized patients were followed after discharge over 2 years in order to determine the impact of negative religious coping on survival. Their comments and their actual impact on mortality were studied, and two of the “religious struggle” statements they analyzed got my attention:

“I question God’s love for me.”

“I wonder whether God has abandoned me,”

According to the study, those kind of attitudes “increased risk of mortality by 22% and 28% respectively.”

Now, with those facts in mind, read the testimonies:

“I have gotten back a lot of my motivation and... I have more hope for the future. I am seeing things more clearly and God is giving me my desire back to get to know Him again. I do believe He loves me – even though I often don’t feel it. The spiritual program evaluated where I am and where I need to be going. I feel better as I’m now following my conscience (God speaking to me). I enjoyed seeing the Bible stories in a new light.” NAME WITHHELD

“It (the Spiritual program) started something new and has made my heart glad. I can see that God has not left me.” NAME WITHHELD

As this world continues to be rocked by calamity and conflict, as anxiety and depression continue to increase (Luke

The Historical Perspective of Health Evangelism in the Adventist Church

(Adapted from the book *Health to the People* by P. William Dysinger, MD, MPH)



P. WILLIAM DYSINGER, MD, MPH graduated from the College of Medical Evangelists in 1955 and obtained his MPH degree from Harvard University in 1962. Was a co-founder of the School of Public Health at Loma Linda where he carries the title Professor and Associate Dean emeritus in the SPH and Clinical Professor emeritus of Preventive Medicine in the School of Medicine. Is the author of *Health to the People* (2007) the official history of public health, preventive and lifestyle medicine, and medical evangelism training and outreach at Loma Linda from 1905-2005.

PART ONE OF A THREE-PART SERIES.

The Seventh-day Adventist Church took possession of the Loma Linda property on July 1, 1905, and the first patient registered on October 12 of the same year. No working capital existed; thus, no one had any assurance they would receive a salary. Nonetheless, by November 1, 35 staff members reported for duty. By Christmas of 1905, 25 patients were comfortably lodged in the new sanitarium.

In April of 1906, Ellen G. White returned to Loma Linda, this time with Elder and Mrs. Stephen Haskell from New England. She intended that they should teach, and that they should sponsor evangelistic activities. They all participated in the April 15 dedicatory service of the “Loma Linda Sanitarium.” This service included Ellen White eloquently charging the audience to open a training center for “medical evangelism.”

The College of Evangelists (as it was called for its first four years) opened on September 20, 1906. Early administrators agreed on some definitions, but others aroused confusion. The word College indicated a center for education. No problem here. Evangelism meant to share the “good news” of the gospel with others. Medical Evangelism had to refer to telling the public that God wants to help humankind recover its original perfect

health. Defined by soundness of body, mind, and spirit; Health, then, would include more than just the absence of disease or disability.

The Southern California Adventists based their project solidly on Scripture. Physical health was of equal importance to spiritual health. “Beloved, I pray that you may prosper in all things and be in health, just as your soul prospers.” (3 John 2) Again, “if anyone defiles the temple of God, God will destroy him. For the Temple of God is holy, which temple you are.” (1 Cor. 3:17; 6:20, 21) Thus, violation of nature’s laws becomes a moral problem. “Therefore, whether you eat or drink, or whatever you do, do all to the glory of God.” (1 Cor. 10:31) That is, God is interested in a total and very comprehensive definition of health. In keeping with Heaven’s policy of free choice, however, people’s participation in lifestyle changes had to be strictly voluntary.

Putting the Pieces Together

As manager of the embryonic institution, John Burden faced the challenge of creating an “evangelistic-medical course” that would conform to Ellen White’s injunction, “Many workers (one time she said “thousands”) are to be qualified with all the ability of physicians to labor, not as physicians, but as medical missionary evangelists.” It would take decades of effort—and, yes, conflict—to try



and implement this inherently paradoxical statement. We still, unfortunately, have not attained this goal.

During the first school year (1906-07) five women enrolled as freshman “medical students.” At the same time, the same five were also listed as “senior nursing students.” Nursing and public health education training (“the evangelistic-medical course”), both three-year programs, were clearly the core beginnings of medical training at Loma Linda. In addition to these programs, two other courses were announced that first year: 1) the Collegiate Course—designed for those wishing to experience sanitarium work before continuing in other studies, and 2) the Gospel Worker’s Course—field training intended to be a constituent part of each of the core programs.

Formulating a curriculum called for Burden’s best skills. Aged 43, with 14 years of sanitarium work behind him, he served both as business manager and

chief mentor of Loma Linda education for the next 10 years. Additionally, he served as chaplain to the Sanitarium and brought together a small Seventh-day Adventist congregation on campus.

Not surprisingly,
nobody seemed
to know exactly
what the
evangelistic-
medical course
should be.

Not surprisingly, nobody seemed to know exactly what the evangelistic-medical course should be. Moreover, someone still had to figure out exactly how it would fit into the organized work of the Church. The third college prospectus in 1909 admitted that the school was not “as

yet” prepared “to grant the usual medical degree.” That same prospectus included the following announcement:

“It is expedient that the principles underlying the educational work of this newly established college shall become known among us as widely as possible. There are many vital principles outlined in the [writings of Ellen G. White] which bear directly upon the methods to be employed in medical evangelistic education. Among these are the following:

1. The Bible should be made the basis of all education.
2. Practical experience under competent instructors should form a larger part of the curriculum than is usual. Long courses devoid of practical experience are detrimental to the development of spirituality and practical usefulness. Evangelistic experience is equally important with medial experience.
3. The Bible truths regarding creation, redemption, healing, etc., should be given special attention in order to



- prepare students to meet latter day delusions.
4. Scientific intricacies not essential to efficiency in medical and evangelistic work should be eliminated.
 5. Instruction should be given regarding the rational scientific basis and superiority of natural means of treatment over drug therapy.
 6. The teaching of preventive hygiene (preventive medicine) is of prime importance.
 7. Instructors of marked ability and decided spirituality should be selected for this work.
 8. Thousands should be prepared to labor as medical missionary evangelists. A few [physicians] will need to be qualified with extraordinary ability to stand at the head of our medical work, especially in sanitariums.
 9. Nothing should be done to limit the sphere of usefulness of our physicians. All reasonable legal requirements

not otherwise conflicting with our principles should be fully satisfied. Wise laws have been framed to protect the public against incompetent imposters.”

The idea of medical education clearly lay just under the surface of the institution’s

People were encouraged to come and work in a “strong medical missionary setting” that advocated treating disease by “simple, natural means.”

thinking. Meanwhile, people were encouraged to come and work in a “strong medical missionary setting” that advocated treating disease by “simple, natural means.” Burden hoped that the training would appeal to “well trained nurses.” Many of these would, it was hoped, attain the “ability of physicians” but still be willing to work as evangelists. Finally, a few “fully accredited physicians and surgeons” had to be found to take a leadership role in these ambitious enterprises.

John Burden never lost sight of the goal for “strong scientific courses” blended with a “strong evangelistic and Bible course.” Even he, however, could not possibly foresee all the complexities to come.

The Medical School at Loma Linda Begins

Under the laws of the State of California, the school was chartered on December 9, 1909, as the “College of Medical Evangelists.” Loma Linda’s medical school evolved in 1910 with the addition of two clinical years to the existing three-year medical-evangelistic course. The administration limited enrollment only to those who wanted to do “the work of the Christian physician and medical missionary... We have no time to devote to merely giving a medical education to those who wish to practice medicine,” the faculty proclaimed. “This certainly is no time for Seventh-day Adventist young people to seek a training for the ordinary work of a doctor.” A few short years after this beginning, the medical school became a traditional four year curriculum.

High purpose notwithstanding, medical evangelism as a training entity separate from medicine rapidly fell into a decline. During the next fifteen years, the three-year course shrank to two years and then one year. At last, it faded into oblivion as

“Before the end of time, every good word that God has ever spoken concerning this place will be fulfilled.”

a three-month program. By 1926 interest in the non-degree program was so little that the program was no longer offered. The initial health education medical evangelism training had skidded to a halt. The highly desirable MD degree won out. Still questions lingered. In 1913 General Conference president, A. G. Daniels, wondered whether they had made a mistake in establishing a full-fledged medical school. After all, they had been conducting a medical missionary school successfully. Considering the nearness of the Second Coming of Jesus, Dr. C. W. Flaiz asserted that “men needed to go out quickly into the field and bring men to the knowledge of the truth.” Indeed, in 1914, Flaiz proposed that better results (that is Christian conversions) might be had from the languishing three-year evangelistic course than from the five-year medical degree.

Medical Evangelism dropped as a specific curriculum

CME administrators like Drs. Newton Evans and Percy T. Magan continued to mourn the loss of the original medical evangelism training. Great effort, much money, and widespread advertising had failed to bring in evangelism students. The young people (understandably) frequently expressed: “If we get this training, we are



not preachers, we are not nurses, and we are not doctors. We are nothing, and we have no degree.” Failing to stem the tide of opposition, Magan concluded, “we dropped the effort.”

Long experienced in sanitarium work, Dr. J. H. Kellogg offered little comfort. “Doctors,” he told Magan darkly, “are high-headed people.” He could see no way to retain the graduates in medicine within the ideal of medical missionary endeavor.

Not one to despair, CME President Magan appealed for reform in medical evangelism to a constituency meeting in 1938. He declared: “Before the end of time, every good word that God has ever spoken concerning this place will be fulfilled.” Somehow, medical ministry would have to unite with preaching the gospel.

A few enrollment statistics from the early years reveal the medical school consistently

overshadowing the training of non-degree medical evangelists. Having begun in 1906 with five students, the medical-evangelistic course reached its maximum enrollment of 45 in 1916. It steadily declined to zero in 1925-26. Recruiting good students became increasingly difficult and the dropout rate ran high. In contrast, the medical school began with an enrollment of 10 in 1910, most transferring directly from the medical evangelistic course. By 1927 CME had 372 medical students—the largest enrollment of any medical school in the western United States.

It would, unfortunately, be another 40 years before a serious revival in health evangelism training would be attempted at Loma Linda.

To be continued . . .

Medical Mission to Heathen America



RACHEL NELSON, MD
finished her Pediatric residency in 2009. She now works part time as a pediatric hospitalist in Roseveill, CA and full time as a mommy while her husband finishes his surgical residency.

I was in a pick-up truck navigating through Sacramento traffic and wondering why I had agreed to this project for my third-year pediatric residency. My assignment was to a small community collaborative in Outreachville, CA. My “mentor” was an outspoken communist feminist with no tolerance for religion. Afraid to start a religious conversation, I doubted all along that this project could somehow be turned into a witnessing opportunity.

My communist mentor had developed a program that targeted youth whose parents had a history of drug abuse. At the time I was assigned to the collaborative, there were 18 children in the program. These children started life with major disadvantages: poverty, drug-addicted parents, gangs, violence, sex. What chance did these children have for something better?

I was at a loss to know what to do to help these children. During my second year, the idea of taking these kids on a trip to Yosemite began to take shape. This would expose them to God’s world, and take them far away from drugs and gangs and junk food. This would also give them opportunities to learn life skills critical to success.

But, would a communist approve, and if she did, how could I get funding? However, through a series of providences, I not only got the money—I got my mentor’s approval. She even decided to go on the trip as well!

So, here we were, a number of cars making up our caravan carrying 18 youth to our campsite in Yosemite. Kids poured out of vehicles. I was surprised at how adept they were at setting up the tents.

To my dismay, however, the communist leader suggested we have teenage girls/guys sleeping in one tent. The teens were enthusiastic until I said that, if that happened, I would sleep in the tent with them. The idea, quickly, died.

The first hike was challenging. Most of these kids (and adults) had never hiked. I thought the one-mile trek through the pine forest to the large Sequoias would be an easy warm up. Three hours later, I was worried that I’d be carrying a couple of the adults out on stretchers. It didn’t help that they had smoked cigarettes just prior to the hike. I prayed again, and they all managed to hobble back to the cars, however stiff, sore, and a little out of joint the hikers each were.

The kids had a blast. They saw deer,

chipmunks, huge trees, and large pinecones. One child alone took 130 pictures on a borrowed camera.

After supper we discussed our first character trait: responsibility. It was a great one to start the trip with, as many of them had already displayed some lack of responsibility on the hike and with dinner clean up.

Our adventures on Tuesday began early. I had originally planned to take the entire group up to Bridal Veil Falls. After Monday's hike, however, most of the adults and at least 6 of the kids were clamoring for an easier hike. So I divided the group into two: one group (all the adults and about half the kids) stayed at Happy Isles, the shorter hike; the rest of the kids and I continued the planned hike up the falls.

On the way to the top, Ben, one of the teenagers, became very angry with his hiking partner. Not equipped with the tools to handle his emotions, he decided to run away. He could go only in one of three directions: ahead (which would mean trying to pass his hiking partner), back (which would mean trying to pass me), or off the trail (which was a steep slope leading to a sheer cliff).

Unfortunately, he chose to go off the trail and started clambering down the slope. Knowing that it was only minutes before he'd reach the precipice, I cried out for God to send angels to help me. Immediately, Ben stopped, seemingly paralyzed. I climbed down to where he was and helped him back on the trail. He stayed by my side the rest of the way up. He opened up to me about his anger problem and we were able to discuss how Jesus can help with anger resolution.

We recollected our group on the way down



While around the campfire, rather than telling “ghost” stories, I told them “angel encounter” stories.

and eventually joined up with the group we'd left at Happy Isles. After a wonderful picnic under the pine trees, we headed back to camp. In the truck on the way back, three boys rode in my car. All of them begged me to tell them why I was so happy all the time. I joyfully told them about my best friend Jesus. All three boys said they wanted to learn more about Him.

After dinner that evening, the kids tried to drag the night out as long as possible. While around the campfire, rather than telling “ghost” stories, I told them “angel encounter” stories. The kids loved the thrilling accounts they heard.

Unfortunately, the trip ended way too soon. On the drive back, some teenagers spent half the time telling me about all the things they would put up in their

rooms when they got home (sticks, stones, Yosemite map). I noticed that Ben wasn't drinking out of his water bottle. I asked him why. He told me he was saving the water so he that could take it to his mother. He wanted her to see how good Yosemite water tastes. He was sure once she tasted the water she would want to bring him back again.

My communist mentor was thrilled with the trip. She loved the character lessons and wanted to incorporate some of what she learned. The whole time I was very open about the fact that I was a Seventh-day Adventist.

“You are different,” she said to me, “you aren't prejudiced, and you loved these children. There must be something different about your church.”

I have been on overseas short-term mission trips. But I have also learned that mission trips are needed in heathen America. Through this experience I learned it is never impossible to witness, even among outspoken enemies of Christianity. When we ask God to give us creative ways to reach others, bypassing their prejudice, so often based on ignorance, He will help us. Like Daniel, we may be called to quietly, creatively make friends for God.

Doing, or Being? That is the Question



PATRICK IM, DDS, LVIF
is a General Dentist with practice emphasis on neuromuscular restorative, cosmetic and orthodontic dentistry, temporomandibular joint disorders, sports dentistry, and sleep apnea dentistry. He is passionate about restoring people's lives through cutting edge knowledge, materials, and non-invasive clinical techniques.

That Doctor is so nice and kind. What religion is he?

The doctor treats me with so much kindness and patience? Does he profess a faith?

I refer all my friends to this doctor because he is so warm and friendly. He never seems to be in a hurry and takes time to answer all my questions.

Wouldn't it be wonderful if these sentiments were expressed consistently about Seventh-day Adventist (SDA) physicians?

When I first heard comments about a local doctor's reputation, and how curious his patients were about his faith, I was expecting (& hoping) to hear that he was an SDA.

Not quite. Instead, he is a follower of the Kabbalah, an ancient text of Jewish mysticism!

Afterwards, I felt so convicted—even rebuked.

Shouldn't my patients express these sentiments about me?

How come my patients are not curious about my faith and beliefs more often than they are?

Am I about my own business, or the Lord's?

SDA dentists and physicians formed AMEN, I believe, as a clarion call for the deepest commitment and faithfulness to the spreading of the gospel. But, as we all know by now, it's not enough to have a literature rack in our waiting rooms fully stocked with temperance, lifestyle, and spiritual tracts in it. It's not enough to think that we are serving our Lord by writing checks to various ministries and charities. It's not enough to donate time by volunteering in free health clinics to the community and going on a yearly mission trip to serve.

All these are important, but they aren't enough. Instead, the real question is: Are we more about the doing of the work as opposed to the being of the person God truly wants us to be?

Does our staff see consistency in our characters, in how we conduct ourselves in the practice, and in how we run our businesses? Do we contradict our cherished beliefs by how we behave during times of duress?

Look at these quotes:

"All around us are heard the wails of a world's sorrow. On every hand are the needy and



The religion of Christ means more than the forgiveness of sin; it means taking away our sins, and filling the vacuum with the graces of the Holy Spirit.

have received the grace of God, the light is in you. Remove the obstructions, and the Lord's glory will be revealed. The light will shine forth to penetrate and dispel the darkness. You cannot help shining within the range of your influence." COL 420

"The revelation of His own glory in the form of humanity will bring heaven so near to men that the beauty adorning the inner temple will be seen in every soul in whom the Saviour dwells. Men will be captivated by the glory of an abiding Christ." COL 420

What can I add to that? It's not so much what we do but what we are, because what we are will impact what we do.

Let us, then, accept this invitation from inspiration to allow the Holy Spirit to enable us to be emptied of self, to allow our Lord and Saviour to once again occupy humanity in us, and once again attract and captivate those within our sphere of influence to Him.

After all, we have Jesus, not the Kabbalah. Our patients should see the difference, and that difference should be profound.

distressed. It is ours to aid in relieving and softening life's hardships and misery. Practical work will have far more effect than mere sermonizing. We are to give food to the hungry, clothing to the naked, and shelter to the homeless. And we are called to do more than this. The wants of the soul, only the love of Christ can satisfy. If Christ is abiding in us, our hearts will be full of divine sympathy. The sealed fountains of earnest, Christ like love will be unsealed. God calls not only for our gifts for the needy, but for our cheerful countenance, our hopeful words, and our kindly handclasp . . . There are many from whom hope have departed. Bring back the sunshine to them. Many have lost their courage. Speak to them words of cheer. Pray for them. There are those who need the bread of life. Read to them from the word of God. Upon many is a soul sickness which no earthly balm can reach nor physician heal. Pray for these

souls, bring them to Jesus." COL 417,418

"There is nothing that Christ desires so much as agents who will represent to the world His Spirit and character. There is nothing that the world needs so much as the manifestation through humanity of the Saviour's love. All heaven is waiting for channels through which can be poured the holy oil to be a joy and blessing to human hearts." COL 419

"The religion of Christ means more than the forgiveness of sin; it means taking away our sins, and filling the vacuum with the graces of the Holy Spirit. It means divine illumination, rejoicing in God. It means a heart emptied of self, and blessed with the abiding presence of Christ." COL 419, 420

"Christ does not bid His followers strive to shine. He says, Let your light shine. If you

Diagnosing Diseases of the Soul

It is often mentioned that salvation is the word for health or heal in both Hebrew and Greek. In biblical terms to save the soul is to heal the soul. To be lost is to be spiritually ill and ultimately spiritually dead.

God calls on medical evangelists to be physicians to the soul as well as the body. How can we develop diagnostic and treatment skills for diseases of the soul? Medical and dental school equips us to understand disease, but what can equip us to understand spiritual disorders, their epidemiology, etiology, pathogenesis, and treatment?

The Bible is the textbook for the physician of the soul. "It points out the disease, and prescribes the remedy. In the Word is a prescription for every spiritual ailment." Since entering dermatology I have better understood the diagnostic process for spiritual disorders. You first see the lesion, the rash, the skin problem, form your differential diagnoses, then take a history, and order tests as necessary. This sequence is generally how spiritual diagnoses are made. We first recognize the problem, then knowing the differential we can take a focused history.

Case History: A junior in college is becoming increasingly unsure about the validity and authority of the Bible and begins to express doubts.

Experienced spiritual clinicians will recognize the most probable diagnosis is some cherished sin. Instead of trying to treat the student by answering the doubt, you seek to uncover the cause of the doubt and treat the cause.

"What does a skillful physician do? He inquires into the particulars of the case, then seeks to administer remedies. Just so

the physician of the soul should inquire into the spiritual maladies with which the members of his flock are afflicted, then go to work to administer the proper remedies, and ask the Great Physician to come to his aid."

Notice how the Bible shows spiritual clinicians taking a history:

BIBLICAL CASE HISTORY 1: JOSEPH

Observational sign of sadness noted: "Joseph came in to them in the morning and looked at them, and saw that they were sad."

Joseph then obtains a history: "So he asked ... "Why do you look so sad today? Joseph could then diagnose the spiritual problem – anxiety after a dream. Enabling him to point them to God who can take away anxiety and fear.

BIBLICAL CASE HISTORY 2: CHRIST

Christ observed signs of spiritual problem: The disciples were loitering behind Christ and out of His earshot, arguing.

Christ attempts to take a history in a private, quiet setting: "Being in the house he asked them, What was it that ye disputed among yourselves by the way? But they kept silent, ... they had disputed among themselves who would be the greatest."

Christ says nothing, but knows the story is going to come out—and it does. "At the same time came the disciples unto Jesus, saying, Who is the greatest in the kingdom of heaven?"

Just as we recognize early evidence of disease, we can become familiar with the early signs and symptoms of spiritual disease.

Just as a changing mole may alert the

physician to a developing melanoma, there are changes that should alert the spiritual clinician to potentially severe spiritual diseases.

"Brethren and sisters, when you see a soul slipping away from the truth, and endangering his hope of eternal salvation."

Signs of slipping away from the truth would include decreasing participation in church activities, turning down jobs requested by the nominating committee, sporadic attendance at prayer meeting, Sabbath school, or church. Perhaps the individual seems more distant, detached, mechanical, less friendly.

When we see a spiritual problem we should then take a history: "Press close to his side, inquire into his needs; pray with him; labor kindly, patiently, with him; never despair of helping him."

By getting a history we can learn what to pray for and know how best to help him: Is this member slipping away because of discouragement? sickness? loneliness? Sabbath work problems? financial pressures? smoking? family opposition?

"Those who are in communion with Christ will discern what is the need of those who are suffering, who have been sinning against God, and who are oppressed by a burden of guilt. Consecrated teachers will know that such a pupil in sin is suffering of spiritual disorder, and that if ever a poor soul needed help he does."

Over time we can become physicians and dentists of the soul. This helps us in dealing redemptively with our family, our staff, our fellow church members.

This will make us true medical evangelists.

by Carlos Moretta, DDS

Great news!

At midway 2011, the AMEN mission program has already had numerous successes. In a mighty way, the Lord is using AMEN as, indeed, “the right arm of the gospel.” In the first part of 2011, trips to Guatemala, the Philippines, and El Salvador (to name a few) have yielded rich experiences for AMEN members and their patients.

For instance, just back from Bangladesh, a group of professionals and students reflected on a week of intense work and spiritual blessings. I was able to help lead this group to the Southern Bangladesh Mission School. This was the fourth visit to Bangladesh by our core team (Dr. Paul Yoo, Dr. Ken Lim, Dr. Lorinda Unruh, and Dr. Carlos Moretta) since 2007. We relied on the man-power of students from Loma Linda University, and professionals from across the USA—including nurses, optometrists, teachers, and, of course, physicians and dentists.

Let me tell you: the need is so profound but the opportunities so vast. Our team provided care in the areas of primary care, minor surgery, optometry, dental, and even a very crowded Vacation Bible School (approximately 300 children daily). What a thrill to have heard these children sing “He’s Able” with all the energy they could muster!

In four and a half days, our team of 40 consulted and treated approximately 3,500 of God’s Bengali people (not to mention the children who faithfully attended VBS, and the orphan children who reside there in the mission school).

The biggest impression that our team gleaned is the enormity of the gospel commission and the need of volunteers willing to go to the world and minister.

“Things are changing in this part of the world. There’s a feeling of freedom to do the Lord’s work without the oppression we once suffered,” stated a student volunteer from Bangladesh Adventist Seminary and College (BASC).

It’s not too late to join a short-term mission project. Please, prayerfully consider signing up for one of the remaining 2011 trips before it’s too late. We are currently redesigning the AMEN website so that you will be able to sign up online to participate in our various mission opportunities. Please visit our website at amensda.org for more information, or contact Ricky Kearns at missions@amensda.org.

We pray the Lord will pour out His Spirit on His missionaries worldwide in latter day power that a harvest of souls, which no one can number, may be ready for His soon appearing.



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Jesus is the great center of influence in all truly effective medical evangelistic work. His healing, empowering, forgiving presence is its attractive light. Constant connection with Christ makes the physician and dentist a center of influence in the home, the office, the church, the community, and the world.

SEMINARS:

- Making Your Church A Health Evangelistic Center
- Relationships—the Secret Flavor in Freedom from Addictions
- “The Power of Influence in the Emergency Room, Office and Beyond”
- Reaching the Cities with Centers of Influence
- Your Office a Lifestyle Center - Making it Work
- “Pain Management as an opportunity for Lifestyle Change”
- “Changing Lives Through Neuromuscular Dentistry”
- “Sanitariums Thrive as Centers of Influence”
- Spiritual Mission and Medical Institutions
- The Physician Making the Church a Center of Influence



Featured Speakers



Who's Counsel?: Phil Mills, MD

Phil Mills, MD is a board certified dermatologist, but his passion for evangelistic work was kindled years before his medical training when, as a 14 year old, he read Ellen White's book, *Evangelism*. Throughout his time as a clinician, Dr. Mills has always found his greatest joy in soul winning. Dr. Mills will share how, through prayer, biblical study and reading spirit of prophecy, God has led him to set up his new dermatology practice as a center of influence.



Our High Calling: Stephen Bohr

Pastor Bohr was born in Wisconsin but grew up in Venezuela and Colombia where his parents served as missionaries for over thirty years, and where he met his wife, Aurora. His heavy speaking schedule has taken him around the world. With a BA, MA, and MDiv, from Andrews University, his life passion is the study of prophecy and teaching others to seek the hidden gems throughout scripture. This weekend he will describe to us God's ideal "full stature" physician/dentist living God's Influence in practice. He will challenge us to fulfill our high calling as a center of influence for the days in which we live.



Every Practice a Life Style Center: Tim Howe, MD

Dr. Howe practices internal medicine in Brunswick, ME where he serves as Medical Director of Wellness and of Diabetes Education at Parkview Adventist Medical Center. His 10 day outpatient programs have helped hundreds to learn and apply biblical health principles. Dr. Howe will review studies revealing how well office based physicians' educational efforts have actually changed patients behaviors and discuss the role of spirituality in lasting health practice change.



Reaching the Cities with Centers of Influence: Jeff McAuliffe, DDS

Dr. McAuliffe is a practicing general dentist in Laurys Station, Pennsylvania. He is also a church planter and currently the Associate Assistant to the President for Mission in the Pennsylvania Conference. In that role, he works with church plants and metropolitan ministries development. Dr. McAuliffe will speak about the critical role of centers of influence and how they fit into God's plan to reach the cities. Together with you, he will look at scriptures and counsels that forecast a "mighty movement" before Jesus comes, as well as how you as medical professionals can actively take the lead.



Vacation Centers of Influence: Neil Nedley, MD

Graduated from Loma Linda University and completed his residency in Internal Medicine at Kettering Medical Center. He has published, given medical lectures around the world in preventative health and depression. In addition to being a practicing physician, Nedley also serves as president of Weimar Center of Health and Education. On Friday evening, Dr. Nedley will motivate you to think more creativity about how you can turn your next vacation into a medical evangelism opportunity.



The Office as a Center of Influence for Health, Healing and Hope: Wendell Lawrence, DDS

Dr. Lawrence has been in practice for over 30 years and has a passion for medical ministry. He holds weekly nutrition and bible study classes for his patients and their friends & family. He will share his experience with you highlighting the unexpected benefits and tremendous rewards in medical evangelism through the office.



Radical Apostleship: Derek Morris

Dr. Derek J. Morris serves as the Editor of *MINISTRY*, an international journal for pastors, and an associate in the General Conference Ministerial Association. He is a prolific writer and a well-known presenter worldwide on the Hope Channel. He finds his greatest joy in helping people to experience a life-changing relationship with Jesus Christ.

On Sabbath morning he will challenge us to respond to the call of Jesus to become radical apostles, proclaiming the good news about Jesus and extending His healing ministry to those within their circle of influence.



Reformers once Again: Des Cummings & Mark Finley

Dr. Des Cummings, Jr. is Executive Vice President at Florida Hospital, one of America's largest hospitals. Dr. Cummings earned a Ph.D in Leadership and Management with emphasis in Statistical Forecasting from Andrews University. He also has a Master of Divinity degree and is an ordained minister of the Seventh-day Adventist Church. Dr. Cummings has authored or co-authored three books and numerous articles. He speaks to national and international conferences on the future of healthcare, specializing in strategies for whole person care, healthy communities and the hospital of the future.

Pastor Mark Finley serves as assistant to the President for the General Conference of Seventh-day Adventists. He has presented more than 15- evangelistic series around the world. In light of the current resurgence of interest in health in the United States, Pastor Mark Finley and Dr. Des Cummings will present how Seventh-day Adventists can be in the forefront of this health renewal. They will discuss how Adventists can recapture their position as health reformers for the nation.



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