SPRING/SUMMER 2014

THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

Miracle in the Philippines

Journey to the Annual AMEN Conference, 2013

The Historical Perspective of Health Evangelism in the Seventh-day Adventist Church

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

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contents

4 / **Editorial**

5 / **Ridiculous or Amazing? You decide!**

9 / **Flouride, Fillings, and Fear:** The Unique Challenges of Sharing Your Faith in the Dental Office

12 / **The Historical Perspective of Health Evangelism in the Seventh-day Adventist Church**

16 / **Miracle in the Philippines**

19 / **AMEN Missions**

21 / **Following the Leader:** 2013 Conference Report

23 / **Journey to the Annual AMEN Conference, 2013**

26 / **Entering Practice:** Reflections from a Mentee

28 / **Uchee Pines:** A Patient's Perspective

31 / **President's Report**

BRIAN SCHWARTZ, M.D.

Divine Encounters

As physicians and dentists, we daily come into contact with those searching for truth.

"So then each of us will give an account of himself to God. Therefore let us not pass judgment on one another any longer, but rather decide never to put a stumbling block or hindrance in the way of a brother," (Rom. 14:12-13).

As physicians and dentists, we daily come into contact with those searching for truth. Though our human tendency is often to try to reach the wealthier or the more "successful" of our patients, frequently it is the social outcasts who may be most receptive to the gospel. While Jesus did have success with the "well-to-do" and even some Pharisees, by far the group that responded most readily to Him was the common folk, people like publicans and those deemed "sinners" by society.

I have found this to be true in my practice. I have one patient, Danny, a self- described loner. He's a computer hacker who sports a Mohawk—despite being in his 60s—and who is not very conversational; on the contrary, he's rather cynical, argumentative and antisocial. To top it off, he made it very clear that he didn't want to make any lifestyle changes.

One day, in a Sam's Club store, I spotted Danny two aisles down looking at computer software. My first reaction was to turn away before he saw me, but for some reason I felt led to acknowledge him. So I walked up to Danny and his wife and said, "Hello." He seemed astonished that I remembered his name and greeted him. We had a respectful conversation for several minutes and then went our separate ways.

The next time I saw him in the office, he acted like a different person. He was happy to see me; he even brought me an article regarding creation and asked if that is what I believe. He clearly didn't but remained interested as I explained why I do. For the first time, he welcomed prayer and, on subsequent visits, he has brought up spiritual questions and has now accepted Christian literature.

While my assistant was giving him an echocardiogram, his wife searched me out to tell me that she was so surprised and grateful that I would stop and talk to Danny, and that it had made a huge impression on him. She stated that no one treats him as respectfully as I had and, with tears in her eyes, she thanked me.

I must admit: my natural inclination was to turn away, but I learned that even the simple things, like treating a social outcast with respect, can go a long way in opening up doors for the gospel.

Ministry of Healing (p. 165) states: "As we partake of His Spirit, we shall regard all men as brethren, with similar temptations and trials, often falling and struggling to rise again, battling with discouragements and difficulties, craving sympathy and help. Then we shall meet them in such a way as not to discourage or repel them, but to awaken hope in their hearts."

Paul puts it this way in 2 Corinthians 5:14-16, "For the love of Christ constrains us, because we judge thus: that if One died for all, then all died; and He died for all, that those who live should live no longer for themselves, but for Him who died for them and rose again. *Therefore from now on, we regard no one according to the flesh..." (emphasis mine)*.

By treating all humanity with respect, and seeing the outcast as they might become in Christ, we can make a profound difference for His kingdom.

Brian Schwartz, M.D.

A series of articles demonstrating how a growing body of science is supporting the statements of Scripture and the Spirit of Prophecy.

by **Zeno L. Charles-Marcel, MD**

Ridiculous or AMAZING? You decide!

Dr. Zeno Charles-Marcel *is board certified in internal medicine with an added qualification in geriatric medicine. A sought-after public speaker and health educator through personal appearances and media, his research and academic interests are in the areas of Nutrition, Lifestyle Medicine, Metabolic Syndrome, and Seventh-day Adventist health practices. Dr. Charles-Marcel served in Mexico from 2002-2012 as dean of the medical school and health sciences at Montemorelos University.*

He is currently the Vice-President for Medical Affairs at Wildwood Lifestyle Center and Hospital, and Editor-in-Chief of The Journal of Health and Healing. He is happily married to Anita, his lovely partner in ministry. They have three children.

September 11, 2001 – a day of infamy. The airspace above North America experienced an unusual and unprecedented silence not evident since the Wright brothers first took to the skies almost a hundred years earlier. As the firmament was hushed, disbelief, uncertainty and fear gripped the hearts of men and women all around the globe as they watched people jump to their deaths before the towers themselves came crashing down. Amid the turmoil and devastation, however, a little publicized but nonetheless groundbreaking natural experiment was in the making.

Certain special observers of this cataclysm were the subjects of interest to two scientists who had the presence of mind to collect precious sought-after data. They were patently aware of the potentially far-reaching consequences of such a calamity. They had been studying a much-unexpected effect of another impactful world event that perhaps a detailed study of some of the witnesses of 9-11 would help clarify. The subjects of interest: pregnant women who were eyewitnesses and in close proximity to "ground zero."

First, some background... Years before 9-11, the two scientists Rachel Yehuda, PhD, Professor of Psychiatry and Neuroscience and Director of the Traumatic Stress Studies Division at Icahn School of Medicine at Mount Sinai, in New York City, and Jonathan Seckl, Moncrieff-Arnott Professor of Molecular Medicine at the University of Edinburgh had been trying to figure out a puzzling observation among survivors of the Nazi holocaust, deliberately traumatized laboratory rats, and the offspring of both. It appeared to Yehuda that the children of survivors were being diagnosed with Post-Traumatic Stress Disorder (PTSD) at an alarming rate – approximately five-fold greater than found among the survivors themselves. These adult children appeared to be victims of the holocaust that they themselves had not experienced! How could that be?

Were they responding to the repeated stories they had heard of the holocaust so many times over? Or, were they responding across one generation to the holocaust itself, an event for which they were not present? Meanwhile in Edinburgh, Professor Seckl was finding that the stress response induced in laboratory animals appeared to be transmissible to their progeny who themselves were not directly subjected to trauma. Could it really be that information about an event experienced by a parent can be passed on to the subsequent generation?

To begin to settle the issue in humans, what was needed was an event with holocaust-like impact to see if the children in utero at the time of their mothers' exposure would behave as though they themselves had witnessed and experienced the event itself. At stake was the plausibility of the idea that information about acquired experiences could be transmitted from mother to unborn

child, the passing on, if you will, of genetic memory of a stressful event experienced during the extra-uterine lifetime of the mother.

Many would think that the preposterous idea that life events can be passed on to the offspring was debunked by the work of Gregor Mendel. Mendel demonstrated that the inheritance of traits followed particular patterns, and his observed "Laws of Inheritance" form the basis of the modern science of genetics. "Genes don't change in response to life circumstances, and the only way to inherit traits is through genes" goes one genetic dogma. Up to the time of the Nazi holocaust, and even more recently, anyone who would believe otherwise would probably be labeled "naïve" or "misguided."

Now, Mendel died in 1884, but it was not until 1902 that the medical establishment of the day re-discovered his work and in the spring of that year three papers were published sealing the fact that Mendelian inheritance is "the way" plants, animals and humans pass on traits. This flew in the face of the then prevailing biological thought known as Blending Inheritance. According to this theory, the inherited traits are bounded by the homologous traits of parents; e.g. the height of a person with one tall and one short parent, for instance, was thought to always be of some intermediate value between its two parents' heights. Even though not officially taught, this was the emergent truism of the informed since alternatives acceptable to the less "scientific" thinkers before them had become outmoded. The French naturalist Jean-Baptiste Lamarck (1744–1829), and later Charles Darwin himself Mendel's contemporary, were proponents of inherited acquired traits. Darwin even posited that his evidence was confirmatory by observing that traumatic injuries to two fathers had produced children with scars in the same places as those of their dads! Mendel, commenting on Darwin's work, believed he had it wrong in this area. The shortcomings of this theory should have been obvious but there were competing ideas at the time and no one theory explained all of the observed facts.

To compound matters, there was little concrete knowledge of human reproduction in the mid-nineteenth to early twentieth century. The views of Hipocrates and Galen had long been replaced by the Aristotelian view of epigenesis modified by anatomist William Harvey in the 1640s which stated that "the female ovaries produced eggs that were propelled into the womb by the magnetic force of the male semen and, once united, produces a homogenous mass which underwent a process of epigenesis - the formation of organs from non-organ tissue." But, during the time between the Great Disappointment and 1863, the year of the first comprehensive vision of health reported by Ellen G. White, there were competing theories between the "epigenesists" and the "preformationists" (who believed that the embryo existed before fecundation) on the one hand, and between the "preformationist-ovists" and "preformationist-spermists" on the other. The latter two both claimed to have seen, microscopically, entire mini embryos inside the egg and the sperm respectively. The "preformationist" view was the prevailing view during the period of the formation of the early Seventh-day Adventist Church and lent itself to political support since preformation made it seem inevitable that "servants beget servants and kings beget kings..." a "fact" which implicitly legitimized the dynastic, antidemocratic systems.

With this background in mind, and in the midst of these confused and competing ideas, some look with skepticism at statements made by an unschooled religionist, Ellen G. White, at the dawn of the 20th century. When she wrote in Ministry of Healing, p.372 (1905) that "mothers should be careful when pregnant lest they affect their unborn offspring," and "...what the parents are, that, to a great extent, the children will be. The physical conditions of the parents, their dispositions and appetites, their mental and moral tendencies, are, to a greater or less degree, reproduced in their children" there was no scientific consensus to support her. She certainly was no "preformationist-spermist" and sounded more like the outmoded Lamarck than the rising and then recently accepted Mendel, but her statements are recorded

for all to see: "What the parents are, that, to a great extent, the children will be. The physical conditions of the parents, their dispositions and appetites, their mental and moral tendencies, are, to a greater or less degree, reproduced in their children." (Ministry of Healing, p.372)

But she does not stop there. On page 373 of the same book she declares: "especially does responsibility rest upon the mother. She, by whose lifeblood the child is nourished and its physical frame built up, imparts to it also mental and spiritual influences that tend to the shaping of mind and character," and continued "...the effect of prenatal influences is by many parents looked upon as a matter of little moment; but heaven does not so regard it. The message sent by an angel of God, and twice given in the most solemn manner, shows it to be deserving of our most careful thought."

Judged by the "facts of Mendelian genetics," these and other statements to follow could be considered as ludicrous: "Every woman about to become a mother, whatever may be her surroundings, should encourage constantly a happy, cheerful, contented disposition, knowing that for all her efforts in this direction she will be repaid tenfold in the physical, as well as the moral, character of her offspring..." (A Solemn Appeal - 1870), since attitudes and dispositions certainly could not change genetic transmission...or can they?

EG White lived in the midst of change. Between 1893 and 1913, Dr. Franklin Paine Mall collected thousands of fetuses and embryos for scientific study and was instrumental in facilitating another change in the 1920's. The Victorian idea of moral and character influence of mother-on-child that EGW apparently held, was replaced by a purely physiologic and biologic one in which the mother was primarily a source of nutrition and shelter (a position that she held) for the "independent" fetus (a position that she didn't.) She declared: "The well-being of the child will be affected by the habits of the mother (Adventist Home p. 255) and "it is an error generally committed to make no difference in the life of a woman previous to the birth of her children. At this important period the labor of the mother should be lightened. Great changes are going on in her system. It requires a greater amount of blood, and therefore an increase of food of the most nourishing quality to convert into blood. Unless she has an abundant supply of nutritious food, she cannot retain her physical strength, and her offspring is robbed of vitality" (Adventist Home, p.256)

Every woman about to become a mother... should encourage constantly a happy, cheerful, contented disposition, knowing that... she will be repaid tenfold in the physical, as well as the moral, character of her offspring.

Then in 1953, Watson and Crick sealed the fate of anything other than gene-sequence mutation as a deviation from molecular biologic inheritance. They nailed the lid on the coffin of the notion of inheritance of acquired traits and buried it once and for all.

So what do we do with her statements?

In the face of Mendelian Genetics and the 1953 version of Molecular Biology, her statements do seem ridiculous and have been a source of unspoken inconvenience or embarrassment to Seventh-day Adventist biologists and health scientists. However, new evidence suggests that those judgments might have been premature.

What Yehuda and Seckl observed prior to 9-11 was confirmed in the first stage of their evaluation of the offspring of their special subjects. They studied 200 women,

pregnant at the time of the catastrophe, some of whom had actually been in the twin towers at the time of the event. Half of them developed PTSD. Evaluation of these subjects disclosed that they all had abnormal cortisol levels. The striking phenomenon was not just that their babies also had these abnormal levels but that only the babies who were in the third trimester at the time of the trauma were affected. Mothers who had PTSD but were in the first two trimesters of pregnancy had no children who inherited the low cortisol levels. This cannot be just Mendelian genetics at work since the stage of pregnancy would not find an acceptable explanation using the Mendelian model.

The mothers' experience was having a predictable effect on the offspring's biochemistry! This can be explained by a down regulation of the genes of the children exposed to high levels of maternal stress hormones in utero, i.e. it could be due to an epigenetic phenomenon. Epigenetics is the study of heritable changes in gene activity that are not caused by changes in the DNA sequence. It refers to functionally relevant changes to the genome that do not involve alteration of the nucleotide sequence.

The work of Yahuda and Sekel is only one of many that substantiate the idea of the epigenetic trans-generational transmission of acquired traits. In another paper, the findings from a cohort of 2414 people, aged 50 years, born as term singletons around the time of the 1944–1945 Dutch famine were published. The authors interviewed 912 and examined 741 of them and found that after exposure to famine in early gestation there was more obesity, altered clotting and blood lipids as well as more coronary heart disease compared to those not exposed to the famine. Interestingly, exposure in mid-gestation was associated with obstructive airways disease and microalbuminuria, and altered glucose

tolerance in people exposed to famine in late gestation. Poor nutrition and stress in the mother are associated with significant adverse effects in their offspring, a declaration that is congruent with the statements made in1905.

The work of Lumey and colleagues at the American Health Foundation has adequately shown that, compared to controls, birth weights of first born infants of women prenatally exposed to the Dutch famine winter of 1945 during only the first trimester of pregnancy were significantly heavier (and birth weights of second born infants were significantly lower) than the non-exposed controls. Amazingly, as reported at the annual meeting of The Endocrine Society in June of 2013, Felicia Nowak, Associate Professor of Biomedical Sciences in Ohio University's Heritage College of Osteopathic Medicine, shared evidence that there are a number of mouse traits that may affect metabolism and behavior of offspring that are associated with the pre-conception diet of the father! EG White spoke of the parents, not just the mother!

In the Epigenetics era i.e. "above genetics" we are venturing into the control of genetic expression. Here it seems that EG White may have stated correctly the physiologic issues. But what about her comments about "values" and "character" are they true as well? Professor Jaime Hackett at the University of Cambridge believes that their research is clearly showing that genes can and do retain some memory of their past "experiences." Some experiences stimulate changes in the attitude of the individual. If, in fact, attitudes and values reflect a person's own biochemistry, could the associated "hormone soup" also not affect the genome in the same kinds of ways that nutrition, drugs and stress do? EG White was not unlike her time in some of "her ideas" but deviated quite significantly from contemporary thought in others. She declared: "The basis of a right character in the future man is made firm by habits of strict temperance in the mother prior to the birth of her child.... This lesson should not be regarded with indifference." (Adventist Home, p. 258) It is interesting to see how "her position" on many of the above issues is now being uncovered by modern science. Who knows what future research will bring.

So, was what she said ridiculous? Or amazing? You decide!

by Carlos Moretta, DDS

Flouride, Fillings, and Fear:
The Unique Challenges of Sharing Your Faith in the Dental Office

Dr. Carlos Moretta *is an Oral and Maxillofacial Surgeon in Kettering, OH and is also an adjunct faculty member in the School of Dentistry at LLU. As an AMEN board member, one of his goals is to inspire dental students and professionals to actively share Christ in the workplace.*

My wife is an Internal Medicine resident at Kettering Medical Center in Kettering, OH. She has a particular burden for the critically ill. Almost every day she comes home with moving experiences of how she was able to share her faith with patients, family members, co-residents, and hospital staff. Then she asks me how my day went.

I have been in the dental field in one capacity or another since 1990. Maybe it's just me but I have consistently found special challenges in trying to share Christ or striking up a spiritual conversation with dental patients. This is for several reasons.

In a large sense, dentistry has always had to swim upstream against negative patient perceptions. Several times a day I hear horrendous stories from patients of "evil" encounters in the dental chair. These patients sometimes carry traumatic childhood experiences in the dental chair all their lives. This also has deleterious effects on the care provider.

I remember a patient coming in for a consultation and before I could say much, he let me know the following: "No disrespect, Doc. But I hate what you do. I'm here only because my dental insurance is expiring this week, and my wife wouldn't stop nagging until I got in to see you. But, make no mistake about it, I hate it here, and if you're not careful, I might hate you too!"

Now, what do I do with that? How would I even begin to approach spirituality with this patient? To some degree, I have this type of encounter daily and I absolutely hate that about my profession.

Dental care providers and front office personnel also know that a significant number of patients who come through our office door have varying degrees of anxiety and fear. Often, this negativity has been perpetuated by the media and its negative portrayal of dentistry, which then leads to a patient with neglected dentition. In other instances, a patient's negative experience as a child, or the shared negative experience of a family member or friend, is enough to trigger uncontrollable anxiety and fear. And yet, on a regular basis, this anxiety and fear isn't severe enough, in the eyes of many patients, to field a prayer request.

I have, on occasion, asked if a patient wanted to pray before we began their dental treatment, to which the patient quickly responded, "Why? Do you think we need it? Do you not know what you're doing? How many of these procedures have you done?"

This hasn't happened just once, either.

Nevertheless, opportunities to witness do come in a dental office, though it would be easier to be "spiritual" when you know your patient would be open to it. One of my theories is that dental patients may feel that their lives shouldn't be in jeopardy during

Dentistry, many think, is nice to have but not the necessity that medical care may be.

a “routine dental visit,” as do patients rushed to the hospital’s emergency room. Dentistry, many think, is nice to have but not the necessity that medical care may be.

As oral care providers, we know better. We know periodontal disease has been directly linked to heart disease, stroke, diabetes, and pregnancy complications to name a few. We also know a decayed tooth left unchecked can progress from a local cellulitis to an abscess involving multiple neck spaces lethally crowding a patient’s airway in a matter of hours. But in general, most patients don’t know this or feel that incidence of these cases are insignificant.

So fear and anxiety experienced in a dental office may not be the same type that a patient may experience in a hospital. I know. I work in both settings. I have never been rejected or even questioned when I offer a prayer after a consult in the ER or before I treat a patient in the operating room. It’s probably also safe to say that when a patient dies in a hospital, it usually doesn’t make the evening news. When a patient dies in a dental office, it will likely be a catastrophic event that will make its way straight onto “60 Minutes.”

So what I am suggesting is that a patient’s perceived need for prayer and spirituality in healthcare may be proportional to the life-threatening risk they may feel associated with their care and/or their condition. In other words, a patient may experience fear in a dental office because of needles or because they have flashbacks of some childhood monster oral care provider, but not because they are afraid that they may die.

Nevertheless, there are those who do appreciate a word of prayer in the dental office. But who are they and what do they look like? They are often not easy to identify, and even more difficult to spot. So what can you do to make sharing your faith in the dental office not such an awkward experience?

You can start your day by asking God for divine appointments and for wisdom on how to spiritually engage your patients. You might start by getting to work 10-15 minutes earlier than usual and having a quick devotional where your assistant, hygienist, or office manager can see you. Make it a habit to leave your Bible open (because you were reading it, of course) on your office desk, all day. If you have a morning huddle with your office staff, and you don’t already start with a devotional and/or prayer, it can be a little intimidating to start getting “spiritual” all of a sudden. So you can try starting small. You can ask your assistant to pray with you before you start the day. This can be a wiser way to start, especially if you are an associate and not a practice owner. You can try a “GLOW” or “A-Facts” tract rack in the waiting area. Nathan Green has a beautiful painting of Christ assisting the dentist that would go great in the waiting area as well. You have

Your rapport with a patient is so crucial to bridging into spiritual themes and presenting the Savior.

to be deliberate if you are going to change the spiritual climate in your office, and the enemy will put up a fight. But God will bless your faithfulness. If your team is more spiritually sensitive, they will support your effort to identify patients who are open to spirituality and prayer.

Several years ago, at the AMEN conference, I was inspired as I listened to a colleague share his testimony of how he changed the spiritual climate in his office, and the idea has stuck with me ever since. Prominently placed in his office reception area patients see a stack of index cards, a pen, and a small box with a little sign that reads something like this: “We recognize that this is a place of business. But we want you to know that your doctor is a man/woman of prayer. If you have a prayer request for the doctor, please take the time to write it on the provided card and slide it into the box. Additionally, we have a small group Bible study in this very office every Tuesday night at 7 p.m. You are welcome to join us.”

The doctor said that the little box has done so much for growing spirituality in his office. He doesn’t even have to initiate spiritual conversation, but it surrounds him daily by employees and patients. He also showed pictures of a group of patients that meet every Tuesday night for Bible study with several baptisms to boot!

While there can be many different ways to evangelize in the dental office, there are still discouraging and limiting factors beyond patient fear. I haven’t even mentioned time constraints (overburdened doctor schedules) or the culture of distraction (iPods, cell phones, TVs, music). But as any good practitioner will tell you, and as Jesus Himself showed us, one of the most important gestures you can offer a patient is a tincture of time. Your rapport with a patient is so crucial to bridging into spiritual themes and presenting the Savior. Maybe you can start with the many dental patients that visit your office bi-annually, those with whom you have already established rapport. Recognize that you have a captive audience in a dental patient, if they aren’t completely distracted with gadgets. This does mean you have routine opportunities to establish and maintain rapport, to ask questions, to listen, to share your testimony, and to show you care.

In the end, as a dental care provider, you have an incredible opportunity and responsibility to change public perception about our profession, to reverse all the negativity and fear that has been cultivated through so many years. But most importantly you have the opportunity to point a soul to Jesus, and the promise of eternal life He offers us all. If you already have an established spiritual tone in your office, take it to the next level. Set up that little box in the waiting area and allow the Lord to work. God will bless you richly!

by P. William Dysinger, MD, MPH

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 three of a three-part series.

The first two parts covered the founding of the College of Medical Evangelists and the early challenges that the institution faced as it tried to implement Ellen White's counsels regarding medical missionary training and evangelism. In 1910, John H.N. Tindall was chosen to implement Ellen White's vision for a "new approach" to evangelism; his lifetime of experience can be instructive to modern health evangelists. The experience in training evangelists at Loma Linda in the 1960s and '70s was also reviewed. To read the first 2 parts of this series go to: http://amensda.org/go/article/4951.

Lifestyle Medicine

The initial training of "medical evangelists" at the College of Medical Evangelists was an attempt to produce lifestyle-change specialists. Unfortunately, it was sixty years ahead of its time. The philosophy and practice of medicine of that day (the 1910s and the 1920s) did not place special emphasis on preventive medicine. When the School of Public Health (SPH) was established at Loma Linda in 1967, its organization was towards the preparation of lifestyle-change specialists. It was quickly recognized, however, that if the practice of lifestyle medicine was to achieve the stature foreseen by Ellen White, a new doctoral program would need to be established. This goal was announced by the Dean of the new School of Public Health, Mervyn Hardinge, in the 1960s.

With much planning and work by the faculty, the new Doctor of Health Science (DHSc) program was initiated in 1972. It was built on the basic health sciences similar to medical study: anatomy, functional histology, biochemistry, physiology, exercise physiology, pathology, basic and advanced nutrition, lifestyle diseases and risk reduction, community mental health, dimensions of stress, alcohol and drug dependency and behavioral counseling. These were some of the health sciences offered. The program was designed to train a new type of health specialist expert in health and lifestyle risk assessment and counseling regarding lifestyle changes. The design, marketing, implementation, and evaluation of health promotion programs in community, church, industry, or hospital settings were part of this new doctor's expertise.

From the beginning, there was opposition. There might have even been an element of jealousy by some 'regular' medical doctors who recognized that in areas such as nutrition, exercise physiology, stress control and working with dependency behaviors and other lifestyle changes, the new doctoral graduates were more knowledgeable than they.

An evaluation of the first 68 graduates of the DHSc program in 1979 revealed that 46 percent were working for Adventist institutions or programs, about 20 percent were in government or university employment, and the remainder were in private practice. Some were simply pursuing fellowships or further training. Outside observers such as the Council on Education for Public Health (CEPH) always recognized Loma Linda's program as unique and on the "cutting edge" of preventive medicine. In a letter to the University, the accrediting council referred to the DHSc as "one of the most innovative programs in existence. It addresses the specific needs of health." CEPH recognized it in 1987 as "a strong program."

Loma Linda's program was unique & on the 'cutting edge' of preventive medicine.

In 1991, in an effort to make the lifestyle change program even more acceptable, a new Doctor of Public Health (DrPH) program in Preventive Care was initiated to replace the DHSc. This program continues today in the section of Preventive Care in the Department of Health Promotion and Education. Continued good enrollment gives evidence of continuing interest in lifestyle medicine in the School of Public Health at Loma Linda.

Lifestyle Medicine in the Medical School and General University

In the 1920s, Dr. Newton Evans, then dean of the Los Angeles division of CME, bemoaned the lack of interest and knowledge of public health at CME. Referring back to the Church's early stand on "health reform," he noted that public health professional interest was moving from environmental sanitation to a large concern for personal hygiene and individual health promotion. In 1928, the CME Board accepted a proposal from Evans. He had requested that a few selected fourth-year medical students be allowed to modify their senior year programs and continue on for an intern year in public health, after which they would receive a "certificate of public health." This was twenty years before the American Board of Preventive Medicine was formed and residency requirements established.

Eleven medical students enthusiastically signed up for the new program. Despite endorsements from highly placed professors at Yale University and elsewhere, the National Board of Medical Examiners and the American Medical Association refused to accept this new program in lieu of the regular required internship. Thus, the first "preventive medicine residency" plan failed.

The idea of a preventive medicine program emerged again at Loma Linda in the 1960s. Elvin E. Adams, fresh from his MPH study at Johns Hopkins University, was accepted as the SPH's first post-doctoral fellow in preventive medicine (1969). The school then announced a forth-coming residency, but the residency did not actually launch until 1979. As with all medical residencies, the medical school (Department of Preventive Medicine) is its primary home, but Loma Linda's residency is also a cooperative effort with the SPH.

The general preventive medicine residency at Loma Linda has now been operating for more than 30 years. It has always emphasized a unique combination of preventive medicine with primary health care. In 1993, the program was reviewed by the American College of Preventive Medicine and was recognized as one of the ten model programs among the more than 80 preventive medicine residencies in North America. In 2000, the acute shortage of occupational medicine professionals stimulated the beginning

The first such lifestyle program approved anywhere in the world.

of that sub-specialty at Loma Linda. In 2006, there was the good news that both the American Board of Family Medicine and the American Board of Preventive Medicine had approved a new Loma Linda subspecialty in "lifestyle medicine."

The first such lifestyle program approved anywhere in the world, this four-year program includes an MPH degree from the SPH and makes graduates board-eligible in both specialties—family and preventive medicine. Most importantly, it is the first medical training program specifically designed to train physicians to help prevent and treat lifestyle related chronic disease, and provide long-term health maintenance. Those with such lifestyle disease problems as coronary atherosclerosis, diabetes, hypertension, obesity, some cancers, osteoarthritis, depression and other lifestyle manifestations are helped. These problems, of course, are now pandemic worldwide. With its unique history, it is very appropriate that Loma Linda pioneer the new specialty of "lifestyle medicine." This new program is the passion of the current Chair (since 2003) of the Department of Preventive Medicine, Wayne S. Dysinger.

Other indicators of increasing interest in "lifestyle medicine" includes the approval by the University Board of an LLU Institute of Lifestyle Medicine to coordinate all the activities and efforts of all the schools and entities at Loma Linda. Although authorized in 2008, indicative of current financial problems and low priority, this Institute has not yet been funded and initially exists on the basis of volunteer work.

Outside the University, other work continues. In 2004, the American College of Lifestyle Medicine (ACLM) was chartered to bring together health professionals interested in this new sub-specialty and to create services and functions to enable and support the real world practice of Lifestyle Medicine. Recently, relations have strengthened with the American College of Preventive Medicine (ACPM) so that ACLM's annual meeting is fully integrated with that of the ACPM. Although an independent publication of Elsevier Publishing, the Journal of Lifestyle Medicine is another benefit available to all members of the ACLM. The need for and recognition of lifestyle medicine increases daily.

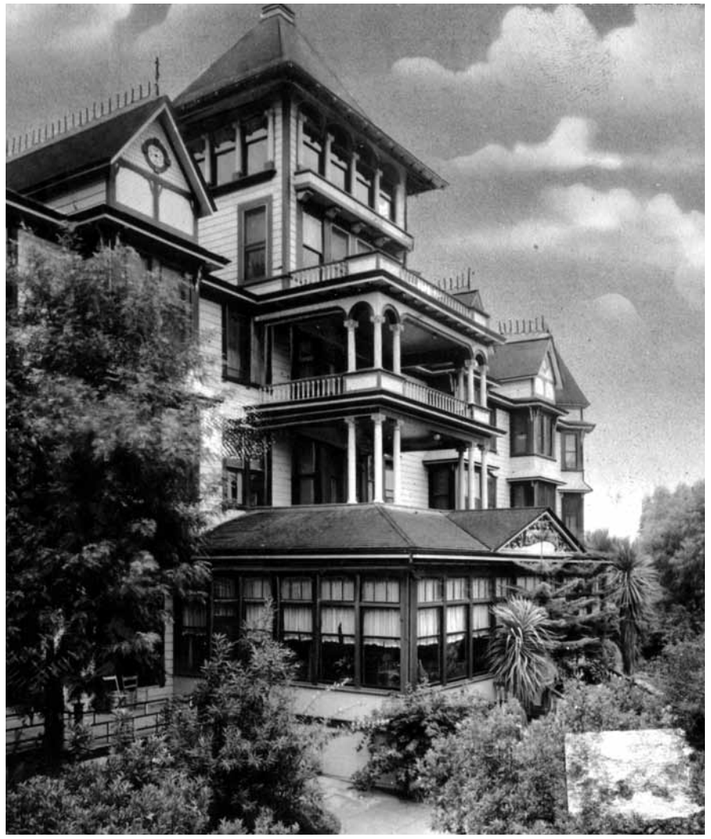
Lessons to be learned from the history of Adventist Medical/Health Evangelism

1. Although specific medical evangelism/medical missionary training at Loma Linda has twice failed, the call for "many" medical evangelists to be trained is still before the church. To prepare the way for the time when no work can be done in ministerial lines but medical missionary work, there is a challenge to health professionals today to recognize that their vocation as medical doctors is primarily to help informally train and supervise others as local church or community "health evangelists."

2. The challenge of Ellen White's vision of new approaches to cities by use of teams to proclaim the last message of God's love to the world also remains with us. Tindall used an approach that Ellen White supported, but we should not be afraid to experiment with new approaches to cities and large populations. How can this health evangelism approach be used, for instance, with the Internet or in large satellite efforts?

3. Can Adventists develop a "trademark" in lifestyle medicine that is universally recognized by both the public and insurance companies? In this day and age, insurance coverage is necessary for the practice of lifestyle medicine to more fully flourish.

4. The lifestyle medicine approach is a natural way to initiate health behavior change. Once begun, it is much easier (with the help of God's Spirit) to keep the momentum going until full spiritual conversion occurs.



For much of its history, the American Public Health Association had as its logo a tree in a circle with the words, "And the leaves of the tree were for the healing of the nations." Rev. 22:2. For more than a century Adventists have been identifying "health promoting leaves" to share with the world. Can the Church learn from its mistakes and become more successful in helping the public understand the spiritual significance of health and how to heal and preserve abundant health both in this life and in preparation for the eternal life to follow.

Many years ago the American Public Health Association abandoned the tree-of-life motif. May Loma Linda and the Adventist Church never reject its spiritual heritage, its own "Tree of Life." May it understand and lovingly add the word "spiritual" to the World Health Organization definition of health "as complete physical, mental, and social well-being." No other institution can provide the world what it needs as well as the Adventist Church can. I believe, God is waiting for all Seventh-day Adventist health professionals to accept the challenge to take the health message to people everywhere. And to take it in its most complete form: the health message fully integrated with the gospel message.

Note: For those interested, Health to the People by P. William Dysinger is the illustrated history of Public Health, Preventive and Lifestyle Medicine, and Medical Evangelism Training and Outreach from Loma Linda from 1905 – 2005. It is the amazing story of committed individuals who have for a century remained in the forefront of health education, preventive and lifestyle medicine. It is published by Trafford Publishing and is available online at Trafford.com/07-1126, at Amazon.com, or directly from the School of Public Health, Nichol Hall Room 1704 (Phone 909-558-4664), or through the University Book Store. For those interested in the details, including hundreds of references, the "reference" CD, also entitled Health to the People is available only through Loma Linda University at the addresses listed above.

by **Andrew Kim, MD**
with **Elise Harboldt, RN, BSN**

Miracle in the Philippines

Andrew Kim, MD *is a board certified orthopedic surgeon, with subspecialties in orthopedic sports medicine and the shoulder. He trained at Loma Linda University. Dr. Kim has a private practice in Temecula, CA. He and his wife Young have four adult children and four grandkids. They love sharing God's love with others, both locally and abroad.*

What a privilege to join AMEN, along with Guam Adventist Clinic, to provide medical relief to typhoon victims in the Philippines last November. Our team was humbled and amazed as we saw God leading in this medical missionary endeavor.

It wasn't an easy decision for me to go, at least not at first. On one hand, the largest typhoon to hit land had just occurred and I was being asked to help victims. How could I say no? But my family had planned a special 60th birthday party for me over the holidays. Family members were flying in from all over to attend. I would miss it if I decided to go. However, sometimes God places a need to serve on your heart and so after much prayer and consulting with my family, I decided to go to the Philippines. My son Jonathan, an ER doctor, decided to join me.

We arrived in Cebu City, Philippines, with a team of 22 volunteers, several bags of medical supplies, and countless questions. Which city should we set up our clinic in? What supplies do we need? Where will we stay? How can we best minister to these people?

We sensed God's guidance from the start. The way He built our team was nothing short of a miracle. Many of us had never met before, but immediately bonded like brothers and sisters for one purpose, and that was to serve. ER physicians, a general surgeon, an OBGYN, a wound care specialist, nurses, a physician's assistant, a pharmacist, dentists, and so forth. In just a week of recruiting, God had placed a burden on numerous hearts. Schedules were miraculously cleared and resources provided. The result was a fantastic, almost completely comprehensive, medical and dental team.

Not only did God send people; He also provided supplies. Many volunteers donated their own medical equipment or brought donated supplies from their workplaces. Loma Linda University's Global Health Institute generously donated eight large boxes of important medications, medical supplies, and equipment. We purchased additional supplies in the Philippines from donations given by generous AMEN donors.

We flew from Cebu to the city of Tacloban, in the province of Leyte. This region was hit hardest. The broken Tacloban airport was like a war zone. Military planes and helicopters flew in and out. We were greeted by total devastation: miles and miles of rubble, body bags in the road, homes and lives destroyed. We saw the people who lost so much. It was surreal, the sight of this loss and devastation.

We were eager to help, but didn't know where to start. Should we divide into several small groups to cover multiple locations, or should we find one location to focus on and fully

We were eager to help, but didn't know where to start.

concentrate all our resources? We needed wisdom from above. Our team earnestly prayed for guidance and direction, asking the Lord to make it clear where He wanted us to serve.

We prayed with the Governor and also the Health Minister of the province, hoping they could provide us direction. After discussing various options, one city seemed to stand out. An arrow was drawn on the map, showing the path of the typhoon. It went right over the city of Dulag.

"What about Dulag?" we asked. As we were discussing this very question, the mayor of Dulag came into the office and confirmed that they needed help. The timing was incredible and we decided it was in the Lord's providence that we go there.

Dulag was the perfect place to serve. This coastal city of 50,000 had a government clinic available for our use. Even though the roof was leaking, and there was no electricity or running water, the clinic was still functional. We were the first outside medical team to arrive after the storm. We found just one local doctor who had worked himself to exhaustion.

By God's grace, our team treated over 2,000 patients in one week. Medical services included wound care, surgeries, deliveries, respiratory treatment, dental care, tetanus vaccinations, and a variety of primary care services. We partnered with a team of 12 from Guam Adventist Clinic.

Local Filipino nurses and translators were also essential to the work.

As the week progressed, we continued to pray that God would open up opportunities for us to reach the patients spiritually. We were interested in holding meetings, but long days at the clinic left no time to spare.

God, though, had a plan. Half of our team stayed at a church member's home in Tacloban, commuting to the clinic each day. The other half camped on site – some inside the clinic and others in a refugee came right next to it. One evening, those of us staying on site started singing songs in the clinic as we waited for our meal to arrive. One of the nurses, Grace, remembered a man she met from the refugee camp next door. She wanted to invite him to sing with us. Not only did this man come, but he also brought a group of children. Soon the clinic was full of young beaming faces, learning new songs and Bible stories.

This was the beginning of our impromptu,

Spirit-led Vacation Bible School. We continued the worships each night, sharing Bible stories, singing songs, and building friendships with these adorable and resilient kids. These spontaneous evening meetings were a tremendous blessing.

On Thanksgiving evening, we shared a special dinner and celebration with the kids and the local clinic staff. We sang songs, shared Bible stories, and counted our blessings. The kids loved every minute of it. Not only was this the best Thanksgiving I've ever had, it was also the best birthday. The children blew out the candles on my makeshift Dunkin Donuts birthday cake, which consisted of stale donuts purchased days earlier from the airport in Cebu. After this special celebration, we invited everyone to come to church on Sabbath.

In the meantime, God opened the door for us to connect with Joseph Penticase, a Filipino Bible worker who was praying for an area in which to serve. After visiting our team in Dulag and realizing that there was no Adventist church, Joseph felt a special burden to work there. Before we knew it, AMEN, Guam Clinic, and even some of our missionaries volunteered to sponsor Joseph and one other Bible worker for the next six months!

Sabbath morning, our refugee church was full of 150 curious kids, parents, and onlookers. We shared short health lectures on the eight natural remedies. For the last remedy, "Trust in God," Joseph shared a short sermon. It was a message of hope and restoration for those who had lost everything.

After the service, we distributed relief food packs, 800 pounds of nails (the people desperately needed nails to rebuild their homes. Philippine Adventist Medical Aviation Service airdropped them for us), 200 copies of The Great Hope, 300 pairs of children's sandals (many people lost their shoes during the storm surge), and 400 coloring books with crayons. We left our generator and some medicine with the clinic, and most of our leftover medical supplies with PAMAS and ACTS World Relief.

We left Dulag humbled and awed by what we had witnessed. Not only did God open the doors for us to minister to the physical needs of the people, He also set in motion a series of events to reach their hearts. This experience strengthened our faith in God's ability to provide for His work if we just step forward in faith and take action. We saw the people who lost so much, and it was a special privilege that we could be there with them in their experience of horror and loss. Witnessing such tragedy reminds us of the fragility of man, and it directs our hearts to yearn for the divine presence. I could sense that everyone involved in this trip believed that God's intervening hand was with us.

This mission trip was, I think, God's wonderful birthday gift to me.

Visit amensda.org to learn about volunteering for our return mission trip in May.

AMEN in Action: Free Clinics

AMEN has developed a new model for service and we hope you will join us in this exciting and inspirational adventure!

Here's a little of the history...It all started last summer on a Navajo reservation near Page, Arizona, as AMEN dentists, physicians, and other volunteers partnered with the Granite Bay Seventh-day Adventist Church to provide free dental and medical care to 80 grateful recipients.

Since then, the concept has grown. We've prayed, purchased medical and dental equipment, recruited volunteers, and watched God work miracles.

Last September, we set up clinic in Chinatown, San Francisco, providing medical, dental, and spiritual care to over 200 patients.

This March we returned to San Francisco after city officials invited us to serve in a local community center. God blessed immensely and we were able to provide approximately 160 patients with free dental cleanings, extractions, fillings and even root canals. We also took this opportunity to do glucose screenings, provide lifestyle counseling, massage, distribute Christian literature, and give spiritual support.

There are so many miracles from this event that we want to share with you! Watch for a full report in the fall issue of the Medical Evangelist.

We need your help! Sign up on our website to volunteer for one of these free clinics: amensda.org/ missions.

Volunteers Needed!

August 23 to 24, 2014
AMEN will be partnering with GYC (Generation of Youth for Christ) to provide a free clinic for the Lakeport, CA community during GYC's INTERmission trip.

December 4 to 17, 2014
Join AMEN and Amazing Facts in Banepa, Nepal for a medical missionary trip. Amazing Facts evangelists will preach and AMEN will conduct clinics in 5 villages near Banepa. We are seeking dentists and physicians for those clinics. We also need surgeons who perform more complicated procedures at the Adventist hospital in Banepa. Non-medical volunteers are needed too so bring the entire family!

December 27 & 28, 2014
Once again, AMEN will be partnering with GYC. Together we will provide a free clinic right before the GYC Convention. We need medical & dental volunteers who are licensed in the state of Arizona as well as nonmedical volunteers (and dental students) from anywhere.

For more information visit: http://amensda.org/missions/free-clinics, e-mail: admin@amensda.org or call (530) 883-8061

Overseas Mission Opportunities

Quiet Hour Ministries

Physicians & dentists are needed on the following Quiet Hour mission trips.

- Bangkok, Thailand, June 10-23
- Aizawl, India, June 24-July 6
- Cuenca, Ecuador, July 2-13
- Suva, Fiji, July 14-28

For more information and to volunteer please contact: Quiet Hour's Evangelism Department at (800) 900-9021 or evangelism@qhministries.org

Maranatha

Physicians, nurses, dentists and other healthcare professionals are needed on the following Maranatha mission trips. Please contact Maranatha directly for more information: http://www.maranatha.org/; Phone 916-774-7700

Young Adult Project
Barahona, Dominican Republic
August 1-11, 2014

Panama Painting Project
David, Panama
October/November 2014

Christmas Family Project
Santo Domingo, Dominican Republic
December 18-29, 2014

Dental Missionary Opportunities

Are you interested in a distinctive, well-supported, and systematic dental ministry? Consider serving the SDA Church as a missionary dentist. Enrich your life by living abroad and in another culture. Care for both the most influential and the most underprivileged people of the world! Most importantly, help to expand God's Kingdom in an especially attentive manner. We are seeking dentists willing to commit for a regular 5 yr. term of service.

Contact: Doyle Nick DDS
Director Dental Affairs
Health Ministries Department
General Conference of
Seventh-day Adventists
909-558-4607 or Email dnick@llu.edu

Following the Leader:
2013 Conference Report

What would Jesus' office be like today if He were a healthcare professional? This was the central question raised at Following the Leader; AMEN's 9th annual conference held October 31-November 3, 2013 in Orlando, Florida.

For three, power-packed days, hundreds of AMEN members and enthusiasts joined together for inspirational and informative messages, networking opportunities, continuing education, and most importantly, a renewed sense of mission and purpose.

Attendants were blessed with inspirational plenary messages from a variety of presenters. Pastor Mark Finley, assistant to the president for the General Conference of Seventh-day Adventists, and Dr. Des Cummings, executive vice-president of Florida Hospital and president of Florida Hospital Foundation, collaborated to present a workshop called "The Patient Experience." This workshop focused on reaching patients by enhancing every aspect of care. From the moment patients enter the office to the moment they leave, healthcare providers have the opportunity to shape their experiences, benefitting them physically, mentally, and spiritually.

Conference attendees woke up early each morning to hear James Rafferty, co-director of Light Bearers, as he shared valuable lessons from his series: "Principles of Biblical Leadership." Other inspirational plenary sessions included "Following the Lamb" by past AMEN president Dr. Mark Ranzinger, "Healing the Right Arm," by Pastor Robert Hayes, "Iron Heart," a personal testimony by Dr. Larry Cohen, and "Remote Area Medical Care," by John Osbourn, DDS.

The conference also offered a variety of breakout sessions, providing valuable information on various health and spiritual topics, including: plant-based nutrition, women's health, periodontal treatment, spiritual care in emergency settings, integrating prayer into practice, mobilizing the local church to engage in health ministry, using modern media to reach patients, etc. Many of these breakout sessions provided continuing education credits.

On Sabbath morning, 285 attendees gathered as Elder Jerry Page, Ministerial Secretary for the General Conference of Seventh-day Adventists, passionately preached about the powerful breakthroughs our church will experience as we allow the Holy Spirit to work in us and through us.

Sabbath afternoon featured a mission report and musical program. Various members shared their stories of medical ministry opportunities throughout the past year, as well as inspirational musical selections.

On Sabbath evening, Danny Kwon, executive director for AMEN and Life and Health Network, gave a report on the free medical and dental clinics AMEN has been hosting in underserved communities. 2013 clinics included Page, Arizona and Chinatown, San Francisco. Several hundred patients received free dental care, wellness consultations, and prayer and spiritual support. AMEN attempts to combine these clinics with previously existing evangelistic efforts. It's rewarding for AMEN physicians, dentists, and other volunteers to join together to meet the practical needs of the community. There are four more free clinics scheduled for 2014! If you are interested in volunteering, visit: www.amen.org/missions.

Danny Kwon also shared a progress report for Life and Health Network, a health media ministry that creates resources for healthcare professionals to share with their patients. AMEN members were encouraged to take advantage of these resources, which can be found at www.lifeandhealth.org.

In addition to the meetings, attendees also enjoyed networking during meals, breaks, and throughout the conference. Many attendees expressed how valuable

it was for them to gain support and learn from the experiences of other healthcare professionals who are also interested in sharing Christ with their patients. There were also opportunities to network with the 20+ ministries and organizations that exhibited at the conference.

One highlight of the weekend was the announcement of AMEN's Student-Mentorship Program, spearheaded by AMEN student-members from Loma Linda University. This program grew out of a felt-need for students to have godly professional mentors to turn to for counsel and support. During the conference, thirty-eight physicians and dentists volunteered to be mentors. The program launched in February. If you're a physician or dentist interested in mentoring a student, visit amensda.org/mentorship.

The conference didn't leave out the kids. Dr. Kelly Kinsley led out in fun and educational children's programs. Friday, the kids visited the Orlando Science Center.

The conference ended Sunday morning with a fascinating tour of Florida Hospital's Celebration Health campus, a resort-like facility designed to serve as a cornerstone of health in the Disney-planned community of Celebration, Florida. AMEN is grateful for Florida Hospital's hospitality in hosting the tour.

The AMEN conference was a tremendous blessing. Attendees left inspired and equipped with practical tips for sharing Jesus with their patients and colleagues. We are thankful for God's blessings throughout this event and look forward to the next conference. Save the date for AMEN's 10th anniversary celebration & conference which will be held October 30-November 2, 2014 in San Diego, California.

Why Come to AMEN...

"If you're a Christian physician, you need to come to AMEN! You're not just called to be a healer of the body, but also a healer of the spirit. But you can't do it alone. It's important to network with other people and be inspired with new ideas." – *Lyndi Schwartz, MD*

"Often as I work in my own environment, I feel like I'm alone, doing missionary work all by myself. Coming to AMEN has been such a blessing, because I've been able to network and collaborate with other mission-minded providers."
– *Josephine Moyo, PA*

The reason I enjoy attending AMEN is because I come away so equipped, so recharged, and so encouraged, to make my work- more than that- to make it a ministry." – *Stephen Waterbrook, MD*

"Thanks for all the hard work you put into the AMEN conference, it was really a big blessing for me, and for the other students from Southern Adventist University who attended. Now we're planning to get the same spirit of a ministry-focused approach to health professions started here on campus. We'll be starting out with a daily prayer group and we'll see exactly how God leads from there."
-Adrien Charles-Marcel, pre-dental student

by **Harvey Hahn, MD, FACC**

Journey to the Annual AMEN Conference, 2013

Dr. Hahn, *Director of the Cardiology Fellowship Training Program at Kettering Medical Center, lives in Dayton, OH. Hahn admits that, although he was born and raised a Seventh-day Adventist, only recently was he truly converted. Now he is committed to serving Christ in all aspects of his life. Dr. Hahn became an AMEN member 2012 and currently serves on the Life and Health Network board.*

Since learning about AMEN several years ago, I've tried several times to make it to the annual meetings, but it has never worked out. Finally, after three years of trying—I made it, but barely. The day that we were to fly down to Orlando, as a family, my wife received a call and had to suddenly fly to South Korea! Thus, my sons and I went by ourselves.

When I first heard about AMEN, I had no idea what they (or now we) were about. Evangelism is something pastors do, and medical missionary work occurs in Africa, not during a routine blood pressure check in the United States. But after going to a couple of local meetings, I started to understand what they were talking about, even if I was still very uncomfortable about sharing my faith with patients. I graduated from Loma Linda University School of Medicine in 1994, and during my whole four years only four hours (one afternoon) was dedicated to the spiritual aspect of medicine. (I hear that has changed a lot since then.) Including medical school, internship, residency, and fellowship, I could count on one hand how many times I had talked to patients about spiritual issues or prayed with them. There was a massive, obvious disconnect between my purported faith and my medical practice.

One of my partners, AMEN member Dr. Brian Schwartz, kept talking to me, not just about joining AMEN but about melding my faith and my practice. Hesitant, I would give him all the typical excuses: I'm not comfortable. What if I get rejected? What if I offend someone? How is that going to help their care? I don't have time for stuff like that. He tried to belay all of my concerns, but the best advice he gave me was: "Just try it and see what happens." It's very hard to argue against taking a trial run at something. He told me that, in his entire career, he's been turned down less than five times.

That next week I decided to give it a try. I got rejected five times in that first week alone! I remember thinking: I knew this wasn't going to work. I should leave this to the pastors! What kept me going was that, while I was getting rejected at a pretty high rate, the successes were really rewarding. Many patients told me that the prayer was the most important and best part of their visit. Some would then catch themselves and say, "Not that your medical care doesn't help too." They appreciated it so much and looked like they had so much peace – the same peace I feel when I pray – that I had to keep going.

The next week brought a brutal test to my faith in this newfound therapy. I had a string of rejections, including one patient that told me, "Doc, I trust you, so let's not pray!" I remember asking God, "Please give me a bone throw, someone obvious and easy like a priest or a nun to ask to pray with." The next patient I met after that prayer was a biker. Long hair, leather vest, lots of tattoos; he needed a cardiac cath for angina. I don't know if I looked up towards Heaven, but I do remember saying in my mind, "Come

on God!" At the end of our visit, after we had agreed that he should have a cath, I very timidly asked if he would like to pray together. His response shocked me. "That would be great, Doc!" So we prayed and everything went great during his cath and subsequent stenting procedure. I learned two important lessons that day. First, man sees outward appearances, God sees the heart; second, God has and awesome sense of humor.

Prayer has now become a routine part of my medical care. I also joined AMEN (i.e., paid my dues). After talking with others and reading, I started implementing some other faith sharing methods. I used to wear a Star Trek science/medical officer pin on my lab coat. It was a great conversation starter. People would always ask, "Is that a Star Trek pin?" Was that the conversation I really wanted to have with patients? I took off the Star Trek pin and started wearing a little cross instead. I don't get as many comments as with the Star Trek pin, but the ones I do are a clear sign that I can share my faith openly with that patient.

I also started carrying literature in my lab coat pocket, in my car, and in all my offices. Kettering Medical Center produced a little book called "Trusting God in the Everyday," based on Psalm 23. I like to give it out to patients who are really struggling. It also has a little tear out card in the back that can be mailed in and a Bible worker will follow up.

At this point I was running out of new ideas, so I made the decision to go to the AMEN meeting in Orlando hoping to learn more.

It was great to see old friends, catch up, and to learn how God was using them in their practices. It was also interesting to see how much food a basically skinny crowd could eat. My friend said that he overheard the staff saying that they had never seen such thin people eat so much food. What a great witness for our health message.

During the meeting there were multiple inspirational talks. I attended several breakout sessions on how to evangelize in your office. I also attended some health talks. In addition, there was a great session about the total patient experience and how we can help shape/write that story.

The best part of the conference for me was the sharing between members. You learn a lot from dialogue. One physician suggested that we pray over our patient list every morning. Not just praying for yourself to do a good job, but to pray for the health and healing of your patients. That one new thing has made a huge difference in my practice and my effectiveness already.

To be honest, when I looked at my patient list in the morning (and see particular names on the list) I typically prayed for myself. "Lord give me strength to get through this day." Or 'Why me? Why today did my nurse stack those two patients back to back? I thought she liked me." Now, I pray for my patients on the list every morning, and it's made a big difference in my attitude. People aren't sick for my benefit or fitted around my convenience. My job is to try and help the sick get well. This one simple thing has completely changed my perspective.

Now when I look at my patient list, I see it as an opportunity to be involved with the greatest Healer the world has ever known. A long patient list no longer frustrates me, or even a list peppered with my more interesting patients. In fact, having a changed mindset has made me more open to their needs and better able to meet those needs. Those same patients that I used to dread seeing have been the most receptive to prayer with me. The difficult patients may not even realize that they are difficult, but only that doctors get frustrated with them, don't listen to them, and eventually seem to stop caring for them. That's not the type of evangelism I want to be a part of.

What did I learned from this years AMEN conference?

First, the most important lesson is simply the power of prayer. I've been more blessed by praying with my patients than I think that they have. When you pray, you call on God, and not on your own ability. That is hard to do sometimes, because we are all well-educated, intelligent, and independent people. But what does that mean before the Lord? I also learned the value of community. We need to reinforce each other, lift each other up, and learn from each other. We are not in this alone. Finally, with God on our side, who can really stand against us?

No question, I can say "Amen!" for AMEN.

JOINED TOGETHER

Dates:
October 30 – November 2, 2014

Location:
Coronado Island Marriott, San Diego, CA

Make sure to mark your calendar to attend the 10th Anniversary Celebratory Annual Conference!

This year we are featuring long-time AMEN members at this special anniversary celebration.


Pastor Mark Finley


George Guthrie


Todd Guthrie


Bob Hunsaker


Phil Mills


Carlos Moretta


Neil Nedley


Eric & Rachel Nelson


Brian & Lyndi Schwartz


Lisa Walke

We will also have a 'history & future of AMEN' panel discussion during Sabbath School that you will not want to miss! Hear how God has led AMEN in the past and how we continue to see Him leading us in the future!

6 CME CREDITS

The Adventist Medical Evangelism Network (in connection with Kettering Medical Center) is pleased to offer up to 6 medical continuing education credits at the 2014 annual conference.

The Kettering Health Network is accredited by the Ohio State Medical Association (OSMA) to provide continuing medical education for physicians. The Kettering Health Network designates this live activity for a maximum of 6 hours AMA PRA Category 1 Credit TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

A series of articles introducing you to your fellow AMEN Members. If you have a member you would like us to feature please email barnhurst@amensda.org.

Entering Practice:
Reflections from a Mentee

by **Aysha Inankur, MD**

Aysha Inankur
Dr. Inankur is board certified in Internal Medicine and Endocrinology, Diabetes & Metabolism. She graduated with a BA from Southern Adventist University and earned her MD from Loma Linda University. She currently practices at Park Ridge Health Endocrinology in Hendersonville, NC.

Each year you help to sponsor medical students who are willing to come to the annual AMEN Conference. Here is your chance to catch up with one of those students who was sponsored to the very first annual AMEN Conference, which was in 2005.

Aysha Inankur caught the vision for medical ministry quite young. After attending a seminar by Dr. Hans Diehl at The Black Hills Health and Education Center, her parents switched to a plant-based diet when she was about ten years old. Her father lost twenty pounds and decreased his risk of coronary heart disease significantly.

After that, Aysha remembers attending many community health-education classes put on by physicians at her church. Later on, she attended Weimar Academy, where she had the opportunity to interact with patients whose insulin dependence was reduced or eliminated.

The testimonies of patients who regained physical strength and spiritual clarity during the two weeks they spent at Weimar deepened Aysha's desire to become a physician.

"I chose endocrinology," she said, "because I was interested in lifestyle education, and wanted to focus on diseases which were particularly amenable to lifestyle change. At least 60% of my patients have diabetes mellitus. I get to talk with patients all day about the impact that healthy eating, physical activity, and adequate sleep have on insulin resistance."

Her first exposure to AMEN came when she was sponsored to the first annual AMEN conference.

"As a fourth-year medical student," she said, "I was still considering several specialties. At the Conference, I met physicians in some of the specialties I was thinking about. These physicians told how they were serving Christ through their practices, and it was reassuring to hear how God was using people in several different fields of medicine. This took the pressure off me because I realized I did not have to find the 'perfect' specialty on my own. My faith grasped the concept that God could lead me to a field that fit me well, just as He had guided the physicians I met at the conference."

She has been very thankful for AMEN since then too because it has helped her learn how to incorporate ministry into her practice. These ideas have, she said, "guided my choice of magazines for the waiting room, style of office-based health education, and the way I ask patients if they want me to pray for them." For instance, one of her favorite magazines is Vibrant Life. The issue called "Diabesity" is especially popular as patients often ask if they can take a copy home. The material in the waiting room is a spring-board from which patients will ask questions.

"Often they tell me," she says, "what they learned from the book or magazine. It may be a spiritual idea or some nutritional education. Either way, I can simply reaffirm what they have stated."

Another way AMEN influenced her practice was when she learned that one member was sharing recipes in his office, and that inspired Dr. Inankur to host once-a-month nutrition class. Topics ranged from how to eat healthfully on a budget, to how to eat more fiber from whole plant foods. A health educator employed by the hospital would lecture for an hour. Then Dr. Inankur distributed recipes, demonstrated one or two of them, and served a light meal. The meal offered a chance to pray not only for the food, but for the guests as they made lifestyle changes. One of the patients perceived the spiritual motivation for the classes and asked her: "Why do you hold these classes when you're not getting paid for them?" He then answered his own question. "You're doing it for the least of these."

"All I could say was, 'Yes, I care about your health because God cares.'"

AMEN has shown her too, she said, practical ways to initiate spiritual conversations with patients. One of the most helpful lines she learned from an AMEN member is: "Some of my patients like for me to say a prayer for their health. Would you like for me to pray for you?"

As with most physicians, many of Dr. Inankur's patients desire healthful lifestyle habits, but tell her it is hard to maintain these practices long-term. In this setting, they welcome prayer for wisdom to adjust

their lifestyles and strength to follow their resolves. A patient recently noted her need to lose weight to lower her blood sugars. When she followed up 6 months later, she had lost 13 lbs. and her hemoglobin A1c was 6.5. The patient said, "God helped me, and I think the prayer we said last time made a difference."

Says Dr. Inankur: "Promises I claim for patients include James 1:5, 2 Corinthians 12:9, and Philippians 4:13. I frequently close by thanking Christ for being our Great Physician. Often patients will have tears in their eyes after we pray, and some will respond by praying for me. Hearing my name lifted up to God reinforces my understanding of the privilege of being prayed for and motivates me to offer to pray with more patients."

She doesn't always find it easy to pray with her patients, and could feel intimidated when patients say that they don't want her praying for them. But she can recount numerous times when it has been a blessing both to her and to the patients when she does pray with them.

A turning point in her life, she said, was the 2005 AMEN Conference, which taught "me to connect with likeminded health professionals. This first year in practice has shown me how indebted I am to AMEN members who inspire me to work for both the physical and the spiritual betterment of my patients."

by **Mark Finley, DD**

Uchee Pines: A Patient's Perspective

Mark Finley, DD

has served as a Vice-President for the General Conference of Seventh-day Adventists, Speaker-Director of It Is Written Television, medical evangelist and pastor. He is a renowned evangelist, having presented more than 150 evangelistic series around the world. Medical evangelism is near and dear to Finley's heart. He began integrating stress, smoking cessation, health expos, cooking schools and mini health talks into his evangelistic meetings early in his ministry. He routinely brings physicians and dentists as part of his team. Pastor Finley and his wife Teenie, have 3 grown children and 5 grandchildren.

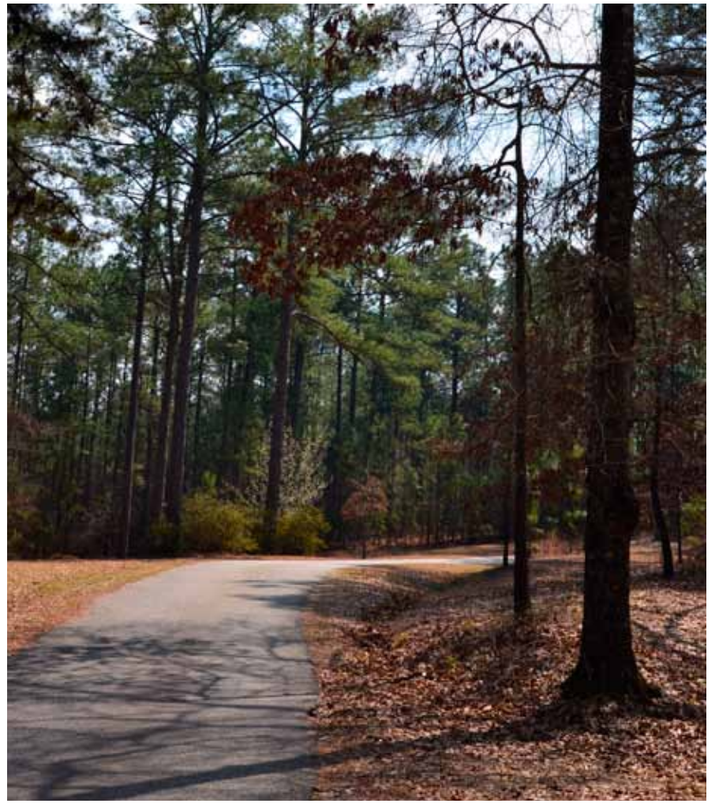
Recently I faced a rather serious health challenge. The diagnosis was MGUS. Monoclonal gammopathy of undetermined significance is a condition in which paraproteins are found in the blood during standard laboratory tests. It resembles multiple myeloma and similar diseases, but the levels of antibody are lower and the number of plasma cells (white blood cells that secrete antibodies) in the bone marrow is lower. There is no immediate treatment necessary but careful monitoring of the condition necessitates regular visits to a Multiple Myeloma Specialist since a small fraction of MGUS cases do progress to the disease. The cause for MGUS is still unknown.

Once I discovered that this was indeed my diagnosis, after earnestly praying about it, my wife and I decided we would confront this challenge on three levels. First, we would face it in faith believing my life was in God's hands and trust Him completely. Although I have prayed for healing, my prime purpose is to glorify God in every aspect of my life. Secondly, we determined we would learn as much as we could about MGUS and Multiple Myeloma and take advantage of every God given scientific medical treatment possible if and when it was necessary. Thirdly, we would carefully follow the counsels of the Bible and Spirit of Prophecy and continue to live as healthfully as possible. We have eaten a vegan diet for years, tried to walk for at least an hour a day, and generally have followed Heaven's laws of health. Still we knew there were areas we could certainly improve our lifestyle practices. We have always viewed Heaven's health principles as instructions from a loving God to preserve our health and enhance our lives, not as some legalistic requirement to placate God.

There is one other piece in this puzzle of health that was important to us. After forty five years of incessant travel and intense evangelism, we sensed we needed to get away for a few weeks to rest and attempt to build our immune systems. We chose Uchee Pines in Seale, Alabama because of its rural, peaceful location; it's well-trained, professional medical staff, its modern facilities, and its balanced, comprehensive treatment program.

Our Arrival

Although I had never been to Uchee Pines before, driving on to the campus down a windy paved road that meandered through the Georgia pines to the Lifestyle Center, I had a sense of inner peace. My conviction deepened that God had arranged this reprieve. The staff at the Lifestyle Center welcomed us warmly and assured us that they would do everything possible to protect our privacy.



Throughout our three week stay, the Uchee Pines staff exhibited the Christ-like attitude of service revealed in Jesus words in Matthew 20:27-28 "... whoever desires to be great among you, let him be your servant... just as the Son of Man did not come to be served but to serve..." Probably the one thing that impressed me most during my stay at Uchee Pines was this attitude of self-sacrificial service. From the physicians to the Lifestyle Counselors to the kitchen and cleaning staff, to the front desk personnel, the entire staff was there to serve. This attitude of loving, sacrificial service that pervaded the Lifestyle Center not only impacted our lives but the lives of each one of the guests.

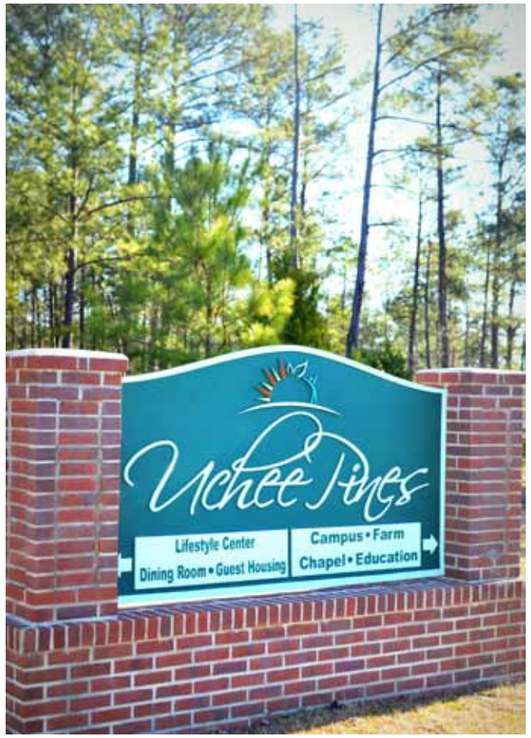
When we first arrived, I wondered how I would survive three weeks of self-imposed isolation from the majority of my work at the General Conference of Seventh-day Adventists and my daily contact with the ever-changing landscape of world affairs both within and without the church. I soon learned that both the church and the world carried on quite well without me and was impressed that God brought me to Uchee Pines for a special reason – to build up my health and I should take advantage of this unique opportunity. Furthermore, I was kept so busy caring for and building up my health that is about all I had time to do. The morning waking bell rings about 6:00am and for an evangelist who preaches each evening and often visits people after the meetings and is used to going to bed quite late, 6:00am is early, really early. From early morning until bedtime (around 9:00pm) activities are scheduled throughout the day. There is little time to be bored.

The First Full Day

The first full day at Uchee Pines begins with an early morning blood draw, worship, and then breakfast followed by a comprehensive personal health survey, and an extensive visit with Uchee Pines physicians. I was impressed that these godly, professionally trained physicians were not only extremely knowledgeable in natural remedies but also were on the cutting edge of the latest scientific research. They listened sensitively to my concerns, asked appropriate questions, researched and made practical, intelligent suggestions. They were honest in acknowledging that there was no known cure for MGUS but together we would explore all possibilities and specifically work to build my immune system. This medical integrity gave me confidence that although we did not have all the answers about MGUS we could confidently work to build up my immune system which would certainly benefit my overall health. My health journey at Uchee Pines was about to begin.

Diet, Exercise and Hydrotherapy

I quickly discovered that the food was simple, natural, plentiful and extremely healthful and yet it was quite tasty. Although the diet was limited in salt, fat and sugar content, the abundance of fruits, vegetables, fresh salads, and healthy proteins were more than adequate. Each day after breakfast my wife Teenie and I spent an hour walking the hilly trails winding through the woods. The air was fresh and clean. Often I was reminded of Ellen White's counsel to those whose work is extremely mentally taxing and whose health is in jeopardy that, "Roaming through the fields and the woods, picking the flowers, listening to the songs of the birds, will do far more than any other agency toward their recovery." (Ministry of Healing Page 236) As we walked in the stillness of the morning listening to the occasional songs of the birds, I sensed a



renewing of my mind, body and spirit. Each day after breakfast and lunch and in the early evening we walked. During the three weeks at Uchee Pines we walked and walked and walked some more for a total of nearly 200 miles.

Hydrotherapy treatments and the use of water are a significant part of the Uchee Pines health restorative program. Each morning I experienced hydrotherapy at its best – Russian steam baths, contrast showers, infrared sauna's and hot and cold fever therapy. I particularly enjoyed the contrast shower with the water gradually raised to one hundred ten degrees Fahrenheit for three minutes and then rapidly dropped to sixty-five degrees. This forty-five degree drop in temperature stimulates the immune system and activates white blood cells. Although it is rather fatiguing initially, it is a real energy booster. The hydrotherapy treatments really encouraged me to drink much more water than I am used to drinking. On an average I was drinking ten to twelve eight ounce glasses a day, which also allowed me to get some extra exercise as I hastened to the restroom.

A Complete Program

Each guest is assigned a Lifestyle Counselor to administer the hydrotherapy treatments and serve as a health guide throughout their stay. Before each treatment we prayed together and shared God's Word. During the three weeks my health counselor and I really bonded. I treasured our visits together and deeply appreciated his encouragement. At Uchee Pines we also experienced a bonding with the other guests that were there. An ever deepening friendship and care for one another developed. We shared our stories and health challenges around the table at mealtime. We walked together, prayed together and encouraged one another on our health journey.

Medical lectures, cooking demonstrations and video presentations on varying health topics are conducted in the morning and afternoon. Suppers are light. Generally it includes a fruit sauce or some type of fresh fruit, whole-wheat bread, and popcorn. Throughout the day I discovered I would often have a couple of hours before or after treatments to study God's Word, meditate and pray. Sabbaths were a special blessing as the entire the faculty, staff, guests, and students gathered either at the Campus Chapel or the area churches to worship together.

As I reminisce about my experience at Uchee Pines, I thank God for a dedicated staff committed to following Heaven's health principles and applying them in the light of the latest scientific research to improve the health of their guests. But I am most grateful for an institution that integrates all dimensions of health to treat the whole person with the God given mission of leading people to Jesus and His end time message.

by **Todd Guthrie, MD**

Physician, Heal Thyself

Dr. Todd Guthrie *is a board certified orthopedic surgeon, practicing in Mt. Shasta, California. Dr. Guthrie sees AMEN as a catalyst to further facilitate the bringing together of the everlasting gospel of Revelation 14:6–12 and the Adventist health message. He firmly believes that medical missionary evangelism will open hearts in preparation for and in conjunction with the outpouring of God's Spirit in the final days of earth's history. Dr. Guthrie, his wife Patti, and their four children have a passion for ministry and are active in their local church and abroad.*

Christiana loved her new knee. Ever since the arthritis had gotten so bad that she could no longer take her usual walk after lunch, she had gained weight. But now she could walk, and three months ago she had gradually worked up to a mile or so.

"These knee replacements are great," she had said to herself just a few days before a severe setback. Her knee suddenly had become hot and swollen. When she called her surgeon, he immediately ran a battery of blood tests: a complete blood count (CBC), a C - Reactive Protein (CRP), and an Erythrocyte Sedimentation Rate (ESR). Sure enough, her white blood count was elevated on the CBC, and both of the other tests showed high inflammation. Her surgeon took her right to the operating room and gave her knee a thorough washing out, and told her he thought her infection might clear. Infections of this kind are very serious; some, if left untreated, can lead to amputation.

Both Christiana and her surgeon prayed for healing; both were optimistic. She continued on intravenous antibiotics for several weeks before switching to pills, which she would need to take for many weeks. Frequently she had to have repeat blood tests to see if the infection was clearing. Finally the day came when the CBC, the CRP, and the ESR all showed that there was no infection left. It was safe to take her off the antibiotics.

What a relief! Now she could walk again!!

Like Christiana, those of God's children who believe that God has reconciled the human race to Himself (2 Cor. 5:18,19) and have agreed to join the divine-human family, have received a new heart (Heb. 10:16-17). But as Romans 7 tells us, there is still an infection of the flesh, of self, to be overcome. We, as health professionals, must make sure we are not vectors of the selfishness bug, or we will be a curse to our own patients. Not to mention that we must have the infection cleared before we are safe to walk the streets of the New Jerusalem. We may not know the day or the hour when our treatment is finished, but by faith we know it will be completed. And we can know how things are trending by applying the medicinal therapy and getting our blood tested. Here is what the divine physician has in mind: "I counsel you to buy from Me gold refined in the fire, that you may be rich; and white garments, that you may be clothed, that the shame of your nakedness may not be revealed; and anoint your eyes with eye salve, that you may see." Rev. 3:18

It would be a shame to be cut off, amputated, from Christ after all He has done for us and in us. We must show that the Heavenly ESR (eye salve remedy) proves corrective to our distorted, inflamed vision so we can rightly see what our patients really need. We need to see that the divine CRP (Christ our Righteousness Protection) is covering us, saving us from ourselves, and making us effective in ministry. We must have the gold* of Christ's righteous lifeblood flowing through our veins, as revealed in the final CBC (Christ's Blood is Complete) test, before we can walk disease-free and pain-free for eternity with Him.

*Interestingly, gold nanoclusters may be the solution to shutting down resistant bacterial infections such as Vancomycin Resistant Enterococcus (VRE). Functional Gold Nanoclusters as Antimicrobial Agents for Antibiotic-resistant Bacteria. Wei-Yu Chen, Ju-Yu Lin, Wei-Jen Chen, Liyang Luo, Eric Wei-Guang Diau, Yu-Chie Chen. Nanomedicine. 2010;5(5):755-764.

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