



WINTER 2015

THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

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THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

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

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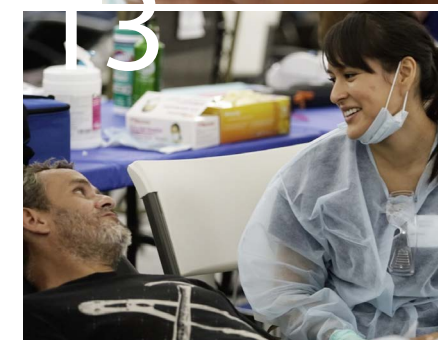
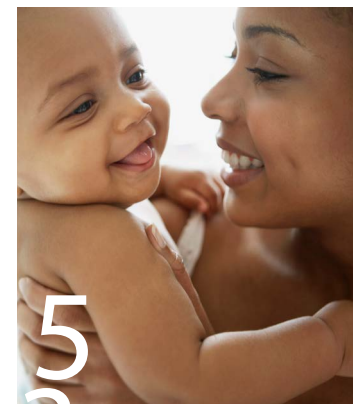
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A series of articles demonstrating how a growing body of science is supporting the statements of Scripture and the Spirit of Prophecy.

by Robert Hunsaker, MD



In the healing of this desperate, helpless man we see an example of how Jesus created opportunities for faith to spring up in the human heart.

“And it came to pass also on another Sabbath, that He entered into the synagogue and taught, and there was a man whose right hand was withered. And the scribes and Pharisees watched Him, whether He would heal on the Sabbath day; that they might find an accusation against Him. But He knew their thoughts, and said to the man which had the withered hand, Rise up, and stand forth in the midst. And he arose and stood forth. Then said Jesus unto them, I will ask you one thing; Is it lawful on the Sabbath days to do good, or to do evil? To save life, or to destroy it? And looking round about upon them all, He said unto the man, Stretch forth thy hand. And he did so, and his hand was restored whole as the other.” Luke 6:6-8 KJV

In the healing of this desperate, helpless man we see an example of how Jesus created opportunities for faith to spring up in the human heart. Jesus is the originator of all true faith. We respond to His initiative. As we respond positively to the faith that God places in our hearts our faith grows. God who is the source of all true faith, arouses in us this response of faith. We may stifle that response by unbelief but if we will learn to respond, faith will spring up and great, even miraculous things can occur in our lives and the lives of others.

“The man might have said, “Lord, for a long time I have been unable to move that hand; how can I stretch it forth?” But Christ is the author and finisher of our faith. In bidding the man stretch forth his hand, He imbued him with faith in His word; and as the man made the attempt to obey, his will moving in harmony with the will of Christ, life and elasticity came back to the hand; it was restored whole as the other.” {RH August 10, 1897, par. 2}

The account of this Sabbath miracle also demonstrates that it is always acceptable, even required of us, to do good deeds on the Sabbath.

Looking to Jesus’ example may we learn how to help the tiny seed of faith grow in our own hearts and each other, freeing us to do good for those around us, especially on the Sabbath.

Brian Schwartz, M.D.

The Moral Infant



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.

In previous articles, we have seen how recent research has supported the statements of inspiration from both Scripture and E.G. White. We have seen that long before science was thinking about epigenetics, behavioral genetics, and prenatal influences, the Bible was saying things like: “Keeping mercy for thousands, forgiving iniquity and transgression and sin, and that will by no means clear the guilty; visiting the iniquity of the fathers upon the children, and upon the children’s children, unto the third and to the fourth generation.” Ex.34:7. And statements like, “Behold, thou shalt conceive, and bear a son; and now drink no wine nor strong drink, neither eat any unclean thing: for the child shall be a Nazarite to God from the womb to the day of his death.” Judges 13:7.

And more than a century ago, E.G. White said things like: “children often receive the stamp of character before their birth; for the appetites of the parents are often intensified in the children. Thus unborn generations are afflicted by the use of tobacco and liquor.” {ST, October 17, 1878 par. 9}. And, “None need despair because of the inherited tendencies to evil, . . .” {OHC 92.3}. And, “children inherit the dispositions and tendencies of their parents.” {PP118}.

Science and inspiration agree that we certainly “are what we eat,” think and do. We are also “what grandma and grandpa ate,” and thought and did. Choices that our parents and grandparents made are

highly influential in making us who we are. Whether the influence is a few months before our birth, or a century before, research in the last few decades is lining up with inspiration.

Thus, we have looked at the epigenetic and genetic influences of previous generations in regards to how lifestyle circumstances, such as famine or times of plenty, continue to impact our physical and mental health today. We have looked at how choices and behavioral patterns in previous generations, such as aggression, anger, thrill seeking, smoking, etc, predispose us to similar ways of thinking, acting and behaving. We have seen that the choices that our parents make while we are in the womb affect us during our whole lives. And all of this attested to not just by Scripture and contemporary inspiration, but by significant amounts of contemporary research as well.

We now want to see how the epigenetic, genetic, and prenatal influences intersect with the postnatal influences. We will see again that the wisdom of Scripture and Ellen White are wonderfully supported by current research.

Inside the Infant’s Moral Mind

Only in recent decades have our research tools matured to the point where we can look into the moral natures of infants. Gone are the past ideas that infants are merely a blank slate to be written upon – an intellectual and moral “blob” of potential humanity that only eat and excrete. Instead, we will see

The moral sense, or conscience, is as much a part of man as his leg or arm.

how complex and developed the moral perceptions and choice-making abilities of infants in the first twelve months of life are.

Thomas Jefferson said in a letter to a friend: “The moral sense, or conscience, is as much a part of man as his leg or arm. It is given to all human beings in a stronger or weaker degree, as force of members is given them in a greater or less degree.” Ecclesiastes 3:11 says that God “has put a sense of eternity” in all our hearts. This is the wise man Solomon’s way of saying that all of us have been given a conscience that has sensitivity to eternal, or moral, realities. Amazingly, this is not something that we merely develop as we perceive the environment around us and observe the decisions and consequences of others; instead, this “eternal” or moral sense is something that seems hard-wired in us, by God, from birth.

Infants around the age of 12 months can be studied and their preferences discerned in many ways. They can be observed to see what they look at for longer periods of times; this generally indicates what they like versus what they dislike (i.e. watching something for less time). And they can also be observed by what they reach for as a reflection of what they like or prefer.

A basic infant “morality” experiment is to show infants a puppet show. In the puppet show there are three characters. The



puppet in the middle first rolls a ball to the puppet on one side that rolls the ball back to the puppet in the middle. The middle puppet then rolls the ball to the puppet on the other side, and this puppet takes the ball and runs away with the ball. After this, the “nice” puppet and the “mean” puppet are set in front of the infant and a treat is placed in front of both puppets and the infant is invited to take one of the treats away. Almost always, the infant takes the treat away from the “mean” or naughty puppet. Occasionally, the infant will not only take away the mean puppet’s treat, but will hit it on the head.

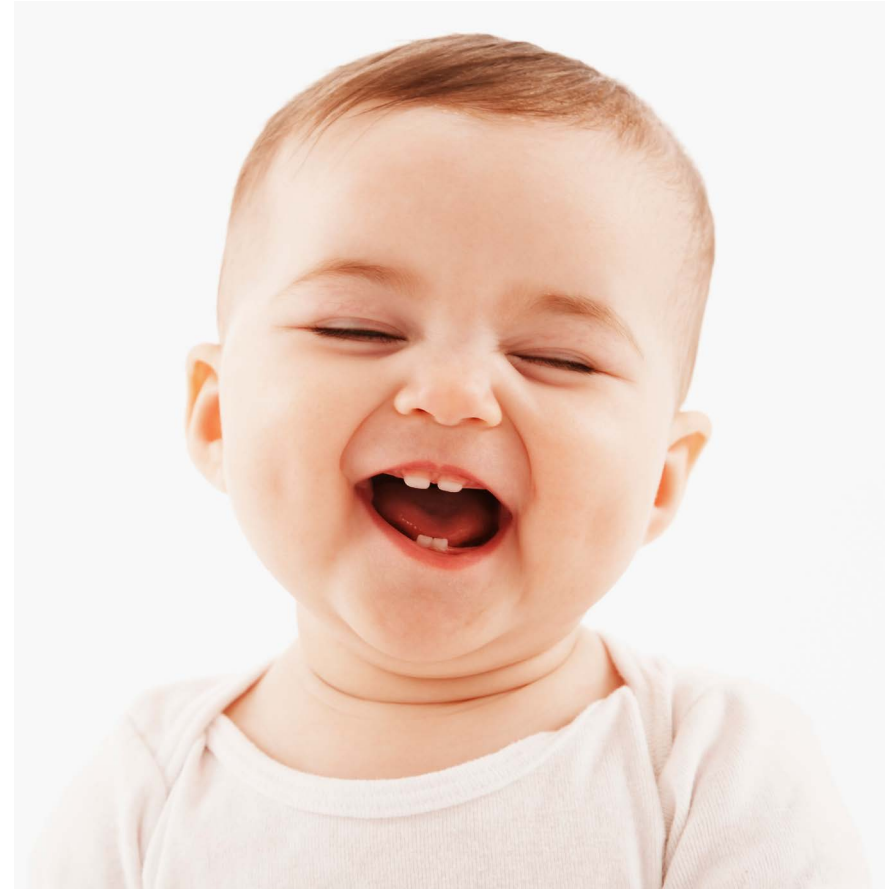
Clearly, the infant at 12 months of age – and even less – has a sense of right and wrong.

Helper/Hinderer

Another example is called the helper/hinderer experiment. This uses geometric objects with eyes (infants respond much more readily to objects with eyes than without them). A ball is portrayed as

trying to get up a hill. A square is shown to assist the ball getting up the hill – the helper. Then, a triangle is shown trying to keep the ball from making it up the hill – the hinderer. Then the triangle and square are placed in front of the infant. The infant almost always reaches for the helper and almost never for the hinderer. The shapes were randomly assigned to assure that there wasn’t some sort of infant shape bias or preference. This effect of preferring the helper over the hinderer occurred down to just a few months of age.

To make the scenario slightly more complicated, the researchers introduced a fourth shape, at times, that neither helped nor hindered the ball getting up the ramp. As expected, in this scenario, the infants reached for the helper the most. But if only the neutral and hinderer were presented, they would reach for the neutral object. If only the helper and neutral were presented, they would reach for the helper. This is felt to be a fairly sophisticated lever of social and moral appreciation. The



infants could differentiate between good, bad, and neutral or indifferent.

Interestingly, these are considered “disinterested” judgments. This means that the behaviors (nice versus mean puppet, or helper versus hinderer object) don’t affect the babies themselves. They were not personally affected by the behaviors – but others were. This reveals the ability at only a few months to differentiate between kindness and cruelty.

Developing the Moral Compass

While all of this seems to indicate that we are born with a moral compass by and large – a “sense of eternal realities” – (sociopaths are a separate study), it is also true that we certainly develop these moral skills as we mature. For example, babies as young as one-year show distress when they harm others, and this level of distress increases as they get older.

An interesting experiment was done in the 1930s, where an adult and child are placed

in a room, and the adult forbids the child to touch or play with a toy. Then the adult leaves the room. Almost all of the one- and two- year olds played with the toy when the adult left the room. Interestingly, 60% of the 16 month olds, and 100% of the 18 month olds, showed signs of embarrassment when the adult returned – blushing, frightened expressions, etc. Twenty-one month olds tried to make things better by returning the toy to its original place, while 24 month olds tried to claim the toy as their own.

While a lot of psychology is going on here, there is a clear progression of understanding and dealing with the situation, starting with merely shame and embarrassment, progressing to an attempt to rectify the situation (putting the toy back), to attempting to justify the situation by claiming the toy as one’s own. As a side note, the parallels with the story of Adam and Eve in Genesis 3 are hardly coincidental. First there was shame and embarrassment (they knew they were

naked); then an attempt to rectify the situation (fig leaves); then, finally, an attempt to justify the situation or self-justification (Eve, or the serpent, or God is responsible).

Clearly this pattern reveals a growth in moral reasoning through the first months of life – and not always for the better, either.

What Inspiration Says

So we see that God has implanted in us, from birth, a sense of moral realities in all our hearts, a conscience, a sense of kindness versus cruelty. This moral software is then influenced by experiences starting at a very young age. But this should not come as a surprise. Scripture says that God has put a sense of eternal realities in all our hearts – Ecc1.3:11. “Thus says the LORD who made you, And formed you from the womb”, Is.44:2. “And now the LORD says, Who formed Me from the womb to be His Servant”, Is.49:5. “He will also be filled with the Holy Spirit, even from his mother’s womb,” Lk.1:15.

God has also told us the vital role that prenatal influences have on us: “Behold, thou shalt conceive, and bear a son; and now drink no wine nor strong drink, neither eat any unclean thing: for the child shall be a Nazarite to God from the womb to the day of his death”, Judges 13:7. (We have looked at this in the last two installments of our “science and inspiration” series.)

And we probably need no reminders about the influence of environment on the cultivation of a moral character. “Train up a child in the way he should go: and when he is old, he will not depart from it.” Prov.22:6

Here are some statements about the importance of genetic inheritance in

So we see that God has implanted in us, from birth, a sense of moral realities in all our hearts, a conscience, a sense of kindness versus cruelty.

regards to the moral tendencies that we are born with, prenatal influences, and the influence of parents on the infant’s moral character.

“Whatever may be our inherited or cultivated tendencies to wrong, we can overcome through the power that He is ready to impart. . . .” {CH 440.1}

“None need despair because of the inherited tendencies to evil.” {1MCP 31.4} “The effect of prenatal influences is by many parents looked upon as a matter of little moment; but heaven does not so regard it.” {AH 255.2}

“Upon fathers as well as mothers rests a responsibility for the child’s earlier as well as its later training, and for both parents the demand for careful and thorough preparation is most urgent. Before taking upon themselves the possibilities of fatherhood and motherhood, men and women should become acquainted with the laws of physical development—with physiology and hygiene, with the bearing of prenatal influences, with the laws of heredity, sanitation, dress, exercise, and the treatment of disease; they should also understand the laws of mental



development and moral training. . . .” {CG 63.3}

“The habits formed in childhood and youth, the tastes acquired, the self-control gained, the principles inculcated from the cradle, are almost certain to determine the future of the man or woman.” {MYP 233.2}

“The word ‘education’ means more than a course of study at college. Education begins with the infant in its mother’s arms.” {CG 26.1}

“Few realize the effect of a mild, firm manner, even in the care of an infant.” {HR, November 1, 1878}

Conclusion

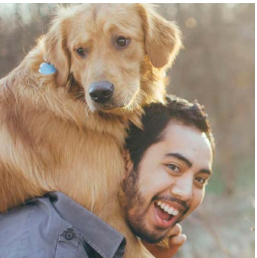
These Bible verses, Spirit of Prophecy quotes, and contemporary research citations are just the tip of the iceberg in the body of evidence regarding the moral

infant. We are not “tabula rasa” at birth. For generations the idea has been that we are born as blank slates, but the evidence is now strong that we are born as moral infants, just as the Bible portrayed us. God has put enmity between the serpent and us. He has put a sense of eternity and morality in our hearts. And yet, although we are not born as blank slates, powerful influences can be brought to bear on our moral, intellectual, and emotional development, influences that contribute to who we are in personality and character.

May we build on the good foundations that God and our parents have given us, and tear down whatever is out of harmony with God’s character of beneficence and unselfishness. May we keep God in our genes and in our hearts.

*“Just Babies: The Origins of Good and Evil”, Paul Bloom, 2013, pp1-59

The First Time I Prayed With a Patient



Chad Tanag, RN, BSN is currently working as an emergency room nurse in Chattanooga, TN. He is also pursuing his graduate degree at Southern Adventist University to become a Family Nurse Practitioner. When he’s not at work or in class, he is teaching nursing students as a clinical instructor or out on an adventure with his golden retriever, Tucker.

She was a frequent flyer at the hospital with an extensive health history. I took my time discharging her because I truly had no energy left to care. My life, at that moment, could be abridged with a melancholy “meh”. I hadn’t been this dysfunctional in a long time. I just broke up with my girlfriend of six and a half years. I either got too much sleep or not enough. My appetite was terrible. Nothing tasted good. I lost 20 pounds in the span of two weeks. I dry heaved. I thought too much. I dry heaved whenever I thought too much. Things weren’t so great. Life kind of stunk.

My patient smiled through broken teeth as I explained her discharge instructions to her straight from the script, “It’s important to take these medications the way your doctor has prescribed them. Make sure you follow up because it’s only going to get worse if you leave it like this.” She explained that she had trouble getting to her appointments because she lacked the finances and her physical condition left her stuck at home most of the time. I didn’t care. I see so many of these patients every day. “You did this to yourself,” said the jaded nurse inside me.

She signed her paperwork and I began to wheel her out of the hospital. Out of nowhere, a thought crossed my mind like a drunk guy

hitting on a girl at a party. It wouldn’t go away: Pray with her.

“What?”

Pray with her.

“I don’t pray with my patients. Ever. I don’t even pray for myself.”

You need to pray with her.

I could only push the thought to the back of my head as far as I could push her outside. “Great, I’m thinking too much again,” preceded the dry heaving. “Are you okay?” she asked. “Yeah, I’m fine. I just caught a whiff of something,” I lied. I would have left her outside to wait for her ride but I needed to catch my breath.

Pray with her. Pray with her. Pray with her.

“FINE.”

“Ma’am, would you mind.. I mean, is it okay if I pray with you?” I can’t believe I’m doing this. “Son, prayer is all I ever need,” was her reply. She took my hands in hers. I could feel her hands tremble. I prayed a quick prayer before my emotions could get the best of me. “I’ll be okay,” she smiled through her broken



It was the first time in a long time that I could actually feel Him with me. I wasn't alone.

"Stop it."

You are loved.

"I'm driving. You're going to get me in an accident."

You are loved.

"You win. Here, have some tears." How cliché. A nurse driving home in tears.

I was upset, I punched the steering wheel.

"Where have you been all this time?"

I am with you. Always.

Then, peace. It was the first time in a long time that I could actually feel Him with me. I wasn't alone. It took a big lady with nothing but broken teeth to show me that life really wasn't so bad.

Thank you, Lord, for your Sabbath day. I can't rest because I have to work, but I pray that I can find a way to show your love... even to the least of these.



teeth, "I'm glad I have God and beautiful people like you on my side to take care of me." I didn't feel beautiful. This woman with no money, no health, no friends or family to care for her was happier than I was.

I drove home in silence, wondering why I felt such a strong urge to pray for this

woman. How could this woman find happiness in her situation? Why did she have such faith that things were going to be okay when she was in such poor condition? What did I need to do to start feeling contented again? Then, a voice...

You are loved.

Learning Through Missions in Peru



Adrien Charles-Marcel the product of a missionary family, is a dental student who wants to serve the Lord through medical ministry as a missionary dentist. This article was largely adapted from the journal he kept of his time in Peru and a college paper he wrote about his trip.

The airliner dropped down out of the sky, descending over rural buildings and streets before touching down on the tarmac, its wheels making contact with the ground for the first time since leaving Lima. After it came to halt at the terminal, we exited the plane and instantly began to take in the warm, humid air.

What a contrast to the frigid Tennessee weather we had left behind less than 24 hours before!

I was on a PreMed/PreDent mission trip to Peru from Southern Adventist University. Interested in being a missionary dentist myself, it was a chance to see what my future might look like. God had provided the funds for me to be on the trip by the help of many donors, and now we had arrived. Our group of students, physicians, dentist, nurse, and nurse practitioner would be working with AMOR Projects ("Ambassadors Medical Outreach & Relief"). We would run rural medical/dental clinics, hold two evangelistic series, and work on a construction project. Several of us who spoke Spanish would translate when needed.

After we landed, we were driven down the busy highway and bumpy dirt streets to our headquarters at AMOR's health clinic compound. Several of us would stay at the clinic; the rest would stay about 20 miles away at AMOR's other property. That first day, our group's dentist gave some of us a little basic dental training. Afterward, my

friend Jorge and I reviewed more on our own and decided to practice infiltration (injecting anesthesia into the gums) on each other.

On Sabbath morning a group of us drove to church at the most distant site, where I was to translate for the evangelistic series by Lucas Patterson. We pulled up in front of a long pavilion with what looked like a palm-leaf roof. A table with flowers on top and wooden benches served as furniture; several church members were already there. I translated the Sabbath School lesson study from Spanish to English, and then the sermon as well. This was the first time that I had done translation on this level. I know the Holy Spirit had to be with me for that. After the sermon we went out into the surrounding neighborhood to hand out announcements to promote the meetings and rural clinics. That night I translated again for another sermon, and God surely blessed.

On Sunday we held a clinic at the nearer evangelistic site. A typical clinic had a registration station, a vital signs station, a dental station for extractions, medical stations which dealt with pain, parasites, and other concerns, and a pharmacy where we gave out medications and vitamins. That day I translated for a doctor who shared uplifting literature with some of his patients.

Monday morning I was assigned to construction. We were helping to build a foundation for a new building for AMOR. During the morning, several of us worked on rebar platforms, and in the afternoon our



main task was to make and pour cement. We had a pile of sand, a large container of water, bags of cement, a cement mixer, and wheelbarrows. We foreigners worked along with several of the local men, and we had a good time shoveling sand, lifting water, and trying to balance the wheelbarrows of sloshing cement as we guided them to the holes where we emptied them. That night I was back translating for the evangelistic series.

Throughout the middle of the week I spent more time in clinic, mainly translating and watching. One day we held clinic in a church building, where we did an extraction on a little girl with a supernumerary tooth. We also saw another little girl with a primary tooth that was so badly decayed that the root was coming through the facial gingiva. Later on, we did an extraction on a man who wasn't the easiest to deal with, and it took a while to treat him. Yet there he was, his presence and words begging me to empathize with him.

He presented me a challenge: Did I really love him as Jesus would have loved him? I knew that I didn't. The man might not have known it, but on the inside I needed a dose of Jesus' love. My prayer is that I can love like Jesus.

Afterward, back at the AMOR clinic, two doctors taught us how to suture – on pig meat! Though the meat didn't smell so great, it was a fun and valuable opportunity. The next day, I actually provided some dental care at clinic. I worked with one patient, and, with help I gave a right



inferior alveolar nerve block, as well as a buccal nerve block, and extracted a root.

To end our week we did some sightseeing, and on Friday night we had a combined evangelistic meeting. Two people were baptized. On Sabbath, our last day in Peru, we all went to the farther site for church, where the president of the mission presided in a special ceremony for the official organization of the group of believers there. Afterward we all had a meal together, and said goodbyes. Later that night we flew to Lima on our way back home.

So how did the mission trip help me? In several ways.

First, in my exposure to mission dentistry I realized that ministering to patients spiritually doesn't just happen. It has to be intentional. Before going, Jorge and I had planned to memorize encouraging Bible texts to share with the patients. But once on the trip I didn't prioritize it as I had planned to. Halfway through the week, I realized that something had to change,

and I finally took the time to start learning the verses. With that focus, when we saw a little girl in clinic who needed a tooth extracted, by God's grace I was able to share something spiritually uplifting with her.

The experience of translating for the evangelistic series also helped me to see how important it is to be connected to God when doing His work. It seemed that when my connection with Him was stronger, and I recognized my own weakness more—the translating went better. Along these lines, Ellen White says that: "The worker for God should put forth the highest mental and moral energies with which nature, cultivation, and the grace of God have endowed him; but his success will be proportionate to the degree of consecration and self-sacrifice in which his work is done ..." (Evangelism, pp. 628-629).

God was teaching me that in my work for Him I have to rely on Him to be used to the fullest. That lesson was real to me while in Peru. And though my time in Peru is in the past now, I pray that walking with God will be my highest priority as I continue to seek to serve Him.

Just a few months ago I began dental school, and despite the increasing demands on my time I have made a commitment to put Christ first! I have also become an AMEN member and, through mentorship in that organization, I hope to continue to learn how to make Jesus and His mission the driving force of my future career as a dentist.

AMEN Free Clinics – When Mission Comes to Life

Dawn is barely breaking. Eager patients have been awake for hours, lining up to receive care that has long been out of their financial reach. Some even camped outside the building where the clinic is being held.

Inside, the clinic is buzzing as dentists, hygienists, doctors, nurses, students, and other volunteers pray and prepare for a day of service. For the next two days, we will reach our patients from every angle we can: dental care, lifestyle coaching, prayer, encouragement, children's programs, music, and massage. It's a team effort to reach a community's real needs.

This is an AMEN free clinic, a living example of comprehensive medical ministry.

For several years, AMEN has served internationally through medical mission trips. But last year, a dream was born to reach underserved people in our own communities.

Danny Kwon, AMEN's executive director, noticed an opportunity that he believed could become a modern day miracle. He learned about a group called RAM (Remote Area Medical), a volunteer organization that provides free dental, medical, and optical services to thousands of uninsured



As the idea materialized, AMEN leaders began to realize the incredible potential this model had to reach people for Jesus. The vision for AMEN Free Clinics was born. Free clinics provide the opportunity to connect Adventist dentists, doctors, and other healthcare professionals (as well as non-medical volunteers) to the very communities the church wants to reach.

With 40 million Americans lacking medical insurance and 100 million lacking dental insurance, what better way to follow Christ's method of healing than to actively meet this need? "For many Americans, the western diet combined with a lack of dental insurance (even in the working community) compounds the dental need. Modern technology allows us to provide most dental procedures, even tooth replacements, in quick-turn around times. What a wonderful way to relieve suffering and reveal Christ's love" says Danny.

The vision for stateside ministry caught on. Steve Chang, an AMEN member, donated the use of his portable dental equipment. It was used for the first AMEN Free Clinic in Page, Arizona in July of 2013. Donations for AMEN's own basic equipment came in time for the second clinic in San Francisco, where AMEN partnered with the Chinese church and several Central California Conference Bible workers.

or underinsured Americans. Danny encouraged AMEN leaders to volunteer at a RAM clinic, hoping that they too would see a great opportunity for AMEN.

And that's exactly what happened. Dr. Mark Ranzinger, the president of AMEN at that time, as well as 4 other Adventist healthcare professionals attended that clinic and agreed that AMEN should find a way to witness through free clinics.

One of the highlights of the clinics is watching dentists and physicians take the time to pray with their patients.

AMEN returned to San Francisco, in March 2014, for a free clinic at the Ella Hill Hutch Community Center after community leaders enthusiastically offered the use of this public venue. Patrick Alan, a clinic volunteer and the administrative assistant of church ministries for the Central California Conference, recognized the potential free clinics would have to reach influential leaders in the city.

“In addition to the relief that AMEN has brought to the needy,” he said, “they have earned a trust among the community leaders of San Francisco. For this reason and others, AMEN is of crucial importance in the development of ministry in this city.” Through free clinics, community leaders actually support AMEN in evangelistic outreach.

Later in April, AMEN returned to the bay area once again to partner with Bridges to Health, the ASI-sponsored clinic that reached thousands in San Francisco & Oakland. AMEN coordinated the dental component of the clinic. The hard working dentists and hygienists treated nearly 500 patients in just a few days. Unemployed people, students, and uninsured workers lined up for hours for a chance to get much-needed dental care.

One patient, Chris, is a single father who



recently moved from a small town farm to San Francisco to start a new life for his two young kids. He was extremely grateful to have a bridge made for his front tooth. “I know that having my front teeth fixed will give me a better chance of getting a good job,” Chris said.

One of the highlights of the clinics is watching dentists and physicians take the time to pray with their patients. For some, this is a new practice. Volunteers often express motivation to be more intentional about sharing Jesus with their patients when they return home. It’s also a blessing to partner with churches to reach their local communities. Church members who volunteer build connections with the patients. This model has tremendous potential to connect churches with the very people they want to reach.

In August, AMEN partnered with the Yorba Linda SDA church and the Lakeport

SDA church to hold a free clinic in Lake County, one of California’s poorest regions, serving three hundred patients in 2 days. One grateful patient left this comment on AMEN’s Facebook page: “I want to THANK all the volunteers that held the clinic at the Seventh-day Adventist church in Lakeport yesterday... I have never seen such a large organization of volunteers where absolutely EVERYBODY went above and beyond the call of duty to help me!! They did excellent dental work, had a wonderful chair side manner and prayed with you if you wanted it!! God bless and thank you to all of you!!!”

This year marked the 10th anniversary of the AMEN conference. In conjunction with our annual conference, AMEN leadership decided to host a free medical and dental clinic in San Diego, California on October 25 & 26, the weekend prior to the conference. This year’s conference was held across the San Diego bay on



Coronado Island. Partnering with a ministry of the Paradise Valley SDA church, AMEN served 264 patients at this clinic, including many refugees. For two days the San Diego Adventist Academy gym was buzzing with the sound of dental drills, medical counsel, prayers, and words of gratitude. Reflecting on the clinic, Pastor Mark Finley said: “These medical/dental clinics are a lot more than simply providing needed treatment. They are about praying with people and ministering like Christ did. He ministered to the poor and the disadvantaged. Many people that came through the San Diego clinic were refugees. They are away from



their homes and are in need of medical and especially dental treatment. At the free clinic not only are their physical needs met, but beyond the physical they find kindness, compassion, and love. I praise God for committed physicians, dentists and medical personnel committed to ministering to human needs, and I praise God for the way Jesus is still touching lives in the 21st century.”

Free clinics are made possible through the sacrifice and support of hundreds of volunteers- dentists, physicians, nurses, dental students, church members, donors, etc. We are tremendously grateful to all

the people who have made these events possible.

AMEN Free Clinics continue to expand AMEN’s integrated mission of restoring the body and reclaiming the soul. Our goal is to join together with churches to provide skilled service, compassionate care, and spiritual hope to those who need it most, both locally and internationally. Plan ahead and be part of the blessing during one of our upcoming clinics!

To learn more, visit www.amensda.org

Harvest in the Philippines

God's dreams are often larger than our own. AMEN's trip to the Philippines is a great example of how God will take our seemingly small efforts and use them toward His greater purpose. When AMEN mobilized a team to respond to the typhoon in the Philippines last November, we didn't realize that God had more planned for us than doing just disaster relief. Ten months later, we are celebrating the fact that His plan was better than ours.

During AMEN's initial medical-relief trip to the Philippines, we hired a Filipino Bible worker, Joseph Penticase, to remain in the coastal town of Dulag, where our team had served. Here we held a clinic, provided health education, distributed relief resources, and hosted VBS and church services. Previously, this impoverished town had little exposure to the gospel or the Seventh-day Adventist message.

Due to a motorcycle accident, Joseph has the use of his left arm only, but he doesn't let his disability slow him down. Within weeks of his arrival, he was studying with dozens of eager Bible students, who also started meeting for church on Sabbath. As AMEN followed their progress, it became clear that we needed to return to support the efforts in Dulag.

In May, we returned to Dulag, partnering once again with the Guam Adventist Clinic and Filipino church members from various provinces. Although six months had passed since the typhoon, the town was still languishing. Homes made of tarps, scrap wood, and metal sheeting housed families covered with torn clothing and disappointed hopes.

On this return trip, our group held clinic for three and a half days in Dulag, providing dental care, minor surgeries, wound care, reading glasses, health education, and other services. We saw over 900 patients. We were also able to minister to the children once again through VBS programs.

The highlight of the trip was the baptismal service on Sabbath. How rewarding to watch ten precious souls dedicate their lives to Jesus and join Dulag's new little Seventh-day Adventist church. Our hearts were overflowing with praise & thanksgiving as we reflected on what God had done.

After our time in Dulag, we travelled to Sogod, another impoverished coastal town. There we joined an event organized by two Florida churches (Melbourne Filipino and Apopka), partnering with the local Adventist church and the local

hospital to host a two-day free clinic that treated 600 patients. We were grateful for the opportunity to work with this group and to build relationships with the Sogod community. In the closing ceremony, the director of the hospital said of the Adventists: "I find this people very nice to be with."

From Sogod, we travelled to the island of Cebu, where we combined efforts with the Central Visayan Conference to host a large health expo in Cebu City. Thousands of patients attended this two-day event, where we performed dental services and minor surgeries. During this time, our volunteers stayed at an Adventist literature evangelism training school in the city. We politely requested that the cafeteria make vegetarian meals for our team. This request so deeply impacted the school leadership that they decided to stop serving meat for good. We were grateful for this unexpected blessing.

Our mission trip is over; the work in the Philippines is, of course, not.



Our mission trip is over; the work in the Philippines is, of course, not. We are thrilled that several of the Filipino church members and medical professionals that we worked with have continued to organize local medical mission events. Since May they have held three clinics in the Philippines to help their fellow citizens. This group continues to identify themselves as AMEN doctors, and they are currently establishing a branch of AMEN in the Philippines.

The work in Dulag continues to move forward as well. Six more people were baptized in June. We are currently raising funds to sponsor Joseph to continue doing Bible work. For just \$3,500, we can keep

him on and add one more Bible worker for an entire year. We can't wait to see how God will continue to bless and grow the new little church in Dulag.

Seeing God's fingerprints in the Philippines has been a wonderful reminder that the master plan for medical missionary work is broader, more effective, and more beautiful than we can even imagine. What a privilege to join Him in this work.

If you're interested in joining an upcoming AMEN mission, or donating to the Philippines continued relief effort, visit www.amensda.org/missions



Joined Together

Celebrating 10 years of the AMEN Conference

An island getaway is the perfect way to celebrate a ten year anniversary - wouldn't you agree? That's exactly what hundreds of AMEN members and friends did the last weekend of October for AMEN's tenth annual conference. The event was hosted on the beautiful island of Coronado, right across the bay from San Diego.

This island getaway however, was far from a leisurely vacation. It was an action-packed event filled with presentations, workshops, worship, networking, and contagious enthusiasm for health evangelism. With a conference theme of Joined Together, attendees set out to gain a better understanding of the divine blueprint to combine medical work with gospel ministry.

Attendees were blessed with inspirational plenary messages from a variety of presenters, including Neil Nedley, Mark Finley, Eric and Rachel Nelson, Phil Mills, George Guthrie, Anil Kanda, and Todd Guthrie. Topics ranged from "Systems-Based Whole Person Care, to "Building Faith in Patients and Families," to "Healing Patients for Eternity." Conference

attendees woke up early each morning for a special devotional and prayer time hosted by Drs. Brian and Lyndi Schwartz.

Breakout sessions provided valuable information on a host of health and spiritual topics, including praying with patients, structuring the family for financial success and service, sharing Christ in the dental office, choosing a specialty and residency, understanding epigenetics, addressing post-abortion trauma, building brain and body health, and witnessing in a secular work environment.

Round-table discussions gave practical instruction on a variety of topics, including using media in health ministry, providing free clinics in urban settings, organizing overseas mission trips, and reaching medical students.

On Sabbath morning, more than 650 attendees gathered as Pastor Mark Finley passionately preached a message entitled "Wholeness in a Broken World," encouraging attendees to share Christ's healing power within their spheres of influence.

Sabbath afternoon featured a student-led

report entitled "Reclaiming the Vision: Mission in the Loma Linda University School of Medicine." Students shared inspiring messages of God's work on the LLU campus. AMEN was thrilled to sponsor over 135 medical and dental students to attend the conference.

Sabbath evening, Dr. Randy Bivens shared a progress report for Life and Health Network, AMEN's media branch. This ministry creates media resources for healthcare professionals and laypeople to share with their patients and contacts. Learn more at www.lifeandhealth.org.

The conference also highlighted AMEN's mission efforts in the past year, including two trips to the Philippines, and multiple free medical and dental clinics in the United States.

AMEN's 10th anniversary conference was a tremendous blessing. Attendees left with renewed inspiration to share Jesus with their patients and colleagues. We are thankful for God's blessing on this event and can't wait to see how He will continue to use AMEN in the coming year. Save the date for next year's conference which will be held October 29-November 1, 2015 in Hilton Head, South Carolina.

My Journey to AMEN

Mario Robinson, MD - Kaiser, Riverside

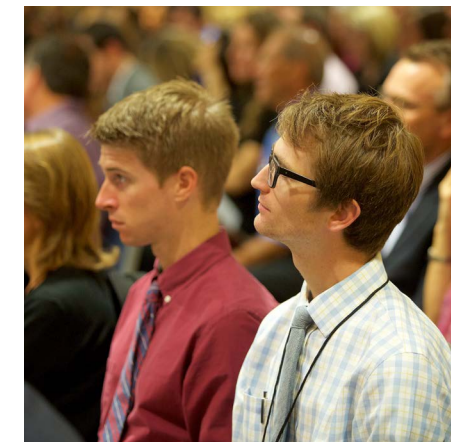
It was New Year's Eve of 2010 when I first learned about the AMEN conference. Surrounded by 5,000 unfamiliar faces at GYC, I was excited to run into Dr. Bob Hunsaker, an old college classmate.

Before I knew it, Bob was enthusiastically describing AMEN and inviting me to the next conference. It sounded intriguing, but also strange.

I'd been an Adventist all my life, a pastor's kid no less, but the thought of praying with my patients seemed impossible. I was already too busy to spend much time with my patients, how could I add time to pray with each patient? I dismissed the notion by convincing myself that this would be unacceptable at Kaiser Permanente. After all, God certainly wouldn't want me to jeopardize my employment. I told myself that prayer with patients would only happen if I ever had my own practice.

However, after much personal debate, I decided to attend AMEN in 2011 in Hilton Head, South Carolina. Not sure what to expect, I was pleasantly surprised to find out I knew a few of the attendees. What impressed me the most was to see healthcare professionals who were genuinely excited about the witnessing opportunities God was giving them. Throughout the seminars, I started to understand the true meaning of healing – physical and spiritual. The hesitancy I felt before soon gave way to enthusiasm.

Since that first AMEN conference I attended, God has blessed me with many divine appointments in my practice at Kaiser Riverside. For the first time, I've experienced the joy of offering a more



complete and rewarding form of healing to my patients.

AMEN also inspired me to take a more proactive role at my local church. I've teamed up with the Health and Temperance department to promote the eight laws of health in the homes of church members. I've also been involved in monthly cooking classes and other community health events.

This most recent AMEN conference in Coronado, California rekindled my passion to help complete the work that

God has committed to me as a physician and a Seventh-day Adventist.

I was inspired by Dr. Neil Nedley's seminar on comprehensive temperance, which I believe should be the focus of our personal strategy as well as our witnessing efforts. Only through daily death to self and surrender to the Holy Spirit's will can we finish the work of healing committed to us.

In the months leading to the conference, I followed in Bob's footsteps by inviting several colleagues to attend. After handing

out about a dozen AMEN flyers, I was thrilled to see two colleagues attend for the very first time. I want to encourage all AMEN members to take advantage of AMEN's flyers and promotional tools to help spread the influence of this movement.

I'm thankful for an organization that encourages prayer and witnessing in medical and dental practices. I'm also thankful for AMEN's emphasis on disease prevention through the eight natural remedies. I say this with conviction because my own journey back to Jesus would never have happened if I hadn't been introduced to the eight laws of health. For fifteen months, I suffered from severe digestive problems. After conventional medicine had repeatedly failed me, I was at the end of my rope. But two weeks of natural remedies cured the problem. I now share these remedies as the central focus of treatment. Pills and knives are an adjunct option, not the other way around.

I'm grateful for AMEN's influence in my life and sincerely hope that many other healthcare professionals will come to know the beauty of medical ministry by attending these conferences.

AMEN Interview

with Richard Lim, DDS

Q: What motivated you to come to AMEN?

I attended an AMEN conference several years ago as a dental student. When I heard it was being held just an hour from where I practice, I was eager to go again.

Q: What new insights did you learn?

I've always wanted to treat my patients'



spiritual needs as well as their dental needs but haven't really put it into practice. At the AMEN conference I was reminded that often the largest obstacle we face in being able to pray with our patients and discuss spiritual matters is the fear of rejection. If we can get rid of our pride and have genuine, humble hearts to serve as Christ did, we can implement spiritual care and introduce Christ to more and more people through our practices.

Q: What were your favorite aspects of the conference?

I thoroughly enjoyed hearing stories about Adventist healthcare professionals who are impacting people's lives all over the world. Dr. Dosung Kim shared an inspiring testimony on the miracles he experienced after introducing prayer into his practice. Dr. Steve Chang reported on the 6-8 overseas mission trips he takes each year to provide care to underserved populations.

My friend Dr. Carlos Morreta gave a powerful testimony of offering to pray with each and every patient. We are tempted to believe that offering prayer to our patients is awkward or even inappropriate. It was

a breath of fresh air to learn how fellow colleagues pray with patients on a daily basis. Pastor Finley's sermon on Sabbath inspired me to eat healthier, which will allow me to think more clearly and to be more efficient in serving my patients.

Q: How will the information you learned directly impact your practice?

I'd like to start sharing literature such as "Steps to Christ" in my waiting room and to pray at our morning staff huddles. I will use my practice to witness, pray with my patients, and introduce the unique messages of our Adventist church such as the Sabbath rest, the state of the dead, and nutrition. I'm confident that witnessing in these ways will ultimately bless me as the provider at least as much as it blesses the patients.

Q: Why would you recommend that another dentist or physician attend AMEN?

I would recommend that my colleagues attend AMEN so they too can be blessed from the mission stories – not just ones taking place overseas but also those happening on daily basis in medical & dental practices all over the United



States. I believe any dentist or physician who attends the AMEN conference will be inspired to serve their patients with a different approach – with eternal results!

Q: Is there anything else you'd like to share?

I've provided dental care in four countries, and I hope to continue serving all around the world as my career progresses. However, it's not necessary to go overseas to serve. There are opportunities in our own backyards.

It was a blessing to serve at the free clinic at San Diego Academy the weekend before the AMEN conference. It was inspiring to see physicians, dentists, nurses, physical therapists and musicians all working together. I was touched to see Pastor Mark Finley walk all around the gym, offering prayer for refugee patients from all over the world.

I'm thankful for the opportunities AMEN has given me to serve. To quote Dr. Steve Chang's seminar, my goal is to: "Keep the faith, share the hope, and do all things in love."

Testimonials:

From a pastoral perspective, I can only hope and pray that what happened at the AMEN conference will spread throughout all our churches and institutions. AMEN is preparing the way for Jesus to come! Praise God for His healing hands, manifesting their power through medical missionaries who are uniting in the demonstration of pure, unconditional love!
- Steven Binus, Associate Pastor, Kurtistown SDA (in Hawaii)

"To hear physician after physician stand up and relate the trials and triumphs of sharing their faith with patients was truly inspiring. I left the conference armed with practical ways to integrate faith and medicine both now as a medical student and as a future doctor."
- Matt Hartman, Fourth Year Medical Student

"AMEN has inspired me to use my medical career to reach souls for eternity. I was challenged by Dr. Eric and Rachel Nelson's message to be more intentional about systematically incorporating spiritual care into my practice. The opportunity to network with physicians and mentors was particularly valuable to me as I prepare to enter residency. I am thankful for the opportunity to be inspired, challenged, and mentored at AMEN!
- Debbie Beihl, Fourth Year Medical Student

"I was tremendously blessed by the AMEN conference. The messages were uplifting, the workshops practical, and the location unbeatable. But what I appreciated most was the opportunity to mingle with godly medical evangelists who God has used to both inspire and mentor me. I hope these relationships continue not just for the weekend, but for the rest of my life.
- Miguel Serrano, Medical/Ph.D. student

I appreciate the AMEN conference because it reminds me of my calling to medicine and connects me with other likeminded people. The speakers and workshops have provided me with ideas on how to incorporate the health message into my daily encounters with patients. This is especially helpful now that I'm a resident and am learning the art of medicine in a secular environment. It's been very valuable to connect with mentors and other physicians who are interested in the spiritual wellbeing of patients.
- Jaqueline Romero, MD Family Medicine Resident

STUDENT MENTORSHIP:

To learn more about the AMEN Mentorship program and become a mentor (or be mentored) visit: amensda.org/mentorship.

Understanding the Adventist Health Study 2: Questions and Answers



Michael J. Orlich, MD, PhD is a Co-Investigator of the Adventist Health Study 2. He is Assistant Professor of Preventive Medicine of the School of Medicine, Loma Linda University and Program Director of the Preventive Medicine residency program.

The Adventist Health Study 2 (AHS-2) is a large and important study of lifestyle and health among Seventh-day Adventists. It is therefore not surprising that this study would be of interest to Adventist health professionals. The following is a brief introduction to AHS-2, using a question and answer format.

What is the history behind AHS-2?

Early in their history, in the late 19th and early 20th centuries, Seventh-day Adventists developed what may be described as a theology of health and healing, due largely to the extensive writing on this subject by church co-founder Ellen White. This resulted in both the development of a large program of medical and health-promotion work, starting with the Battle Creek Sanitarium under Dr. John Harvey Kellogg, and the promotion and adoption of certain health practices among church members. These included abstinence from tobacco and alcohol and the promotion of a vegetarian diet as preferable.

These teachings and practices led to an interest in the mid-20th century among some medical scientists about the potential health effects of Seventh-day Adventist Lifestyle practices, particularly their avoidance of tobacco and the vegetarian diets of some Adventists. In the 1950s and 1960s, Mervyn Hardinge (who

along with his doctorate degrees in medicine and pharmacy completed a doctorate in public health at Harvard and became the founding dean of the Loma Linda University School of [Public] Health), published a series of papers about the health of vegetarians, based on a comparison of a small number of vegetarians and non-vegetarians.

Also in the 1950s, other investigators at Loma Linda University, primarily Lemon and Waldon, worked with Wynder of Sloan Kettering on some comparisons of Adventists and others. This led in 1958-60 to a large survey (by Lemon and colleagues) of Adventists, about 23,000 of which were enrolled in the large American Cancer Society Cancer Prevention Study, led by Hammond. We now refer to this study of 23,000 Adventists as the Adventist Mortality Study (AMS).

The AMS demonstrated that Adventists had improved longevity and reduced mortality from respiratory diseases, coronary heart disease, and a number of cancers compared to their non-Adventist counterparts. It was clear that tobacco avoidance might explain many of these findings. These findings prompted a more detailed study of the Adventist lifestyle. Roland Phillips and colleagues, in the 1970s, enrolled approximately 34,000



A detailed questionnaire was used to assess routine dietary habits, other lifestyle factors, and other relevant aspects of the health history.

California Seventh-day Adventists in the Adventist Health Study 1 (AHS-1). Rather than comparing with others (i.e. non-Adventists), the participants of AHS-1 were compared with each other, in an attempt to understand what aspects of diet and lifestyle might be associated with the best health outcomes. One of the most seminal findings from the AHS-1 was association of frequent nut consumption with reduced risk of ischemic heart disease found by Fraser and Sabaté.^{1,2} Another was the delineation of several factors that contributed to improved longevity among Adventists.³

While the results of AHS-1 were interesting, it seemed apparent that a much larger study would be better able to adequately study the relationship of diet to important health outcomes, particularly specific cancers. Thus, Gary Fraser and colleagues proposed the Adventist Health Study 2 (AHS-2), which was initiated shortly after 2000. It should also be noted that the Adventist Health Studies, which are focused primarily around dietary questions, have spawned subsidiary studies looking at the health effects of air pollution (AHSMOG) and religious and psychosocial factors (ARHS: Adventist Religion and Health Study). Figure 1

portrays the relationship between these studies and their timeframes.

What are the goals of AHS-2, and how is it funded?

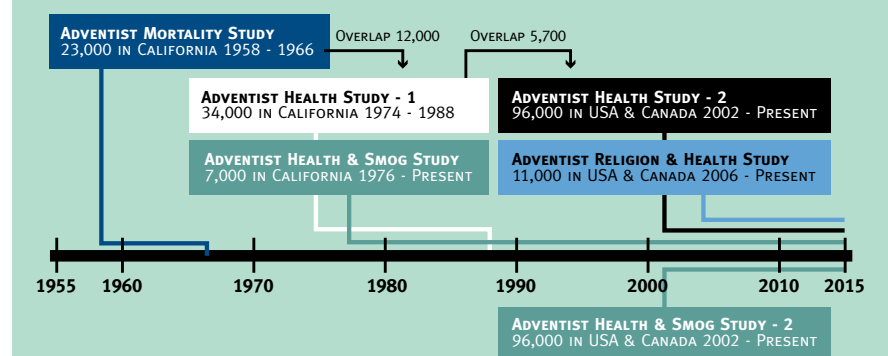
AHS-2 is funded primarily by the National Cancer Institute (of the National Institutes of Health) for the purpose of examining the relationship of dietary factors to the risk of common cancers, primarily cancers of the colon and rectum, breast, and prostate.

What type of study is AHS-2?

The AHS-2 is an observational epidemiologic study usually referred to as

a cohort study. In a cohort study, a large study population is enrolled, and various characteristics of the cohort members are measured at baseline. The cohort is then followed over time, and outcomes are tracked. Approximately 96,000 Seventh-day Adventists in the United States and Canada were enrolled in the AHS-2 cohort between 2002 and 2007. Approximately one fourth of cohort members are Black, an under-studied population. A detailed questionnaire was used to assess routine dietary habits, other lifestyle factors, and other relevant aspects of the health history. A random sample of about 1000

FIGURE 1: THE HISTORY OF ADVENTIST HEALTH STUDIES



cohort members was selected to be part of a validation study. Validation study members participated in multiple 24-hour dietary recall assessments over the phone and came to clinics where biometrics were measured and biological samples were obtained. This smaller study is used to validate the accuracy of the larger study's measurement of diet and even help to adjust for some inaccuracy. All cohort members are sent a small follow-up questionnaire every two years. Incident cancers are tracked by a linkage process with state cancer registries, to which information about diagnosed cancers is reported in a mandatory fashion. We have so far been able to link with the registries of 48 states. This allows for a fairly accurate assessment of the main outcomes.

What are the benefits and limitations of this type of study?

Cohort studies are important tools for studying questions like the impact of diet on the risk of chronic disease and on mortality. Their prospective design,



We expect to publish findings regarding the association of vegetarian dietary patterns to the risk of colorectal cancer, breast cancer and prostate cancer.

the non-vegetarian pattern. In addition, the AHS-2 questionnaire can be used to examine the intake of many specific foods and nutrients. We can therefore test hypotheses about specific foods and cancers: for example, how does the consumption of soy foods relate to the risk of breast cancer?

What have we learned from AHS-2 about the health effects of vegetarian diets?

Vegetarian dietary patterns have been associated with a number of health benefits in AHS-2 compared to a non-vegetarian dietary pattern. Vegetarians have a lower BMI than non-vegetarians on average, with vegans having the lowest.⁴ After adjustment for several potential confounders, vegetarian dietary patterns in AHS-2 are associated with both a lower prevalence⁴ and incidence⁵ of (self-reported) diabetes mellitus. Within the validation subsample (N = approx. 1000) in which blood pressures and laboratory values were measured, vegetarian dietary patterns were associated with lower blood pressures^{6,7} and a reduced risk of metabolic syndrome.⁸ After about 6 years of follow-up, all vegetarians had a 12% relative reduction in mortality from natural causes

TABLE 1: DEFINITIONS AND PREVALENCE OF DIETARY PATTERNS IN ADVENTIST HEALTH STUDY 2

	VEGETARIANS				NON-VEGETARIANS
	VEGAN	LACTO-OVO	PESCO	SEMI	
PREVALENCE %	7.7	29.2	9.9	5.4	47.7
ALL MEATS, INCLUDING FISH (SERVINGS)	<1/MONTH	<1/MONTH	≥1/MONTH	≥1/MONTH BUT ≤1/WEEK	>1/WEEK
NON-FISH MEAT (SERVINGS)	<1/MONTH	<1/MONTH	<1/MONTH	≥1/MONTH BUT ≤1/WEEK	≥1/MONTH
FISH (SERVINGS)	<1/MONTH	<1/MONTH	≥1/MONTH	≤1/WEEK	ANY AMOUNT
EGGS AND DAIRY PRODUCTS (SERVINGS)	<1/MONTH	≥1/MONTH	ANY AMOUNT	ANY AMOUNT	ANY AMOUNT

in which exposures are measured before outcomes, helps to eliminate the recall bias and potential reverse-causal associations, which can be problematic in case-control studies. Because they are observational studies, not experimental studies like randomized controlled trials (RCTs), they are subject to confounding, in which an association between the exposure of interest and the outcome is not causal, but is due to some other factor which causes the outcome and is in some way linked to the exposure. Much work goes into using statistical methods to measure such potential confounding factors and to adjust for their effect in statistical analyses.

In the area of diet and chronic disease, it is very difficult to do RCTs, because they have to be very large and last for a long

time, and are thus very costly. Small RCTs can examine the effects of diet on risk factors, biomarkers, or intermediate outcomes, and help explore potential mechanisms. But much of what we have learned scientifically about diet and health has been from observational cohorts like the Framingham Study, the Nurses Health Study, and the Adventist Health Studies.

What dietary factors are being examined?

The most notable feature of the AHS-2, compared to similar cohort studies, is the relatively large percentage of persons consuming various vegetarian diets. Table 1 shows the five dietary patterns defined by AHS-2 investigators, and the approximate percentage of AHS-2 participants who fall into each category. Comparisons are made of the vegetarian dietary patterns to

The collective participation of individuals like you is what makes this study possible.



(hazard ratio [HR] = 0.88, 95% confidence interval [CI] 0.80-0.97), an affect seen primarily among men.⁹ Compared to non-vegetarians, the relative mortality for vegans was 0.85 (95% CI 0.73-1.01), for lacto-ovo-vegetarians 0.91 (95% CI 0.82-1.00), and for pesco-vegetarians 0.81 (95% CI 0.69-0.94).⁹

In the next year or so, we expect to publish findings regarding the association of vegetarian dietary patterns (and a number of specific foods and nutrients) to the risk of colorectal cancer, breast cancer, and prostate cancer. We are also seeking to explore many other interesting questions in the coming years (where funding can be obtained) including the relationship of diet to neurological diseases, congestive heart failure, gene expression, and the microbiome.

How can I learn more about the Adventist Health Study 2?

You can read more about AHS-2 at www.adventisthealthstudy.org. Among other items, you will find a list of scientific publications from AHS-2 and previous studies, which will provide detailed information about methods and findings.

A word of gratitude

The investigators of AHS-2 would like to express their sincere appreciation to the many readers who have supported the study. Many of you are participants in the cohort.

stems from a strong faith commitment, and we hope that you will continue to find the results of AHS-2 a valuable source of scientific information about the possible effects of faith-motivated diet and lifestyle choices.

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The Sabbath: God’s Gift of Rest & Restoration



Dr. Brian Schwartz is an interventional cardiologist practicing in Kettering, Ohio. He and his wife, internist Lyndi Schwartz, are a powerful ministry team. Although they are both physicians, their first love is teaching and preaching the gospel. Nothing brings Dr. Schwartz more joy than to share with his patients the message that has so touched his heart.

I just returned from an evangelistic series in Dublin, Ireland—a land thought to be nearly unreachable for the gospel. How amazed we were: seventy-eight people were baptized or requested baptism. One of the baptismal candidates, named Mary, wrestled with how to keep Sabbath.

“How can you,” she asked me, “keep the Sabbath as a physician?”

I said that I greatly appreciate the rest and time of reflection that comes from the Sabbath, and that I strive to enter into that rest by avoiding routine medically related work. I take only the most necessary call shifts, and do only emergency cases that cannot be put off until after Sabbath.

Her question, though, was a good one for healthcare workers. As a Health care worker, we certainly have wide discretion regarding what is lawful and accepted on the Sabbath day. I remember in my home church as a teenager that one of the elders, a nurse, would rarely be in church. He regularly worked the weekend shift. This allowed him to stay home during the week and be involved with homeschooling his kids and to start a business. It seemed strange that he worked three out of four Sabbaths and no weekdays, but the explanation always was this: It was acceptable because he was caring for the sick. I didn’t want to judge him or his heart, but I wondered if he wasn’t just doing this for his convenience.

No question, a wide variety of ideas exist regarding what a physician or dentist may do on Sabbath. This article looks at this question.

The Sabbath As a Sign Through the Ages

When God created the world in six days, He rested on the seventh day Sabbath. This was a sign that His work was complete, perfect in every way. There was nothing more He needed to do. That first Sabbath was Adam and Eve’s first day of life and they started off their lives with everything they needed and began by resting even thou they had not yet worked. Thus, in the pre-fall Eden, Sabbath was a sign of Christ’s completed work of creation. It was a gift in time given to humanities first parents.

After the Exodus, the Sabbath became a memorial not only of creation, but also of deliverance from Egypt. Israel was delivered and redeemed by the blood of the Passover lamb that pointed forward to Christ’s atoning sacrifice.

At the cross, Jesus finished His work of redemption on Friday and rested in His finished work on the Sabbath. Spiritually God has delivered us out of the land of Egypt. Now, after the cross, the Sabbath remains a sign not only of Christ’s completed work of creation, but His completed work of salvation and deliverance. Thus the Sabbath is a sign of creation, deliverance and redemption. In a time when we will be tempted to save ourselves by our own good works, He reminds us that He is the One who sanctifies, He is

The Sabbath is a sign of Christ's completed work of creation and His completed work of Salvation and necessarily is the sign of righteousness by faith.

the One who redeems. Sabbath speaks of God's commitment to redeem His people at any cost to Himself.

Sabbath then, is actually the sign of Righteousness by Faith and in the last days before Christ returns the Sabbath will take a central role. It will be the sign of those who keep the commandments of God by the faith of Jesus (Rev 14:12). In contrast, Sunday is a sign of righteousness by works and undergirds the belief that God's law cannot be kept.

Isaiah tells us that in the Earth made new, the Sabbath will still be a sanctuary in time, set apart, in order to come together to worship God. (Isaiah 66:23)

As we can see from the brief foregoing discussion, in the beginning the Sabbath was a sign of Christ's completed work of Creation. In a modest evaluation of His work, God said it is very good and He rested in His completed, finished and perfect work. Similarly when Christ's work of redemption was complete, He said "it is finished" and rested on the Sabbath day. Thus He gave the Sabbath



additional significance, adding to creation, redemption. The Sabbath is a sign of Christ's completed work of creation and His completed work of Salvation and necessarily is the sign of righteousness by faith.

On Sabbath we rest from our labors trusting in His complete salvation. Sabbath is a day of rest, not works. We rest in the One who created us and we rest in the One who redeemed us. From this perspective Sunday is a sign of accepting a human substitute in the place of the divine plan. In a time when we will be tempted to save ourselves by our own good works He reminds us that He is the One who sanctifies, He is the One who redeems. Those who make up the final generation will live by faith and observe God's Sabbath day as a memorial of His sustaining power to deliver from sin and as a memorial of creation. It is not a legalistic relic of the old covenant but rather the Everlasting sign of the Everlasting covenant. Sabbath is the sign of Righteousness by Faith and not of

works as Sunday worship will be revealed to represent in the end.

Jesus Healing on the Sabbath

Jesus healed on the Sabbath day, and on more than one occasion. Desire of Ages (201) notes that He would have healed many more if not for the prejudice of the religious leaders. Most of His Sabbath healings were not medical emergencies. Instead He was moved by compassion and intervened to relieve suffering. By so doing, He showed us what true Sabbath keeping includes: redeeming people from sin and the suffering from sin.

At the same time, Jesus did not heal the multitudes, even whole cities, until after the Sabbath. In the five instances noted in the gospels where Christ healed on the Sabbath, He was on His way to the Temple or to someone's home for Sabbath dinner. He never skipped corporate worship in order to go out of His way to heal. He did not make a day out of healing. It did not require Him to open a clinic, using



assistants and ancillary personnel. Lines didn't form on the Sabbath. In all cases He sought out the sick, they did not come to Him.

The Sabbath in Christ's day had been turned into a legalistic observance that prevented the Jews from experiencing true Rest and Restoration.

"In the healing of the withered hand, Jesus condemned the custom of the Jews, and left the fourth commandment standing as God had given it. 'It is lawful to do well on the Sabbath days,' He declared" DA 287.

In our day the very opposite condition may exist, where Sabbath has become a day of recreation, often in pursuit of our own interests while the sacredness has often been lost. We can easily become careless or self absorbed in our observance.

Principles

How, then, do we apply Jesus' example to ourselves as we seek to provide care? Is there a work for us to do on the Sabbath?

Does what we do encourage others to keep Sabbath? We must not replace true Sabbath keeping with medical work; instead, in all that we do, we must encourage those we minister to, and ultimately invite them into Sabbath keeping with us. However the work of re-creation and restoration are well with in the example of Christ's ministry on the Sabbath. Now as a result of sin in our world there is ever present need and suffering.

Resting in the face of crying need implies remoteness and indifference and so while there is sin, God cannot rest. (Tonstad, Lost meaning of the Seventh day 197)

Jesus spoke the creative Word and, thus, the worlds were formed, He also spoke the Word and recreated health and vigor. There is power in God's spoken Word. It seems appropriate to engage in a healing practice that points to God's Word as the source of life and restoration. It would seem that counseling and health education are well within appropriate Sabbath activities.

Ellen White reminds us, 'The work of the true medical missionary is largely a spiritual work. It includes prayer and the laying on of hands; he therefore should be as sacredly set apart for his work as is the minister of the gospel... No selfish motives should be allowed to draw the worker from his post of duty. We are living in a time of solemn responsibilities; a time when consecrated work is to be done. Let us seek the Lord diligently and understandingly. If we will let the Lord work upon human hearts, we shall see a great and grand work accomplished...' {1MR 73.1}

With our modern health care system's need for sophisticated equipment and teams of personnel, it would seem prudent to be far more careful using these tools on the Sabbath than we might have been before. Institutionally we should be careful to avoid routine care. The following may be helpful in giving us balance.

"Common, every day treatment should not be given on the Sabbath. Let the patients know that physicians must have one day on which to rest. Often it is impossible for physicians to take time on the Sabbath for rest and devotion. They may be called upon to relieve suffering. Our Saviour has shown us by His example that it is right to relieve suffering on the Sabbath. But physicians and nurses should do no unnecessary work on this day. Ordinary treatment and operations which can wait should be deferred till the next day" D.E.R. Aug. 23, 1900.

An additional consideration is the needed rest and spiritual regeneration of the health worker. We do not have the spiritual maturity of Jesus, the Master Healer. He often awoke "a long while" before daybreak seeking His Father's blessing and needed wisdom and power for the day. After a long day of ministry, including

by Todd Guthrie, MD

Our preachers should teach the health reform, yet they should not make this the leading theme in the place of the message.



healing, He would often withdraw with His disciples for rest. In fact, after healing whole villages after the Sabbath hours, He would retire to the mountains to spend the rest of the night in prayer.

We must recognize our frailty and, thus, our need for rest and regeneration on the Sabbath. Yes, there still may be ministry that we do on Sabbath. But we must keep our personal spiritual connectedness as a priority. We must demonstrate how to truly keep Sabbath.

"A spirit of irreverence and carelessness in the observance of the Sabbath is liable to come into our sanitariums. Upon the men of responsibility in the medical missionary work rests the duty of giving instruction to physicians, nurses, and helpers in regard to the sanctity of God's holy day. Especially should every physician endeavor to set a right example. The nature of his duties naturally leads him to feel justified in doing on the Sabbath many things that he should refrain from doing. So far as possible he should so plan his work that he can lay aside his ordinary duties" 7T 106.

Conclusion

As AMEN wrestles with how to implement a Sabbath medical ministry, we must be

charitable toward each other as we strive to engage in new ways of ministering while keeping Sabbath holy. In following Christ's example, we are called to relieve suffering. But we also need to be mindful that the ultimate goal is to restore mankind to the image of God and to teach people how to be in harmony with God's law. True Sabbath keeping, coupled with worship of the Creator God, will ultimately be the final testing truth; thus, we should strive to demonstrate the sacredness of the day while being mindful of the needs around us.

While we should never neglect corporate worship, it seems appropriate on the Sabbath to engage in health education, prayer for the sick, and, when necessary, the immediate relieving of human suffering. Thus, we can carry on ministry throughout the week while being personally recharged for ministry through the week. If the right arm focus on healing loses its subservient position to proclaiming the gospel, then we have misused our calling.

"The health reform is closely connected with the work of the third message, yet it is not the message. Our preachers should teach the health reform, yet they should

not make this the leading theme in the place of the message." 1T 559

Ellen White saw trained laity, pastors as well as physicians, engaged in medical missionary work. Is it this kind of work she encouraged on Sabbath?

"To take people right where they are, whatever their position, whatever their condition, and help them in every way possible, this is gospel ministry. It may be necessary for ministers to go into the homes of the sick and say, 'I am ready to help you, and I will do the best I can. I am not a physician, but I am a minister, and I like to minister to the sick and afflicted.' Those who are sick in body are nearly always sick in soul, and when the soul is sick, the body is made sick." --Medical Ministry, p. 238.

We should not conduct medical ministry on the Sabbath day in a way that becomes institutional, business-like or ordinary care. However if it embraces and encompasses an evangelistic work and is compelled by the suffering around us then it should not be neglected on the Sabbath or any other day.

Isaiah 58 Today



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.

This past week, I was blessed by the testimony of one of my patients (with whom I routinely pray). She shared her experience with prayer. She had asked God to lift her from the oppressive bonds of condemnation and guilt that she had been carrying for much of her life. With tears in her eyes, she shared how God honored her prayer, and how she immediately experienced the freedom, joy, and peace that only He could provide. She was rejoicing in His righteousness.

As we celebrate 10 years of the Lord's blessings on AMEN, I think of Isaiah 58. Ellen White counseled us to pay special attention to the message of this chapter, and to put it into practice. The Sabbath (Isaiah 58:13) is the sign of God's creative and redemptive power, and the work of AMEN is especially focused on helping people experience God's power to restore His image in them. This involves more than simply improving physical, mental, and emotional health. This means a new birth in Jesus, a spiritual healing, such as what this woman in my office had experienced.

As we appreciate the love of God revealed in the ministry of Jesus, we desire to join in His healing ministry, for no true healing happens apart from Him. His love is the motivation to share with others in practical, life-changing ways. Ellen White emphasized the connection of the Sabbath to the work of medical ministry:

"I cannot too strongly urge all our church members, all who are true missionaries, all who believe the third angel's message, all who turn away their feet from the Sabbath, to consider the message of the fifty-eighth chapter of Isaiah. The work of beneficence enjoined in this chapter is the work that God requires His people to do at this time. It is a work of His own appointment. We are not left in doubt as to where the message applies, and the time of its marked fulfillment, for we read: 'They that shall be of thee shall build the old waste places: thou shalt raise up the foundations of many generations; and thou shalt be called, The repairer of the breach, The restorer of paths to dwell in.' Verse 12. God's memorial, the seventh-day Sabbath, the sign of His work in creating the world, has been displaced by the man of sin. God's people have

a special work to do in repairing the breach that has been made in His law; and the nearer we approach the end, the more urgent this work becomes. All who love God will show that they bear His sign by keeping His commandments. They are the restorers of paths to dwell in. The Lord says: 'If thou turn away thy foot from the Sabbath, from doing thy pleasure on My holy day; and call the Sabbath a delight, ... then shalt thou delight thyself in the Lord; and I will cause thee to ride upon the high places of the earth.' Verses 13, 14. Thus genuine medical missionary work is bound up inseparably with the keeping of God's commandments, of which the Sabbath is especially mentioned, since it is the great memorial of God's creative work. Its observance is bound up with the work of restoring the moral image of God in man. This is the ministry which God's people are to carry forward at this time. This ministry, rightly performed, will bring rich blessings to the church." 6T 265.

Medical ministry, together with the message of righteousness by faith, awakens faith in the hearts of those who are looking for something better. When they see our faith in action, they grasp the hand of Christ and claim the promises of His word for themselves.

"Many have lost the sense of eternal realities, lost the similitude of God, and they hardly know whether they have souls to be saved or not. They have neither faith in God nor confidence in man. As they see one with no inducement of earthly praise or compensation come into their wretched homes, ministering to the sick, feeding the hungry, clothing the naked, and tenderly pointing all to Him of whose love and pity the human worker is but the messenger—as they see this, their hearts are touched. Gratitude springs up. Faith is kindled. They see that God cares for them, and they are prepared to listen as His Word is opened." Ev 517.

The Lord has abundantly blessed AMEN these past 10 years. Our prayer is that AMEN can facilitate more effective, "rightly performed" medical ministry in our practices, churches, and communities in order to reveal the righteousness of Christ in action. As we stay joined with Him, we will rejoice as we see His oppressed children set free.



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