

SPRING 2012

# THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

Center of Influence  
*7th Annual AMEN Conference*

My Personal  
Doctor-Minister  
Retreat

Run for your... Mind?





8TH ANNUAL  
AMEN CONFERENCE

# “TESTIMONY”

OCTOBER 25 - 28, 2012

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

*Often physicians and dentists, focus exclusively on the physical body. However, God's design for His medical collaborators is the complete restoration of mankind – physically, mentally, socially and spiritually. This year's conference will emphasize 'testimony'. Speakers will share their own journey to becoming a medical evangelist and how a passion for sharing Christ has enhanced their daily practice.*



VISIT  
[WWW.AMENSDA.ORG](http://WWW.AMENSDA.ORG)  
FOR DETAILS

# 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.

#### EDITORS:

Brian Schwartz, MD - EDITOR IN CHIEF

Rebecca Barnhurst - ASSISTANT EDITOR

#### EDITORIAL COMMITTEE:

Brian Schwartz, MD - CHAIRMAN

John Chung, MD

Robert Hunsaker, MD

Neil Nedley, MD

David Otis, DDS

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](mailto:barnhurst@amensda.org).



ADVENTIST MEDICAL EVANGELISM NETWORK

PO Box 1114

Collegedale, Tennessee 37315

423.826.4025

[www.amensda.org](http://www.amensda.org)

## contents

4 / Editorial

5 / My Personal Doctor-Minister Retreat

7 / Run for your... MIND?

10 / Regeneration | Where Life Starts Over

11 / Creative Mission Opportunity

12 / Center of Influence: 7th Annual AMEN Conference

14 / How May I Pray for You?

15 / AMEN Nigeria Conference

16 / The Future of Mental Health: What Needs to Change

20 / Spiritual Lessons from a Broken Right Arm

22 / Prayer: Reflections of a Medical Student





BRIAN SCHWARTZ, M.D.

If through our efforts one human being should be uplifted and ennobled, fitted to shine in the courts of the Lord, have we not cause for rejoicing?

I have often heard my colleagues say something like: “Why bother to teach my patients about health when they don’t listen, anyway?” It’s true that the patient who needs help the most is often the most resistant to change. All practitioners have encountered the patient who, addicted to painkillers, keeps shopping around until she finds someone to perpetuate her habit; or we have seen the alcoholic back for detox the seventh time. We know, too, the obese patient with hypertension, diabetes and heart disease who—despite numerous acknowledgments of his problem—continues to gain weight and shows little interest in change. Or smokers who declare, “I would rather enjoy my life now than add on a few extra miserable years when I’m old.” Or we know those who boldly state “You’ve gotta die from something.” Or people who say, “I’d rather die than give up my meat” or “I can’t live without red meat.”

In fairness to our colleagues, it is often easier and more efficient to just prescribe medicine and hope for the best. When faced with patients who show a lack of interest in health advice, and even less interest in changing, it is often frustrating for a physician or dentist to take the time to promote principles of health.

I remember thinking that only about one of ten patients takes my recommendations for lifestyle change seriously. But when I break it down and analyze it, in reality the majority of my patients have given up smoking, and probably half have made some effort to change their diet and exercise patterns. But, perhaps, only one out of ten has made a radical lifestyle change that allows them to get off their medications and reverse their diabetes and hypertension and truly be healthy once again. Maybe 5% have made a new spiritual commitment as the result of an encounter in my office. Is it worth all the extra time? (After all I don’t get paid extra for any of this advice.)

Jesus experienced this same phenomenon. “However skilled and faithful a physician may be, there is in his experience much of apparent discouragement and defeat. Often his work fails of accomplishing that which he longs to see accomplished. Though health is restored to his patients, it may be no real benefit to them or to the world. Many recover health, only to repeat the indulgences that invited disease. With the same eagerness as before, they plunge again into the round of self-indulgence and folly. The physician’s work for them seems like effort thrown away.” MH 134.

“Christ had the same experience, yet He did not cease His efforts for one suffering soul. Of the ten lepers who were cleansed, only one appreciated the gift, and he was a stranger and a Samaritan. For the sake of that one, Christ healed the ten. If the physician meets with no better success than the Savior had, let him learn a lesson from the Chief Physician. Of Christ it is written, ‘He shall not fail nor be discouraged.’ ‘He shall see the travail of His soul, and shall be satisfied. Isaiah 42:4; 53:11.

“If but one soul would have accepted the gospel of His grace, Christ would, to save that one, have chosen His life of toil in humiliation and His death of shame. If through our efforts one human being should be uplifted and ennobled, fitted to shine in the courts of the Lord, have we not cause for rejoicing?” MH 135

Yes, it is worth the time. From the example of Christ, we can see the value of reaching even one of our patients. There are many who will have a life transforming experience through an encounter with a godly physician or dentist who points them to the true source of healing. It is our privilege to enter into His ministry for sick and dying souls.

**We just need to do our part; we can trust the results to the Lord.**

*Brian Schwartz, M.D.*

by Phil Mills, MD

# My Personal Doctor-Minister Retreat

## *The Outgoing (2008-2011) President's Final Challenge*



**PHIL MILLS, MD** is a board certified dermatologist. 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.

“**H**i, I’m Phil and I’m a workaholic.”

As a child I thought I could avoid this inheritable disorder. I was wrong; indeed, academy, college, and medical school only nurtured my condition, which was then cemented with residency moonlighting opportunities.

My story is all-to-common. By the time I entered private practice, my only structured time with family was morning worship at 6:00 am followed by breakfast at 6:15 am. I left for the hospital before 7:00 am. For the rest of the day my wife was a single mom who, generally, had to lead out in the evening worship because I seldom got home before everyone was asleep.

Weekends at home provided no let up: There were weekly church responsibilities all day Sabbath. Sunday, if there were no church committee or church board, would be for study and/or lecture preparation.

Family vacations were limited to an occasional long weekend—generally also associated with some necessary CME so it would be tax deductible, a drug sponsored symposium so it would cost nothing, or my family would travel by car to the destination while I would fly out to join them for a weekend because this would minimize the loss of income when I was out of the office.

Based on their experience, all three of my

children stated they would never go into medicine because “doctors never see their children.”

Unfortunately, overwork is an addiction. I know by experience that it can be an escape, like alcohol or drugs, from the true responsibilities of life. And, like these addictive substances, it gives us the illusion of being important. Furthermore, it gives something that alcohol and drugs do not provide: a socially acceptable excuse for avoiding tasks we don’t want to do anyway. It is almost the ideal addiction since this escape mechanism makes it possible to adjust our priorities and home responsibilities to fit our inclinations. Though it is much more subtle than alcohol and drugs, overwork just as surely destroys us spiritually, socially, mentally, and physically.

Throughout this period, my wife kept praying for me and, as the years passed, I came under increasing conviction that I needed to make some changes in my schedule to give my family more attention. And I truly meant to make those changes. I would even talk to my wife about cutting back. At first this made her excited, but nothing changed, and so she finally gave up trying to correct this defect in my character. Yet she kept praying for me.

Occasionally, our local church brought in speakers for family-centered weekends. Two in particular brought increased conviction that began to make a difference in my life. I started to realize that my family was my most



important treasure, as well as my most important mission field. I had observed numerous patients dying, and knew from experience that, at the end of our lives, our family members are the only ones that truly care about us. I knew my family must become my first priority. I responded to my pricking conscience with a settled decision to make a change in my practice. And I prayed that God would deliver me from the bondage of overwork.

I memorized and repeatedly quoted the following statement: “They should commence without delay to correct their wrong habits of ... working.” 1T 466.2.

It took me two years to become extracted from the many medical committees and boards I served on. I freed up weekends by hiring residents to take call for me. While my income dropped by nearly half, it was replaced by happiness, which more than doubled.

My wife watched with increasing amazement as she saw my home commitments growing month by month. She realized her prayers were being answered. On our seventeenth anniversary, she was completely surprised when I flew with her to Florida in what she considered our first true honeymoon.

The changes in my work habits brought noticeable changes in our children. The Lord began to answer my prayers for them. There was also another unexpected benefit I noticed—a new effectiveness in soul winning.

This was more than twenty years ago.

A year and a half ago, I started my dermatology practice in Blue Ridge, Georgia. I love my work. I love my patients. But as my practice has become very busy, often hectic, with alarm I have

observed the old workaholic tendencies resurging. This month, like Martha, I became weary and heavy laden; I needed “Enoch time” away from the constant pressure of patients. I needed more than a few moments in the morning with God. I needed a period of time with Him. I needed my battery recharged. To keep from coming apart, I needed to come “apart and rest awhile” (Mark 6:3). One morning, during my quiet time, still tired after a night’s restless sleep, I heard the same God who gave the Sabbath rest invite me to come to Him and receive rest. Mt 11:28, 29.

I took Him up on His invitation. I shared my plan for “Enoch time” with my son, who is a minister, and He recognized the same need in his life. We decided to schedule a “doctor-minister retreat” for the two of us.

I had to cancel some other family plans. I even had to cancel three and a half days of office work (I had never before cancelled a day of patients in more than 31 years of practice).

We held our retreat the last week of the year between Christmas and the New Year. I even purchased airline tickets so our time together could culminate at GYC.

We drove to a secluded cabin in the mountains. What a wonderful time we had without the distractions of phone or Internet. We saw God bless abundantly. We studied and prayed together, and we studied and prayed apart. At meal times and on hikes we talked and prayed. Our retreat ended two days ago. It seemed to end much too soon. But we have left invigorated for the New Year.



With my expanding practice, the past year has been busy and demanding. But I am now refreshed and looking forward to tomorrow’s challenges and opportunities with renewed courage and hope.

And I am looking forward to more personal retreats this year. I better understand why Enoch took them. He needed them. I need them, too. If you are a workaholic, you need such a retreat as well.

“It is not work but overwork, without periods of rest, that breaks people down, endangering the life forces.” DG 162. This is true not only for both physicians/dentists and their spouse, but also pastors and their spouse. “Periods of rest are necessary for all, especially women.” Ev 494.

“When a laborer has been under a heavy pressure of care and anxiety, and is overworked in both body and mind, he should turn aside and rest awhile, not for selfish gratification, but that he may be better prepared for future duties.... Let the laborer carefully husband his strength, and when wearied with toil, let him turn aside and commune with Jesus.” GW 245.

I urge you right now to call your office manager and put “Enoch time” into your schedule. If it is on the weekend or after your office is closed, call and leave your manager a message. You will never regret it.

by Robert Hunsaker, MD

# Run for your... MIND?



**ROBERT HUNSAKER, MD**

*A graduate of Loma Linda University, Dr. Hunsaker specializes in cardiac anesthesiology. He is currently living in the Boston area with his lovely wife Andi.*

I discipline my body like an athlete, training it to do what it should. Otherwise, I fear that after preaching to others I myself might be disqualified (1Corinthians 9:27 NLT).

The relation that exists between the mind and the body is very intimate. When one is affected, the other sympathizes (MH 241).

Every family is different, but in my family there was the “reader” and the “athlete.” My older brother was the athlete. He hardly ever read anything. I, on the other hand, was always drawn toward learning, thinking and reading. Sometimes I got into trouble for reading when I was supposed to be doing something else – like sleeping or chores. I was reasonably competent at sports – but my heart was with the books. Whenever I took time away from studying to play basketball or go cycling, I felt a bit guilty – I “ought” to be studying more.

I did not appreciate the relationship between exercise and a successful mental and spiritual life. Exercise could be fun, but I thought it stole time from the all-important studying. If I had realized how much mental performance improves after exercise, I might have enjoyed basketball, hiking and cycling much more.

People who exercise have lower rates of heart disease, cancer (breast, colon, lung, etc.), diabetes, obesity, hypertension, etc.<sup>1</sup>

As health care professionals, we have encouraged our patients and friends to get more exercise in order to reap these benefits. But the Bible and the Spirit of Prophecy encourage exercise and useful activity for more than just physical benefits. These inspired sources provide valuable information which has been confirmed by a growing body of literature over the last 25 years. Especially in the last 10 years, science has demonstrated that exercise benefits both physical health and mental health. Regular exercise improves intellectual performance, and sound decision making.

Inspiration provided us with excellent counsel with regard to the benefits of exercise, long before any science was available to validate the claims made. Let’s briefly review some of these early statements:

In the scripture at the top of this article, Paul draws a striking cause-effect relationship between physical training and moral outcomes. He states that he disciplines his body (exercises, controls appetite, “works out,” etc.); not for the purpose of living a long life in retirement, or to avoid sickness and death. Paul states that he disciplines his body so that he can avoid the moral failure of “disqualification” – missing out on eternal life! Paul is correlating physical discipline and “training” with a moral or salvific outcome.

Notice most importantly that Paul is not merely using running, or “the body” as



a metaphor for the Christian walk or experience, but is establishing a cause-effect relationship between our physical nature and our moral and intellectual natures. The way we deal with our physical body affects our eternal destiny, not to mention our intellectual and emotional health.

Other verses in the Bible support this concept. Here is an example: “Or do you not know that your body is a temple of the Holy Spirit within you . . . So glorify God in your body” (1 Corinthians 6:19-20, ESV). Notice again the connection between our physical nature – “your body” – and spiritual realities – “the Holy Spirit within you.” It is possible to glorify – or reveal – God in our physical bodies. Therefore it must also be possible to destroy or diminish the picture of God in our lives through the weakening of our bodies. “As the saying goes, ‘Exercise is good for your body’” (1 Timothy 4:8, CEV).

It is also interesting to note that many of God’s prophets and people in Biblical times were physically fit and active. Moses, in his eighties, climbed Mt. Sinai. With an elevation of about 7500 feet that mountain is a significant climb for anyone. Much younger climbers (myself included) consider it a great feat to hike Half Dome

in Yosemite. Half Dome’s elevation is less than 5000 ft.

Moses did not merely hike to the top of Sinai. He then proceeded to fast for forty days. There was no trail mix or bottled water in Moses’ backpack. Elijah was able to run ahead of Ahab’s chariot after a long day of spiritual warfare. He ran all the way from Mt. Carmel to Jezreel – a distance of roughly twenty miles. The next day, in fear of his life, he ran an additional distance (roughly ninety miles) to Beersheba. Elijah could easily take on today’s ultramarathoners.<sup>2</sup>

It is estimated that Jesus traveled on foot roughly ten to twenty miles on the average day.

It is estimated that Jesus traveled on foot roughly ten to twenty miles on the average day. The distance from Galilee to Jerusalem is about 120 miles, and He made this journey frequently during his years of ministry. In fact, He would have walked that distance three times a year for

the required annual festivals from the time He was twelve years old.<sup>3</sup>

It appears that some of God’s most trusted friends and prophets were avid exercisers.

The Spirit of Prophecy repeatedly links physical exercise with efficiency in mental and spiritual pursuits. Notice the following:

- “The whole body is designed for action; and unless the physical powers are kept in health by active exercise, the mental powers cannot long be used to their highest capacity” (Ed 208).
- “Physical inaction lessens not only mental but moral power” (Ed 209).
- “The exercise that develops mind and character, that teaches the hands to be useful and trains the young to bear their share of life’s burdens, is that which gives physical strength and quickens every faculty” (AH 506).
- And for those stressful board meetings: “Take an ax and chop wood or engage in some physical exercise until your spirit is mild and easy to be entreated” (MM 295).
- “Physical exercise in the direction of useful labor has a happy influence upon the mind” (CH 199).

Inspiration clearly teaches that there is an intimate and sympathetic relationship between the mind and the body as noted in our opening quote.

Now we will compare current, peer-reviewed scientific studies with the above statements of inspiration. Dr. John Ratey, MD, was a clinical associate professor of psychiatry at Harvard Medical School when he wrote the book, “Spark, The Revolutionary New Science of Exercise and the Brain.”<sup>4</sup> This excellent work reviews the intellectual and mental health benefits of exercise. Dr. Ratey reviews the recent literature on brain plasticity which



demonstrates that our brain is not a static, fixed structure. The brain has the ability to form new neurons, as well as forming new neural connections between those neurons. The following brief summary lists a few conclusions some of the studies have reached:

- *Aerobic exercise has been shown to be as effective as antidepressants for mild and moderate depression.*
- *Women who exercise lower their chances of developing dementia by 50 percent.*
- *Addition of a fitness (not merely team sports) program in one U.S. school district of 19,000 children put them at the top percentile in science rankings.*

A concluding statement regarding the evidence in Dr. Ratey's book says, "Exercise is truly the best defense against everything from mood disorders to ADHD to addiction to menopause to Alzheimer's."<sup>4</sup>

Notice this title from an article by Dr. Mark Mattson, chief of the neurosciences lab at the National Institute for Aging: "Neuroprotective signaling and the aging brain: Take away my food and let me run." The point of the article is that exercise, and caloric restriction, are protective against the normal effects of aging on brain function. It is no wonder that in times of crisis, inspiration repeatedly encouraged God's people, as individuals or corporately, to engage in fasting. How often have we overlooked the benefits of exercise and a spare diet for improving intellect, mental health, and spiritual maturity?

In Daniel 4, Nebuchadnezzar is put on a vegetarian diet, and sent out to exercise in the field like an ox. Over time, this lifestyle change made way for a spiritual change. The exercise in the fields, and the food which was not prepared for the king's table gave him a new appreciation for his dependence on God for all that was good in his life



A recent review by the CDC on the relationship between physical activity and academic performance reviewed over 200 studies relating to this topic. The conclusion: "The articles in this review suggest that physical activity can have an impact on cognitive skills and attitudes and academic behavior, all of which are important components of improved academic performance. These include enhanced concentration and attention as well as improved classroom behavior."<sup>5</sup>

Notice that these scientists have seen the benefits of exercise not only in "academic performance," but in "classroom behavior." Exercise helps children make better moral decisions. It improves their behavior! Many challenges face us and our children in this age of earth's history. How important, then, to use all of the simple tools that God has given us to gain an advantage in the battle against our fallen natures and against the temptations around us.

"And further, my son, be admonished by these. Of making many books [there is] no end, and much study [is] wearisome to the flesh" (Ecclesiastes 12:12 NKJV). This is one of those verses that I wish I had known when I was being told to practice the piano more, or to keep studying late into the night. The wise man of Ecclesiastes was

telling us that study alone will not bring about the desired results. He recognized that intellectual performance was not optimized by sitting in a room thinking hour after hour.

What a blessing it is, to once again have the wise direction that God has given us in the Bible and Spirit of Prophecy be confirmed by the research of contemporary science. Science and inspiration mutually confirming each other – how inspiring!

- 
1. <http://www.cdc.gov/physicalactivity/everyone/health/index.html#ReduceCancer> <<http://www.cdc.gov/physicalactivity/everyone/health/index.html#ReduceCancer>>
  2. <http://truthintheword.wordpress.com/2010/07/20/when-comes-upon-you/> <<http://truthintheword.wordpress.com/2010/07/20/when-comes-upon-you/>>
  3. <http://renewyourstrength.com/articles/Did%20Jesus%20Exercise.pdf> <<http://renewyourstrength.com/articles/Did%20Jesus%20Exercise.pdf>>
  4. Ratey, John J, MD. *Spark, The Revolutionary New Science of Exercise and the Brain*. Little, Brown. 2008. With John Hagerman.
  5. [http://www.cdc.gov/healthyyouth/health\\_and\\_academics/pdf/pape\\_executive\\_summary.pdf](http://www.cdc.gov/healthyyouth/health_and_academics/pdf/pape_executive_summary.pdf)

# Regeneration | Where Life Starts Over

**F**or more than 150 years we have known that the health message is key to finishing God's work.

It is an entering wedge for the gospel of Christ. Yet, many of our reaping meetings still include very little, if any, focus on health's role in obtaining a proper knowledge of Jesus. At best, we include a "health nugget" at the beginning of each meeting. These "nuggets" provide attendees with just enough information to stay interested, but fail to include the practical knowledge vital to implementation. In the end, most people walk away from our meetings needing more guidance than they have received.

All of that is about to change – REGENERATION has arrived!

## **BIG IDEAS COME FROM SMALL PLACES**

During the last two years, the Lord has been very busy in the small-town community of Danville, Kentucky. It is here that a big idea was birthed, organized and successfully implemented – twice. REGENERATION is a healthy lifestyle seminar and Bible prophecy event. REGENERATION is a place where life starts over!

## **WHAT IS THE BIG IDEA?**

The title, "REGENERATION" communicates our goal for every participant. "We wanted a well-rounded approach that would bring success to those who have the desire to live a healthy lifestyle, but struggle to achieve it," says REGENERATION presenter Naren James, M.D. "Real success is attained when we help individuals experience the truth Jesus spoke in John 10:10 – 'I have come that they may have life, and that they might have it more abundantly.'" Dr. James also expresses the desire to "give people the resources to start life over — spiritually, mentally, emotionally and physically."

REGENERATION uses an evangelism model inspired by Ellen White. From top to bottom, this seminar is anything

but traditional. Even the handouts have a fresh new look. Instead of the four beasts of Revelation, you will find bright and colorful pictures of food and health. There are pictures and biographies of the five REGENERATION presenters, and a list of catchy health & Bible topics like, "Conquering America's #1 Disease" and "The 2012 Events Untold."

In preparation for REGENERATION, the Danville SDA Church hosted a number of sowing events throughout the year. These included a CHIP program, a monthly Supper Club, and CPR classes. "The church supports and provides resources for members as they reach out to neighbors and co-workers," says Heather Hoewing, PA-C. Heather served as facilitator, and as one of the health presenters. "They endeavor to provide events that meet felt needs of the community." Friendships formed through these preliminary events, helped set the stage for a most important invitation sent out later in the year. "Strategic planning combined with the power of prayer definitely increased our attendance," says Derick Logan, the evangelist at this year's program.

REGENERATION's fresh approach to evangelism begins with a ten-minute segment entitled, "You've Got Questions, We've Got Answers." In this segment, audience health questions are answered by a health professional. Next comes "Principles of Health," a 30-minute lecture. After the talk, our vegan chef presents a 5-minute sneak peak at the evening's food samples in the segment called "Oh Taste and See." Finally, a 40-minute "Principles of Peace" presentation ties it all in with Bible-based truths for this time. Delicious vegan food samples top off the event, while church members use this time to mingle and answer questions.

The results are best captured in the experience of Charles Daugherty, pastor of a local Sunday keeping congregation. He



called REGENERATION "life changing." Pastor Daugherty made a commitment to a plant based diet as a result of the meetings. More importantly, he was convicted of the truth regarding the seventh-day Sabbath, and is currently working to help his seventy member congregation understand and accept this vital truth. Pastor Daugherty and his wife need our prayers.

"We see this lifestyle seminar as a program that can be implemented in any community and by every church. We are in the process of packaging a turn-key program that is easy to implement. Whole health is the way, and REGENERATION is its vehicle," says Derick Logan.

## **WHAT'S NEXT?**

This is just the beginning of REGENERATION. "We are excited to work with AMEN and churches throughout the North American Division who want to join us this fall for a possible REGENERATION 2012 national launch. Our hope is to see a pastor or evangelist team up with a physician in every city and town in North America. "AMEN and REGENERATION sound like a perfect fit," says Dr. James.

**CDs and DVDs of the event are available.**

To learn more, visit  
[www.regenerationdanville2011.com](http://www.regenerationdanville2011.com)  
or call Derick Logan at 859-319-9595.

# Creative Mission Opportunity

**T**he arduous task of practicing medicine can overwhelm and consume even the most altruistic physician. The practice of medicine may easily degenerate into an overreaching marathon of worldly business activities. It is paramount that the purpose of accomplishing the gospel commission be ever kept before us as we practice medicine & dentistry. Real world, working examples of gospel medical evangelism can provide us vision and inspiration. The experience of working shoulder to shoulder with bible workers and ministers of the gospel for the salvation of souls will strengthen and encourage medical and dental practitioners called to work for the Savior.

If you are interested in working with other like-minded physicians, pastors and bible workers who are carrying out the gospel commission, there is wonderful opportunity for team building in a real-time evangelistic setting in the Inland Pacific Northwest. Health care providers, pastors and dentist/physician teams are invited to spend time in a church focused evangelism locum where outreach is attitudinal rather than event centered.

Learn to carry each other's burdens. Help to train teams of evangelistic oriented fellow believers in health and spiritual outreach. Our goal is to connect hearts of suffering people to that of Jesus Himself.

**Length:** 3 days to 1 month as arranged and based on availability - Spend as much time as you need, or can afford. By the end of your time you will be able to return not only motivated, but with resources to start a practical training center of influence at your local church.

**Purpose:**

- To use AMEN physicians/dentists as educators and "in-home" evangelists, working side by side with bible workers and pastors.
- To provide qualified medical professionals an opportunity to participate in a stateside medical evangelistic effort.
- To actively seek for souls using practical methods outlined in the Bible and Spirit of Prophecy.

**For more details contact:**

**AMEN missions coordinator**

**Ricky Kearns**

314-779-4492

[missions@amensda.org](mailto:missions@amensda.org)





# “Center of Influence”

## 7th Annual AMEN Conference



**WENDELL LAWRENCE, DDS**

*has more than 26 years of experience as a dentist. He has established an extensive practice in Southfield, Michigan offering cutting edge preventive dental care with an emphasis on non-surgical periodontics and cosmetic dentistry. Dr. Lawrence often collaborates with the Michigan conference of Seventh-day Adventists providing medical evangelistic efforts to the greater Detroit community.*

The number 7 stands for completion, and the focus of the 2011, 7th annual AMEN conference was a complete blending of the medical work and the gospel ministry. The attendance this year was also a mixture of medical professionals: physicians, physician assistants, medical students, dentists, dental hygienists, nurses, nutritionists and fitness trainers, and spiritual professionals: pastors and bible workers. As this year's theme emphasized, the Lord is using all of these professionals to be “Centers of Influence” to spread the gospel message and make an impact for His kingdom.

The Crowne Plaza Resort, Hilton Head Island, South Carolina, was the ideal setting for the conference. Located on 11 acres of oceanfront property, with a semi-tropical climate, plentiful lakes, marshes and abundant trees and greenery, this resort offered a perfect environment to reconnect with our Creator through the beauty of His creation. We were able to escape from the hustle and bustle and find reprieve from the stresses and challenges of our profession.

All of the 250 plus AMEN members and their friends and family who attended were inspired. Our president, Dr. Phil Mills, opened the conference by challenging us to

be “Centers of Influence” for good. Pastor Stephen Bohr, our morning devotional speaker, reminded us that, as medical professionals we have a high calling to be more like Jesus. Our Sabbath worship speaker, Dr. Derek Morris, Editor of MINISTRY magazine, motivated us to go beyond the safe territory of discipleship and radically change the world. Pastor Mark Finley and Dr. Des Cummings teamed up to present how we, as healthcare professionals, can recapture our position as health reformers.

The AMEN organization has always strived to emphasize the family in our annual conferences. Our children's program is a vital part of our conference, and the Children's Program Committee provided strong Bible-based programs and activities for our AMEN children. A highlight this year was the Sabbath afternoon Bible sand sculptures along the beach, where our young and our “not-so-young” participated in forming Bible themes out of sand. This activity was fun and a great witnessing tool as our children had the opportunity, with their artistic sand creations, to be “Centers of Influence” to passersby.

Inspirational and learning opportunities were also provided for the adult attendees of the conference. Breakout sessions, CME classes, personal testimonies and display



booths all offered ideas for integrating medical evangelism into their practices with practical witnessing tools.

Children and adults were able to take advantage of the miles and miles of oceanfront property for Sabbath afternoon walking and biking. A welcome addition to our conference this year was the early morning exercise program presented by “Lighten-Up” ministries. Many AMEN members and friends were physically and mentally energized as they worked out with spiritually uplifting music at the beach front pavilion.

The greatest measure of success for this conference is the personal testimonies of people who attended. Julie Hayek, ND, PhD., writes: “There were lots of opportunities for meeting new friends and exchanging ideas. The conferences just keep getting better and better, this was probably the best AMEN conference that I attended.” First time attendee, Don Bovell, MD, FACEP, Medical Director of United

Hands, writes: “The AMEN conference was inspiring. I was encouraged to work even closer with local church leadership; to offer to pray with patients individually; to continue to expand our health ministry, by using our weekly exercise program as a bridge to the CHIP program and bible study; and to incorporate even more evangelism into our yearly medical missionary trip. “

We want to thank our outgoing President, Phil Mills, MD, for the spiritual leadership and direction he gave the AMEN organization. We also welcome our new officers: President, Mark Ranzinger, MD; Secretary, Edwin Nebblett, MD; Treasurer, Todd Guthrie, MD; and our new Board Members: Lisa Walke, MD and Stephen Waterbrook, MD.

I believe the Lord has great plans for the AMEN organization as we allow Him to use us as “Centers of Influence” to point our patients to the Great Physician, Jesus Christ.



I believe the Lord has great plans for the AMEN organization as we allow Him to use us as “Centers of Influence” to point our patients to the Great Physician, Jesus Christ.

# “How May I Pray for You?”



**ALICE GRIFFITHS  
HOUMANN**, graduated  
from LLU-SAHP and  
works as a PT in  
Frederick, Maryland.

I was so blessed to attend my first AMEN conference. As a physical therapist in a hospital outpatient setting, I wasn't sure if there would be much that I could learn that would help me reach my patients. I could see the value in a private practice, or for those who have a bit more “authority” than the P.T., who encourages patients to exercise and sit up straight. Would I, as just a small speck in a big corporate wheel, be able to reach others for Christ? Little did I realize how much I was going to learn.

Physical therapists are blessed with the one commodity that most medical practitioners never have enough of: face-to-face time with their patients. In my work, many clients come three times a week for an hour or more to perform exercises or receive treatments; the result is that this leaves them plenty of time to talk to the same therapist. We learn of their pain, their family happenings, their joys and their struggles. Nevertheless, I was surprised that after I started to ask them the question, “How would you like me to pray for you?”—a whole new area of concerns were opened to me.

I never thought about asking that question before; that is, until I went to the AMEN conference, where I learned from Des Cummings that I should ask it. Thus, during my evaluation period with new patients, I began to add, “It is my habit to pray for my patients. How may I pray for you?” I had assumed that I would know the answer to that question, because I had just spent 30-45 minutes hearing of their history, their complaints, why they were seeking physical therapy, and their level of inconvenience and pain. I assumed their obvious answer would be to pray that their pain would vanish. So far, though, no one has even mentioned their

physical concerns. It has been about their family, their fears and their spiritual needs.

For instance, Darla was a highly educated professional no-nonsense type whom I evaluated at 7 am. Her diagnosis was Chronic Fatigue Syndrome; her goal was to gradually increase her activity level through monitored aquatic therapy so that she could return to her full-time profession as a stockbroker. She had cut back her work to only half time due to the fatigue. I knew that I had a lot I could share with her about diet, exercise and the principles of CREATION health, but her face told me to keep my advice to a minimum on this first visit. Assuming that our evaluation was complete, and she was anxious to get to work, I prayerfully set before her my last question, “It is my habit of praying for my patients. How may I pray for you?”

She looked shocked; then her face crumbled. “You are an answer to prayer! I have been praying that God will lead my future. Does He want me to return to stock brokering or does He have something else in mind for me to do?”

Now it was my turn to be shocked. I hadn't “read” her as a Christian, or someone who was anything but self-guided and master of all but her health. She even turned the question around. “How may I pray for you?” she asked. I shared with her one of my concerns, about God's leading the lives of our children. Now when I see her, her first question always is, “How are the kids?”

What a blessing! I now have my patients praying for me. This was the first of many new encounters I expect to have with patients, all thanks to what I learned from the AMEN conference.

So glad I went!



# AMEN Nigeria Conference

Nigeria is an important country in Africa, not only because it is rich in oil but because it is the most populous. It has a strong Seventh-day Adventist presence—two unions with about 200,000 members.

With church operated hospitals and clinics, medical evangelism has played a decisive role in church growth in this West-African country. This year, Babcock University launched our only Seventh-day Adventist medical school in Africa, the Benjamin Carson School of Medicine. With this background it should come as no surprise that Nigeria hosts one of our most active international AMEN chapters. Started in faith by Dr. Herb Giebel four years ago, the conference is exerting an increasing influence in the nation, and beyond.

Three years ago, while still in their residencies, my daughter and son-in-law spent a month at the Adventist Hospital at Ile-Ife with Dr. Giebel. During their time there, they participated in the second annual AMEN conference. They were very enthusiastic about their experience and, with their encouragement, I began to plan to attend an AMEN Nigeria conference.

Though it took nearly six months to meet all the visa requirements and get the necessary vaccination boosters, I was relieved to finally get my visa a few days before I was scheduled to leave for this year's conference.

Like many Americans, I am weak on geography, but while studying a map I was able to picture the continent of Africa as the proximal femur, with Nigeria the

base of the neck. Shortly after our 2011 AMEN conference at Hilton Head, I flew to Lagos then rode several hours by car to the Adventist hospital in Ile-Ife, where the fourth annual Nigerian AMEN conference was held.

As with our annual AMEN conferences in the United States, the Nigerian chapter has a focus on medical and dental students. The speakers were interesting, practical, and spiritual. A chaplain who began with a rather standard health talk gave, I thought, the most memorable presentation. I am embarrassed to admit it, but I expected to be bored; instead, I was surprised. This chaplain proceeded to show that health is evangelism. That is, he explained that health evangelism was not simply an appendage to stick on evangelism; it must, rather, be an integral part of any effective evangelistic outreach. Greatly blessed by the presentation, I gained many new insights.

This conference reaffirmed my conviction

that the principles of medical evangelism are truly universal. We have much to learn from others. Obstacles to implementing medical evangelism are similar everywhere. The gospel remains the only universal antidote for sin, and medical evangelism is the most effective medium of its application.

In addition to the excellent meetings, I had the opportunity to see some interesting dermatologic cases. Some skin diseases, such as seborrheic dermatitis and tinea versicolor seemed to be as common in Nigeria as in the United States. Some dermatologic problems such as discoid lupus and leprosy seemed more common in Nigeria. But my population sample was much too small to make any truly legitimate epidemiologic assessment.

All in all, it was an exhilarating trip that expanded my horizons. I return with a renewed commitment to medical evangelism around the world.



# The Future of Mental Health

## What Needs to Change



### NEIL NEDLEY, MD

*graduated from Loma Linda University. He has published & lectured extensively on preventative health and depression. In addition to being a practicing physician, Nedley also serves as president of Weimar Center of Health and Education.*

*This is excerpted from the keynote address given by Dr. Neil Nedley at the 2011 Emotional Intelligence Summit in Dallas, Texas.*

In any given year, an astounding 26.2% of Americans, ages 18 and older, suffer from a diagnosable mental disorder. That's astounding because we're talking about things like major depression, PTSD, schizophrenia, and bipolar disorder—significant mental illnesses that cause people to lose their ability to function in a normal capacity.

Studies show that depression is the leading cause of disability worldwide. In fact, the second leading cause of disability is only half as common as is depression. No other disease is even close with regard to causing disability. An estimated 90 billion dollars are spent on treating this disability and on lost productivity in the US each year. Added up over a lifetime, the costs come to 2.1 trillion dollars (about our national debt), which does not include the increased cost of medical care that all of us must assume for these individuals.

The National Alliance on Mental Illness (“NAMI”) did an exhaustive study on mental illness in America. What do you think the United States got as a whole as far as its grades on mental health care?

The national grade was a “D.”

No wonder the director of NAMI said: “The

tragic reality is that no state in the nation is able to pass this true test of a mental health system's performance.”

### PREVENTION

Thus, the problem is real. I now want to talk about fixing it.

First, we need to focus more on the prevention of mental illness than we presently do. The key to prevention is a new approach to education. If I were the mental health czar in this country, I would require every high school student not just to take a psychology class, but to study things like the frontal lobe, emotional intelligence, and cognitive behavioral therapy.

Second, with 26.2% of people having mental disorders, there are nowhere near enough psychiatrists and psychologists in the nation. We don't have enough to handle even 5% of the population, much less 25%. So, if we are really going to tackle this, we have to tackle it where people will be on a regular basis. This is why school counselors, principals and educators need to understand the principles we are talking about. This is why Family Practice doctors, Internists, etc. need to understand this as well.

The pharmaceutical industry has learned this, at least to some extent. I remember a



Like most chronic diseases, depression, as well as anxiety, are multi-factorial diseases.

are going to present a comprehensive way of restoring wellness there.

few years ago when the drug, Remeron, came out. It is an antidepressant that helps out particularly with anorexia-associated depression. What happened, however, was that instead of just giving it to psychiatrists, the pharmaceutical representatives started going to Family Practice doctors, Internists, and OBGYNs. Their sales went way up. Why? Because those people actually see more people with depression and anxiety than the psychiatrists do.

If this is happening in regards to pharmaceuticals – if most of the pharmaceuticals are being handed out by primary care physicians for mental health issues, and not by psychiatrists, then it stands to reason that those very people need to learn the other therapies that can also greatly benefit people with anxiety and depression.

#### DISCERNING CAUSES

One of the biggest concerns regarding the inefficient treatment of mental illness in this country has to do with the causes of mental illness. Major depression and/or anxiety disorders are, really, just a constellation of symptoms. If we want to increase the likelihood of a long-term solution, we'll identify the causes of these

symptoms and, then, systematically treat them.

Unfortunately, this is not as simple as prescribing a drug (In some cases, the drug may get in the way!). Like most chronic diseases, depression, as well as anxiety, are multi-factorial diseases, which means that they need an “all fronts attack” on as many operative causes as can be identified. I believe that four areas are crucial: the frontal lobe; lifestyle; nutrition; and genetics.

Take, for instance, the frontal lobe. Studies show that the lack of frontal lobe circulation is often the cause, and the effects are the symptoms of depression. Despite all the research that has been done in the last 15 years, frontal lobe issues continue to be largely ignored. Some of the reasons are clear. Secular neurology textbooks tell us that the frontal lobe is the seat of spirituality, morality, and the will. Because it's the center of spirituality and morality, many psychologists and psychiatrists state, basically: “Hey, this area is off limits. I'm not going to touch it.” But, in reality, if this is the lobe that is primarily involved in mental illness, they need to touch it. They have to address the actual problem if they

#### THE DRUG FACTOR

Then there's the whole question of drugs. We now know that antidepressants have their limitations. In fact, 80% of people on antidepressants are still depressed. One third of them don't respond to any antidepressant. Those that do respond, have a high chance of relapse, even while on the drug. If taken off, they have a very high chance of relapse.

Medications do have an effect. Medications often change the form of the disease. They can have strong side effects, such as lethargy. I don't like the side effect of increasing impulsivity before improving depression. That's why the most commonly used antidepressants have black box warnings. If, for instance, the patient is suicidal and starts using an antidepressant, the worsening of impulsivity can lead to a big problem.

One study showed that 75% of patients in a cognitive therapy group remained free of relapse (and this was a short 12-week course that met only once a week). In contrast, among those taking an antidepressant, 60% who remained on the medication were relapse free. This means that 40% of those taking the drugs started to relapse. And so you can see that even though the cognitive behavioral therapy is





said to be equal to the drugs in its efficacy, it is actually superior.

#### TRUTH MATTERS

People sometimes ask why our program has a relatively high positive response rate. The reason is simple. We are not just using cognitive behavioral therapy alone. In fact, we don't even use it as the first line. We use nutrition, lifestyle, sunlight, and hydrotherapy as well. We also use omega 3. We use these things first in order to get the frontal lobe circulation up. Changes are also made in exposure to various forms of entertainment. We start to include the types of entertainment that are going to improve frontal lobe function, and not detract from it.

We work on all these before we start into the CBT. The CBT is far more effective once you have an intact frontal lobe. You have to analyze thoughts. You have to look for distortions in those thoughts. You have to try to correct those distortions and reconstruct the thoughts into an accurate thought process. You can't do that without a functioning frontal lobe.

Because cognitive behavioral therapy has been shown to be far superior to placebo, and because it is based on thinking truthful and accurate thoughts, I think it is very clear today that truth matters. That's why, for instance, one of the setups for the

failure in mental health treatment in our country is this false idea that there is no such thing as truth, and that what is truth for you may not be what is truth for me, and so forth. When you get into that line of thinking, CBT is out the door.

#### THINKING ABOUT THOUGHTS

Another principle learned is that people can change the way they feel by changing their thoughts. What most Americans do to change the way they feel is to reach for alcohol, drugs, or some instant but false way to make themselves feel better. It can transiently change your dopamine/serotonin levels, but discovering truth and correcting errors will also improve dopamine levels and serotonin levels. Both groups get their feelings improved. It's just that the truth-based method maintains the improvement; the other ways have these peaks and valleys that keep getting worse, and pretty soon people are utilizing these techniques just to get numb.

You can never get enough of what you don't need, because what you don't need will never satisfy you. On the other hand, self-sacrificing love – altruism – improves mental and physical health. That's where you can see that spiritual component in the frontal lobe. Truth is, indeed, a spiritual component; self-sacrificing love is as well. We also know now, from the psychiatric

literature, that the primary change agent, which will help you change someone else's life for the better, is for you to exhibit altruism and self-sacrificing empathy in dealing with that individual.

#### How We Do It

In our program, we start like this. When a patient comes to us, and when a mental health problem is found, a comprehensive workup is initiated. It begins with a hit-list test. Of course, along with the hit-list test, I get a score of what the patient's anxiety level is, what their depression level is, whether they do have major depression or not, what their emotional intelligence is, etc.

After the workup is complete, then a comprehensive treatment plan is initiated. That treatment plan is based on the hits that are active, so it is individualized. And then we look at general treatment measures.

After I research the cause of depression, I research treatments. I've found over 100 treatments that have been identified as being superior to taking a placebo. Many of those are pretty simple.

Also, group-coaching sessions are used instead of group-exposing sessions. In certain tough cases, there may be a need for an excellent therapist to listen long enough to help the individual. But as far as group expositions in regards to what's happened in the past, I'm opposed to it for multiple reasons. Often there is regret afterwards and it can produce additional complex issues later on.

#### RESULTS

We compiled data from the last seven programs that we did. In these programs we measured all of the DSM-4 criteria. A score of 20 or higher is in the severely

depressed range. Of course, most of these people are on medications when they come to the program, and have been depressed for years. Not all patients are going to have major depression, some will have isolated anxiety.

After only ten days in a comprehensive, intense treatment program we could see that many with severe depression were walking away depression free. Many of those with anxiety will also walk away anxiety free. If they stay on this program, their scores are going to improve much more than that when they return home.

So the average individual – either severely depressed or right at the border of severe and moderate – is able to leave the ten-day program with no depression. This is average. This is according to both the Beck Inventory and the DSM-4 criteria. About 10 percent of patients entering the program were classified as extreme according to the Beck Inventory, where they were almost catatonic. Just looking at them, you know that this isn't someone who can communicate on a meaningful basis. That's how severe it is. Yet, even in these severe cases, we have seen significant, dramatic improvement.

We used to run a 19-day program. One of the reasons why we shortened it is that it's more economical for the patient. And though we were seeing results that were better at 19 days than at 10 days, it starts to taper off. It continues to improve, but the most dramatic changes usually happen within 10 days. Usually by day 7 they start feeling something. By day 8 it's pretty dramatic. By day 10 it's amazing what can happen, both with depression and anxiety (interestingly enough, anxiety is often more difficult to treat than is depression).

And then there are gratifying results that



we didn't anticipate. These results relate to emotional intelligence. Some people with depression/anxiety have pretty good EQs. You might think everyone has poor emotional intelligence with anxiety and depression, but this is not true. The emotional intelligence rates improve significantly in the program. The EQ average of those entering the program is at 95. At the end it is 115. Because the average EQ is 100, these patients leave not only depression and anxiety free– they are leaving right there in the top 20 percentile in the nation as far as EQ. That means the sky is the limit to their possibilities for future success.

That's what we call wellness and restoration.

#### CONCLUSION

In short, I like to close with a quote from Dr. Leihe, of the Cognitive Institute: "Depression is a lifelong vulnerability for increasing millions of people. It's a world economic crisis. Depression is an ongoing war that is difficult."

I agree. Leihe continues: "Simply from a practical point of view, effective treatment for depression makes economic sense. It's a good investment. If you effectively treat depression, people are more likely to work, require less disability coverage, and as cynical as it may sound, more likely to

A comprehensive mental health education program works. It can restore wellness.

pay taxes. Treating depression pays. It's smart policy, and it's the right thing to do."

Thus, my counsel to you is this: Don't wait for depression or anxiety's complications. Find out what the categories of causes are in your patients (or even in yourself as well) and get to work on it.

A comprehensive mental health education program works. It can restore wellness. It is cost effective. It can raise our nation's mental health services grade significantly. I think we ought to go for an A, not a D. These types of changes will positively affect the future of mental health care. And so I look forward to better days as word gets out.

As a nation, we can't afford to do anything else.

# Spiritual Lessons From a Broken Right Arm



## DAVID H. OTIS D.D.S.

*A 1985 graduate of Loma Linda University School of Dentistry, Dr. Otis has a passion for medical evangelism. He is dedicated to ministering to his patients' spiritual needs while treating their dental needs. He does this by praying with his patients, not only in general but asking them specifically what they need him to pray for. He also makes sure his waiting room is full of good Christian literature. Otis has been in private practice as a general dentist for 26 years. He and his wife have four college age children and reside near Collegedale, TN.*

What could be more valuable to a dentist than his (or her) hands and arms working harmoniously together? Of course, until one suffers the loss of such an extremity one barely wastes time thinking about the vital function that these body parts play in dental care. On occasion, God, in His great mercy, allows us to suffer such a loss so that we may come to appreciate how masterfully our Designer created us to function to our fullest potential and how intimately dependent we are upon Him.

Recently I was "blessed" with a broken right shoulder when I conveniently sailed over the handlebars of a borrowed mountain bike and did a face-plant into a creek bed alongside a wooden footbridge. Immediately after impact, three thoughts came to my mind. Number one, "Am I able to move all my extremities"? Number two, "Are my front teeth still there"? Number three, "How did I lose my focus that I would ride off the side of a simple wooden bridge"? (After all, 15 other bikers in our group had successfully maneuvered the bridge just in front of me.)

I could move my extremities, with the exception of my right arm, which dangled helplessly at my side. (I just happen to be a right-handed dentist!) Feeling dirt in my mouth, I reached with my left hand and

checked my central incisor teeth for their presence. They were still present with not even the slightest mobility. The only thing I could not figure out was how had I been unable to avoid the plunge into the ravine. In fact, I saw it coming, but was unable to prepare. The scene constantly replayed in my mind as I pondered how I had failed to set the right course for the path of the bike. I just wanted to go back in time and attempt it over again.

Unfortunately, I could only remain there quietly and wait for help. Friends frantically went in search for the park ranger. When they returned, I peered up into the face of the friendly park ranger gazing down from the notorious bridge at my helpless frame in the dirt. Instantly, I recognized the ranger as my next-door neighbor, whose father is a long-time patient at the office. I could only plead, "Please don't tell your dad what a poor mountain biker I am!" He laughed and then, along with my friends, cautiously lifted me out of the ravine.

Nearly four weeks into recuperation, coupled with a necessary reduction in my work at the office, I continue to be reminded of my dependence upon my loving wife to help with simple tasks, such as putting on my shirt, tying my shoes, buttoning up my pants, driving the car, and applying ice packs in all





I want to be a  
God-driven,  
God-dependant  
witness who rests  
completely in  
His promises to  
perform His work  
through me.

Lord. Busyness, schedules and financial demands frequently interrupt the desires of my heart to be a true servant who presents a full witness to my patients. I want to be a witness who restores the “right arm” of the gospel of peace, a witness that is not about me but rather about “Christ in me, the hope of glory.” I want to be a God-driven, God-dependant witness who rests completely in His promises to perform His work through me.

the right places, things I had so taken for granted. Unable to explain why I needed this experience, I found myself asking, “What is it, Lord, that you want me to learn through this trial?” I believe, indeed, that “all things work together for good for those that love the Lord,” so there must be some lesson I need to have etched in my mind and character. I am thankful that I serve a God that allows me to ask Him questions, a God who has the love and patience to direct my life in the right path. As the apostle James says, “If any of you lacks wisdom, let him ask of God, who gives to all liberally and without reproach, and it will be given to him.” James 1:5.

It was, however, the preceding three verses in James that especially spoke to me. “My brethren, count it all joy when

you fall into various trials, knowing that the testing of your faith produces patience. But let patience have its perfect work, that you may be perfect and complete, lacking nothing.” James 1:2-4. There it was: I need to let God work out His perfect will in my life so that I might experience the complete, whole life that He desires for me. I need to get out of the way and allow Him to do His work in me, “for it is God who works in you both to will and to do for His good pleasure.” Philippians 2:13. I recognize that, by faith, I need to trust my Creator, because “He who has begun a good work in you will complete it until the day of Jesus Christ...” Philippians 1:6.

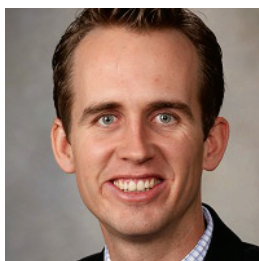
Too often I have forgotten what a fully functioning dental health evangelist could be when completely surrendered to the

I do not want or need a “broken right arm” witness that is unable to reach the heart of others with the Third Angel’s Message. Rather, I want a “restored right arm” witness that is fully operative in my life, office and community.

“Again and again I have been instructed that the medical missionary work is to bear the same relation to the work of the third angel’s message that the arm and hand bear to the body. Under the direction of the divine Head they are to work unitedly in preparing the way for the coming of Christ. The right arm of the body of truth is to be constantly at work, and God will strengthen it....” Testimonies for the Church 6:288.

Believe me, I understand what she means.

# Prayer: Reflections of a Medical Student



## JONATHON THORP

*is a senior medical student at Loma Linda University, and is planning on Internal Medicine for his residency. He has served as the AMEN student chapter president for the last two years. He continues to look forward to see how God will lead in his life.*

**M**y work in the hospital has made me seek from the Lord what the disciples did 2000 years ago: “Lord, teach us how to pray” (Luke 11:1). Medicine has incredible opportunities for spiritual care. However, throughout medical school I have struggled with knowing whom to pray with, when the best opportunity is, and what I should say. As Ellen White wrote: “Prayer will give the sick an abiding confidence; and many times if their cases are borne to the Great Physician in humble trust, it will do more for them than all the drugs that can be administered” (CH 324). With a promise like that, how can we not pray with, and for, our patients?

I vividly remember my first intersection of prayer and medicine. As a student on the child neurology team, I faced the tragic situation of a brain-dead child on service. For several days the family had struggled with the necessity of withdrawing care. My attending physician, a dedicated Christian, picked up a Bible that the parents had lain at the foot of their child’s bed. He gently shared promises, led the family through a discussion of what happens after we die, and closed with a wonderful word of prayer. The next morning the family peacefully withdrew care. This interaction of medicine and prayer instilled in my mind an influential example of my sacred calling.

Scripture recounts powerful examples of answers to Jesus’ prayers. Ellen White comments that Lazarus’ restoration was “Christ’s crowning miracle” (AA 66). Following Christ’s ascension, the Holy Spirit empowered these “common” men to work miracles.

As I have reflected on that freshman experience, my troublesome question has

been, Where was our faith when we prayed for the child? Why didn’t we pray for complete healing? Did we, or specifically my attending, not have adequate faith? Why did God choose not to answer the desperate prayers of this little family? We will not have the answers to these questions until Christ comes; yet how shall we pray for our patients?

During my senior year, I participated in a medical and dental trip to Bangladesh and met an incredible man of prayer, Dr. Milan Moskala – a dentist who has dedicated his life to the underserved of that country. I remember examining a two-year old with severe cerebral palsy. I knew that only Christ’s return could bring complete healing to this child. Yet, in the few minutes I had with this concerned mother, I asked myself, what words should I share with her? I asked God for wisdom and opened my mouth, not knowing exactly what I was going to say. Through my translator I said something like this:

Ma’am, there is nothing that we can do medically for your precious child today. His condition is due to irreversible brain damage. This is not your fault. I will give you some vitamins so that he can be as strong and healthy as possible. There is only one doctor who can help your little child; His name is Jesus Christ. He has promised to come from heaven, take us from this earth, and restore each of us to full and complete health. Friend, I would like to pray to the one and only true God for healing today; would that be okay?

“Yes,” she replied. I prayed for Christ to make this child as strong as possible, to be pain free, to come and take us home to Heaven soon, and to heal her little baby at that time.

As I lay in bed that night, the words “Lord, teach [me] how to pray” again flashed into my

mind. Had I spoken the correct words? Should I have stepped out in faith and asked for healing right at that moment? I argued with God that there is no way that my faith is strong enough. Yet the story of the palsied man at Bethany crossed my mind, and I was determined to reach out in faith.

On Friday night before we left, Dr. Moskala shared at vespers several incredible stories from his missionary work in Bangladesh. In one case, a pastor in a rural Hindu region preached Jesus Christ with fervent power. Only one lady accepted Jesus as he finished the meeting that night and left. The next morning her young child, while playing with other boys and girls, fell and slipped into a body of deep water. Around noon the mother was looking and calling for her child. He was nowhere to be found. The other children, who had initially ran and hid, explained what happened. She ran screaming down to the body of water. Other villagers came and helped her search. Eventually he was found, cold, stiff, and under the water. After being in the water for close to six hours he was dead.

With tears streaming down her face the mother begged someone to call the pastor. She heard the stories of Jesus' miraculous healing last night; she believed that He could heal her child. As the pastor came, the villagers started blaming the mother for accepting this "new god" and causing this "curse."

The pastor, bewildered, decided that all he could do was pray. He picked up the child, and called the villagers to gather. With power in his voice, he began praying. Through his prayer he explained the Great Controversy to the entire village. He cried out to God to heal the child. Nothing happened. He laid the child down and left. A short while later, a miracle occurred – the boy awoke! He was raised from the dead. The pastor was called back to the village. Now the villagers weren't blaming this new god; no, they wanted to know more about Him. Eventually the entire

village accepted Jesus Christ. I know this story is true because I met this boy, now twelve years old and with no neurological deficits (his name is, by the way, Lazarus). His dream is to become a missionary, so that he can share his miracle with those in Bangladesh.

After I heard this story, I reflected on the little two-year-old boy with cerebral palsy I had treated. Did God want me to pray a prayer in faith that he would be healed? I don't know, but I do know that Seventh-day Adventist health professionals have a special purpose, a mission from God to continue the healing and teaching ministry that His Son, Jesus Christ, left on this earth.

Pastor Mark Finley made an interesting observation. "God works miracles because of His great love for people when these miracles are for our best good and His glory." Why God chooses to heal some and not others is a question that Christian philosophers, academics, and lay-people have struggled with for centuries. I don't claim to have the answer, yet I have come to the following conclusions:

- *We must not purposely cherish sin in our lives; our hearts must be pure so that we can hear that "still small voice" (Titus 1:15; Phil 2:5).*
- *God has promised the gift of the Holy Spirit to those who ask for it (John 14:26).*
- *I will continue to pray the prayer, "Lord, teach [me] how to pray" for many years to come (Luke 11:1).*
- *Pray for each other that we might fearlessly share the mystery of the gospel (Ephesians 6:18-19).*
- *When the Holy Spirit prompts me to say something, I pray that I will speak, and speak the right words too (Acts 10:19-20).*
- *There will be a day of complete restoration where there will be no more pain or suffering, and every tear will be wiped from our eyes (Revelation 21:4).*



During my medicine rotation I met a depressed patient who was questioning where God was in all his problems. After an extensive conversation, with hesitation, I invited him to pray. Partway through my prayer I paused and asked him if he wanted to speak with God. He did, and in that little exam room he rededicated his life to Jesus Christ. We finished, opened our eyes, and with tears streaming down his face he said, "Doctor, last night I was considering suicide. I cried out to God and said, 'If you are really there, have someone pray with me tomorrow.' Little did I know that it would be my student doctor that would be the one that would be sent to answer that prayer."

Shivers literally ran up my spine. I was thinking: Thank you, Holy Spirit, for prompting me to take the extra 15 minutes at the end of my long day to ask a few additional questions.

Whether you are a high school student, graduate medical or dental student, resident, practicing physician or dentist, or retired health professional, I challenge you to dedicate or rededicate your life to Christ. God promised and commanded Joshua, "...Be strong and courageous. Do not be afraid; do not be discouraged, for the LORD your God will be with you wherever you go" (Joshua 1:9). We may not know the who, when, what, or where of prayer; yet if the Holy Spirit is prompting you, you ought to realize that the power of Heaven is on your side. Like Joshua, let us pray boldly and courageously, and listen for the promptings of the Holy Spirit.





NON-PROFIT  
U.S. POSTAGE  
**PAID**  
CHATTANOOGA, TN  
PERMIT NO.1114

ADVENTIST MEDICAL EVANGELISM NETWORK

PO Box 1114  
Collegedale, Tennessee 37315  
423.826.4025  
[www.amensda.org](http://www.amensda.org)

8TH ANNUAL  
AMEN CONFERENCE

# “TESTIMONY”



OCTOBER 25 - 28, 2012

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

VISIT  
[WWW.AMENSDA.ORG](http://WWW.AMENSDA.ORG)  
FOR DETAILS