

WINTER 2018

THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

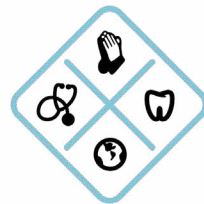
Chemistry Teacher to Medical Student

Helping Others *See* Christ

AMEN Past, Present, Future

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- A Call to Medical Evangelism, p. 7

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WINTER 2018

THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

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

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The *Medical Evangelist* is provided to AMEN members. If you would like to receive a copy regularly, we invite you to join AMEN. To receive multiple copies and/or for an institutional subscription, please email barnhurst@amensda.org.



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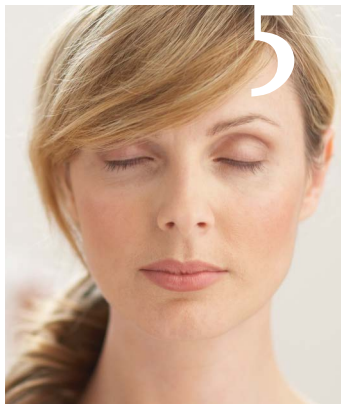
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A series of articles demonstrating how a growing body of science is supporting the statements of Scripture and the Spirit of Prophecy.

by David DeRose, MD, MPH; Greg Steinke, MD, MPH; and Trudie Li, MSN, FNP



BRIAN SCHWARTZ, MD

“Though thy beginning was small, yet thy latter end should greatly increase.”

- Job 8:7

Looking back

It's been a blessing to have the opportunity to be Editor of AMEN's Journal – *The Medical Evangelist*. When Rebecca and I put together a “newsletter” 10 years ago, we had no idea that this was the beginning of a biannual journal that would highlight the work of AMEN. I did everything possible to avoid writing in college, and would never consider myself a journalist, but in this case it seems really true that God doesn't call the able but equips the willing. “*Though thy beginning was small, yet thy latter end should greatly increase.*” - Job 8:7

I have been blessed to serve with Rebecca, a very capable assistant editor, who really does do the work while I get the credit (and occasionally the blame). We also have a supportive and engaged editorial committee that has included Robert Hunsaker, David Otis, and Phil Mills.

It is a wonderful thing to see something you've had a hand at starting take on a life of its own and continue on to the next generation of leadership. Following this issue, Dr. Phil Mills will take the helm as

Editor in Chief of *The Medical Evangelist*. I am confident he will build on what has been started, yet has his own aspirations and the journal will continue to expand as it enters its second decade.

Phil truly has a gift for words and has been a strong supporter of this endeavor since its inception. I anticipate that under his direction, *The Medical Evangelist* will continue to fill the role of motivating physicians and dentists, both young and old, to pursue the highest calling of becoming medical evangelists in these last days.

Please pray for Phil, Rebecca, and the team as they continue this work bringing inspiring testimonies and thoughtful articles to the forefront through the AMEN journal.

Thank you to all our members and friends for supporting us these past 10 years as we continue to look to the future with eager anticipation.

Brian Schwartz, MD

Timeless Health Prescriptions from the Beatitudes - Part 2



DR. DAVID DEROSE



DR. GREG STEINKE



TRUDIE LI

Each are involved with clinical medicine as well as health evangelism. Together they authored “*Thirty Days to Natural Blood Pressure Control.*” Parts of this article are adapted from their book.

The Beatitudes feature eight timeless prescriptions from the Great Physician that minister to our patients, as well as to us as caregivers. In Part 1 we looked at the first two Beatitudes. In this, the final installment, we cover the last six.

The Beatitudes Summarized: Eight Timeless Prescriptions for Health and Wholeness

1. Be Humble
2. Acknowledge Your Pain
3. Submit
4. Aspire
5. Forgive
6. Don't Compromise
7. Mediate
8. Persist

TIMELESS PRESCRIPTION #3: SUBMIT

“*Blessed are the meek, for they shall inherit the earth.*” - Matthew 5:5, ESV

Meekness and humility are related but not synonymous. Humility especially calls us to confront any exaggerated ideas of our self-importance; meekness summons us to put humility into practice. Consequently, typical dictionary definitions of “meekness” include the concepts of submission and gentleness—especially in the face of injury.

SUBMISSION IN THE BIBLICAL WORLD

Jesus not only preached meekness and submission in the Beatitudes, He lived it. Jesus was the active agent in creating this earth (although God the Father and the Holy Spirit were also involved).¹ However, He set

aside His divine prerogatives and came to live on this earth as a human and to die on our behalf.² Indeed, His submission reached its peak (or its depth) at Gethsemane and the cross.

THE PRACTICAL SIGNIFICANCE OF SUBMISSION

Any health education resource is really based on submission. It is the same with our patient encounters. As professionals we share our conclusions and recommendations with the hope that our patients will submit to our medical knowledge and experience and, therefore, comply with our recommendations. Interestingly, medical compliance is directly correlated with religious involvement. For example, one study showed that the more religiously active were more likely to take their blood pressure medication as prescribed.³

Consequently, helping our patients spiritually may be a key to improving compliance. Are you dealing with a frustrated patient, one who seems to ignore your best advice? Perhaps he (she) needs to realize that he can trust his life in the hands of a trustworthy Heavenly Father.

However, the message of submission is not only for patients. Where do I personally fail to submit to the Holy Spirit's leading? What is my attitude when God calls me to a higher level in my lifestyle, family relationships, or interactions with colleagues or fellow church members? Do I already feel I'm good enough? Do I reason that I'm already



sacrificing sufficiently? Submission is often called for, even among dedicated medical evangelists.

BEYOND SUBMITTING TO MEDICAL AUTHORITY

Where is God calling you to go as you walk with Him through life? Consider the insights of a contemporary prophet:

“Many are still tested as was Abraham. They do not hear the voice of God speaking directly from the heavens, but He calls them by the teachings of His word and the events of His providence. They may be required to abandon a career that promises wealth and honor, to leave congenial and profitable associations and separate from kindred, to enter upon what appears to be only a path of self-denial, hardship, and sacrifice. God has a work for them to do; but a life of ease and the influence of friends and kindred would hinder the development of the very traits essential for its accomplishment. He calls them away from human influences and aid, and leads them to feel the need of His help, and to depend upon Him alone, that He may reveal Himself to them. Who is ready at the call of Providence to renounce cherished plans and familiar associations? Who will accept new duties and enter untried fields,

doing God’s work with firm and willing heart, for Christ’s sake counting his losses gain? He who will do this has the faith of Abraham, and will share with him that “far more exceeding and eternal weight of glory,” with which “the sufferings of this present time are not worthy to be compared.” 2 Corinthians 4:17; Romans 8:18.” – Patriarchs and Prophets p. 126-127

TIMELESS PRESCRIPTION #4: ASPIRE

“Blessed are those who hunger and thirst for righteousness, for they shall be satisfied.” - Matthew 5:6

Jesus prescribed contentment—regardless of life’s circumstances. (See Matthew 6:25–34.) On the other hand, in that same Sermon on the Mount, Jesus called His followers not to be content with their own moral attainments. His goal was for them to always strive to be more like their heavenly Father: “...Let your light shine before others, so that they may see your good works and give glory to your Father who is in heaven.”⁴

“RIGHTEOUSNESS” IN HEALTH LINES

Medical evidence suggests that right doing and striving helps foster a greater commitment to self-care. Consider research from Norway, where investigators

found significantly lower blood pressures and cholesterol values among Seventh-day Adventists. The data suggested that the differences were due to the healthier lifestyles long advocated by the Adventist church.⁵

Righteousness and related values like justice have other powerful implications for blood pressure. Some of these implications rely on neurochemistry. When we behave in a loving, consistent and “righteous” manner, our relationships tend to be characterized by trust. And those trusting relationships tend to foster the production of oxytocin. This important brain chemical was once thought to be of importance only for nursing mothers; we now know that this small protein, made in the brain’s hypothalamus, is vital to optimal societal living.

What is so fascinating about oxytocin is its feedforward effects. Specifically, when you are involved in trusting relationships, you produce more oxytocin, but that very oxytocin boost helps you to trust others more.⁶ Research has shown, for example, that giving people oxytocin through a nasal spray will render them more generous.⁷

This research has profound implications for high blood pressure, diabetes, heart disease, mental health disorders and myriad other conditions exacerbated by stress. Being a trustworthy, righteous person actually fosters healthy relationships. Stress signals are suppressed under the influence of oxytocin and relational tensions can be more quickly resolved.

Perhaps this provides some further insight into the connection between faith community attendance and better blood pressures.⁸ This same evidence argues for a trusting relationship with our

Can a spirit of mercy and forgiveness benefit the forgiver?

Heavenly Father.

TIMELESS PRESCRIPTION #5: FORGIVE

“Blessed are the merciful, for they shall receive mercy.” – Matthew 5:7

Richard had a terrible case of rheumatoid arthritis; it was refractory to all we had to offer. He also was bitter about his past. Edie, even in her 70’s or 80’s, seemed the picture of health. If you met her, you likely would have classed her among the most positive, effervescent people on the planet. Both were Jews who had survived the horrors of Nazi concentration camps. Richard still lived in a world of resentment and anger; Edie had moved beyond the injustices of the past and had extended forgiveness to those who had so terribly wronged her, her family, and her people.

We may be tempted to attribute health outcomes to our ability to forgive. However, the connection is not so simple. In any individual’s life, far more is at play than even the worst injustices of the past. However, what does the research show? Can a spirit of mercy and forgiveness benefit the forgiver?

FORGIVENESS IN THE BIBLICAL WORLD

Forgiveness, on its deepest level, is about healed relationships. It is, therefore, foundational for healthy social interactions, whether in the family, tribe, community, or workplace. Consequently, Jesus’ attitude toward forgiveness transcends the simple clichés bantered about even by Christians. Forgiveness is not merely something that we choose to do on a personal level. Full forgiveness is a two-way street,



where the one wronged first chooses to forgive, and then the wrongdoer accepts that forgiveness. Genuine acceptance of forgiveness occurs only when the perpetrator recognizes and admits to his wrongdoing and repents.

THE PRACTICAL SIGNIFICANCE OF FORGIVENESS

Dr. Dick Tibbits and colleagues at Florida Hospital designed a controlled study to look at the effects of a forgiveness training program and blood pressure. Over an eight-week time frame, the investigators found that those who began the program with elevated anger expression scores registered significant decreases in their blood pressure.⁹ Other experimental data suggest that some of the benefits may have occurred through decreased stress levels.¹⁰ Or, as expressed by yet another group of researchers, “these results demonstrate divergent cardiovascular effects of anger and forgiveness, such that anger is associated with a more cardiotoxic autonomic and hemodynamic profile, whereas TF [trait forgiveness] is associated with a more cardioprotective profile. These findings suggest that interventions aimed at decreasing anger while increasing forgiveness may be clinically relevant.”¹¹

Indeed, forgiveness has been garnering more and more interest in medical research, which has extended far beyond high blood pressure and stress, encompassing disease processes as diverse as fibromyalgia¹² and cancer.¹³

Researchers talk about two different types of forgiveness: decisional forgiveness and emotional forgiveness. By the former, they’re referring to “a behavioral intention to resist an unforgiving stance and to respond differently toward a transgressor.” Emotional forgiveness, on the other hand, “is the replacement of negative unforgiving emotions with positive other-oriented emotions.”¹⁴ This latter emotional forgiveness appears to be the most powerful when it comes to beneficial health outcomes.

Jesus manifested this emotional type of forgiveness. “For while we were still weak, at the right time Christ died for the ungodly. For one will scarcely die for a righteous person—though perhaps for a good person one would dare even to die—but God shows his love for us in that while we were still sinners, Christ died for us.”¹⁵ Despite the abuse and enmity, Christ, in love for His transgressors, willingly gave up His life.



By God’s grace, we too can demonstrate forgiveness. Working with a patient whom we have every right to “fire”; demonstrating compassion toward a colleague who has mistreated us; showing mercy toward a spouse or child who has disappointed us—all are ways that the fifth Beatitude can be manifested in our human flesh.

TIMELESS PRESCRIPTION #6: DON’T COMPROMISE

Blessed are the pure in heart, for they shall see God. – Matthew 5:8

Modern dictionaries equate “purity” with freedom from contamination and, particularly, with freedom from immorality, especially sexual. However, in biblical times, standing for right often appeared—at least on the surface—to be the wrong decision. Consider Joseph. After being sold into slavery by his brothers, he was in the position of steward for a wealthy Egyptian named Potiphar.¹⁶ Under Joseph’s direction, all went well in Potiphar’s household, until Potiphar’s wife wanted to sleep with the handsome young Hebrew. Joseph refused her repeated overtures, declaring, “There is no one greater in this house than I, nor has he kept back anything from me but you, because you are his wife. How then can I do this great wickedness and sin against God?”¹⁷

His failure to compromise didn’t earn Joseph a medal but a stiff prison sentence instead. Nonetheless, Joseph’s time in prison remarkably became the pathway to him serving as the Egyptian Prime Minister.

THE PRACTICAL SIGNIFICANCE OF MORAL RECTITUDE, AVOIDING COMPROMISE

Researchers from Brandeis University and the University of Rhode Island have linked shame to higher stress hormone levels, a connection with clear implications for poorer blood pressure control.¹⁸ Even common dictionary definitions of “shame” highlight painful feelings like regret, sadness, humiliation, guilt, or distress as being “caused by consciousness of guilt, shortcoming, or impropriety.”¹⁹

The message from this and other studies is clear: compromise undermines health. Faithfulness to God’s requirements, and to moral purity, is health enhancing. This is a message we can unflinchingly share with our patients. It is also a message that we need to internalize. No matter how much God has blessed our life and ministry, we cannot be complacent. God still expects moral rectitude of us—a requirement that we can meet only through His grace.

TIMELESS PRESCRIPTION #7: MEDIATE

Blessed are the peacemakers, for they shall be

called sons of God. – Matthew 5:9

Perhaps this truth is most clearly seen in studies looking at the antithesis of peace: hostility. For example, the CARDIA Study (Coronary Artery Risk Development in Young Adults Study), showed a compelling connection between hostility and the development of high blood pressure.²⁰ This provides only one glimpse into the broad health literature database showing the dangers of hostility. A quick look at the wealth of data on this subject is provided by a search of the National Library of Medicine’s database. The term “hostility” pulls up over 8000 scientific references.

This Beatitude highlights the value of supporting peace, reconciliation, and harmony. However, in order to extend this gift to others, we must first accept it ourselves. We must be at peace with ourselves before we can most effectively mediate between others.

THE PRACTICAL SIGNIFICANCE OF MEDIATION AND HARMONY

Medical research indicates that one of the mechanisms by which religion and spirituality confer health benefits is by fostering stronger social relationships. One of the world’s classic population health studies, the Alameda County Study, begun by Dr. Lester Breslow in the 1960s, sheds some fascinating light on this subject.

Faith communities provide a voluntary arena where we are called to deal with social difficulties in a constructive way.

In 2001, Breslow’s successors, led by William J. Strawbridge, looked at thirty years’ worth of data involving 2,676 participants. Those reporting weekly religious attendance tended to have more social relationships and greater marital stability than those who didn’t. Such connections may not be all that surprising. However, what was remarkable was that those attending religious services regularly “were more likely to both improve poor health behaviors and maintain good ones”—over a period of three decades! Additionally, weekly religious attendance was associated with better mental health.²¹

From this physician’s vantage point, those results are striking. First, if you maintain a long-term connection with a group of people in a faith community, you can be sure that your “peacemaking” skills will occasionally be tested. Anyone can disown their family, leave their job, or stop attending their church, synagogue, or temple. However, when we stay in those settings, we have opportunities to grow as we negotiate our way through life’s conflicts. What is unique in the faith community setting is that attendance is voluntary. We may not feel at liberty to leave our place of employment. Even if we abandon our family, we’ll still probably



share a common surname. However, for most of us, few constraints bind us that closely to a specific congregation for worship. In other words, faith communities provide a voluntary arena where we are called to deal with social difficulties in a constructive way. Perhaps this very feature provides an aid to mental health and healthy behavior maintenance.

Second, faith communities historically present messages about the importance of reconciliation, often first on the vertical or spiritual dimension, but then also on a human level as well.

TIMELESS PRESCRIPTION #8: PERSIST

“Blessed are those who are persecuted for righteousness’ sake, for theirs is the kingdom of heaven. Blessed are you when others revile you and persecute you and utter all kinds of evil against you falsely on my account. Rejoice and be glad, for your reward is great in heaven, for so they persecuted the prophets who were before you.” – Matthew 5:10-12

One interesting dynamic of any given virtue is that its optimal development occurs only in settings that test or stress it. Patience is, perhaps, most tested in circumstances where we have every right to be impatient. Situations pervaded by injustice like unwarranted persecution

surely fit that bill. Therefore, the final Beatitude describes a context calculated to produce either optimal patience or its antithesis.

However, this Beatitude speaks not merely of a stoical patience, but rather a persistence infused with rejoicing. It is this aspect of the prescription that connects us with today’s positive psychology movement, a movement that declares we have the power to cultivate optimism in spite of persecution or other difficulties.²² Such optimism, in turn, offers significant physical—as well as mental—health benefits.

PERSISTENCE IN THE BIBLICAL WORLD

Dr. Gary Namie and colleagues at the Workplace Bullying Institute recently conducted a survey on the question: What qualities were most likely to attract a bully’s ire? Surprisingly, although a third of the victims met the stereotypes of appearing vulnerable and unlikely to defend themselves, 61% were defined primarily as kind, giving, altruistic, or agreeable.²³ In other words, developing the very characteristics described in the first seven beatitudes is likely (in the right—or wrong—context) to result in persecution.

From the biblical worldview, Jesus and his

followers also acknowledged this same dynamic. Paul said unequivocally, “all who desire to live a godly life in Christ Jesus will be persecuted”²⁴ Jesus himself told His disciples:

“Behold, I am sending you out as sheep in the midst of wolves, so be wise as serpents and innocent as doves. Beware of men, for they will deliver you over to courts and flog you in their synagogues, and you will be dragged before governors and kings for my sake, to bear witness before them... do not fear those who kill the body but cannot kill the soul. Rather fear him who can destroy both soul and body in hell. Are not two sparrows sold for a penny? And not one of them will fall to the ground apart from your Father. But even the hairs of your head are all numbered. Fear not, therefore; you are of more value than many sparrows.”²⁵

How could Christ’s followers remain free of worry, and even go so far as to rejoice? The secret was distilled by one Christian author: “It is easy living after we are dead.”²⁶ Of course, death in this biblical setting indicates a total surrender, giving up our own desires to submit fully to God’s will for our lives.

Indeed, this final Beatitude provides a fitting conclusion to our survey of this other set of “eight natural remedies” in the Beatitudes. God calls us, as health professionals, to be fully surrendered to Him. One aspect of such surrender is to embrace each of God’s eight timeless prescriptions for healing. Such a posture promises to revolutionize our lives, our practices, and the lives of our patients.

Note: If you would like to present a lecture or sermon related to this article, free scripts and PowerPoint slides are available compliments of the NAD Health Ministries Department. Access full resources at: <http://www.compasshealth.net/health-sabbath/>

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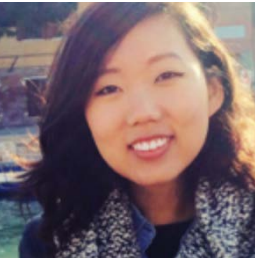
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Chemistry Teacher to Medical Student: My journey to becoming a medical evangelist



VICTORIA CHUNG, MEDICAL STUDENT is a second year medical student at Loma Linda University. She hails from the beautiful state of New York and loves reading, traveling, and stepping on crunchy autumn leaves. She is thankful to have an amazing family and to be a daughter of God.

As usual, Daisy had conspicuously avoided the empty desks next to other students and had taken a seat, alone, at the back lab table.

“Fantastic show last night,” I said with a wink as I pulled up a chair. “You blew me away as Vivian.”

Daisy couldn’t hide the smile that crept across her face. “You came?”

“Later you have to tell me how you practiced that accent. But for right now, can you pull out your packet for me? How are you feeling on calculating moles?”

We worked through a few examples together until Daisy was able to deftly navigate through dimensional analysis conversions on her own.

When class ended, Daisy lingered and, before heading out the door, she nervously secured a blonde strand behind her ear and said with a shy glance, “Thanks, Ms. Chung.”

I smiled back, simultaneously fulfilled and heartbroken. While it felt incredible to brighten Daisy’s day, I was also reminded of all the things I couldn’t address. Daisy’s *Individualized Education Plan* detailed her adolescent depression, anxiety disorder, ADHD, and bulimia. In the public school classroom, these issues are considered

relevant only as it pertains to the student’s learning. As a chemistry teacher, I could make accommodations, like offering more one-on-one time and graphic organizers, but I wasn’t qualified to treat her mental illnesses. Most importantly, I was limited in my capacity to point her to the true source of healing.

I started working in public schools because I saw a need for dedicated, Christ-centered teachers to work with students often neglected by the system. However, I felt something was missing. Even if I was the best teacher my students ever had, I fell so short of healing them of their deepest anxieties and brokenness. Only Christ could do that. I was beginning to realize that my work in public schools did not allow me to share Him as explicitly as I wanted to. Although initially wary of medicine (for what I preemptively judged as superficial, pill-pushing physician-patient encounters), I began praying for direction as I tentatively started exploring the medical field.

Yet it was during my volunteering at a leprosy colony in China that God fully opened my mind and heart to the transformational power of medical evangelism, not only to transform other people’s hearts, but also my own.

One evening I tried feeding Lei Popo another bite of minced chicken and chopped rice. But she sighed and turned her head away. That morning she had cried out that she wanted

to die. She was tired of being blind, dependent, lonely, and in perpetual pain. With the language barrier between us, and the permanence of her condition, I felt even more limited in my capacity to help than when teaching students like Daisy. My complete inability to do anything to alleviate the sorrows of her heart brought me to search God’s Word and seek His wisdom and strength to compensate for the lack of my own.

I was directed to this quote that changed my perspective on medicine and, indeed, my life. This was the very kind of work I was seeking!

“It should ever be kept before them that their work is not only to relieve physical suffering, but to minister to souls that are ready to perish. It is important that everyone who is to act as a medical missionary be skilled in ministering to the soul as well as to the body. He is to be an imitator of Christ, presenting to the sick and suffering the preciousness of pure and undefiled religion. While doing all in his power to relieve physical distress and to preserve this mortal life, he should point to the mercy and the love of Jesus, the great Physician, who came that “whosoever believeth in him might not perish, but have everlasting life.” - The Medical Missionary, December 1, 1892.

From then on, I asked God to bless every interaction that I had with Lei Popo, and, that in caring for her physical needs, I would be able to minister to her spiritual ones as well. Every day after feeding and washing her, I would sit and listen as she told me things in Cantonese. In turn, I held her and sang her songs in English that told her of how much God loved her.

Sometimes we would just sit together in silence. In her I saw myself. Her inability



to see or sense the world around her was a physical representation of my own spiritual state. As I felt a deep longing for her to be healed and to taste the joy of life, I grew in my appreciation of how much God wanted to cleanse me of my debilitating sin.

I praise God that He still worked despite all the obstacles that stood in our path. Over time, Lei Popo smiled more and complained less. She became excited about the small things, like the warm sun and longan fruit. Her wounds even began healing faster. But the most beautiful thing was to hear her thank God for the first time.

Through my limitations, God showed me the special connection between attending the physical body and caring for the soul. Just as God opened Lei Popo’s heart to see His love for her, He opened my eyes to the true potential of medical evangelism. For the first time, I was genuinely excited about medicine as a career path and felt God leading me to it. I was now confident being a physician could include ministry. Through medical missionary work I had found intimacy in relationships and that is where I would find the natural integration of physical and spiritual care I was seeking.

What amazed me was that, despite

my inability to truly cure Lei Popo of leprosy, there was something undeniably meaningful in relieving her pain, even for the moment. It wasn’t just her physical suffering but her craving for love that struck a chord. That is the care that I want to provide. I want to be a doctor who can minister to all the complex layers that contribute to behaviors and symptoms, a doctor who goes beyond medicating the superficial and touches the hearts of patients.

From Daisy to Lei Popo, and so many others, God has shown me how limited I am to do this alone. I desire to follow Him as the ultimate example. He is the Great Physician. He loves and cares for His people so deeply that He would rather die than to see us eternally lost. He desires to eradicate our deepest pain, fear, and anger.

As doctors, we have the wonderful privilege to be co-laborers with Him, and allow His will to become a reality in both our patients and ourselves. This medical evangelistic perspective is not restricted to overseas, but can begin its transformative power in us right now, wherever we are, as we allow our Lord and Savior to work daily in and through us to truly heal His people.



1st US Local AMEN Chapter Being Established

The Upper Columbia Conference of SDA (UCC) Health Ministries Directors Dr. Jay Sloop and Cindy Williams had a dream to inspire physicians, nurses, dentists, and healthcare professionals to work with pastors to share the good news of the love of Jesus with their patients. Sadly, Dr. Sloop passed away before it came to fruition, but Cindy Williams carried on that dream.

In May 2017, the first annual UCC Health Ministry Conference was held. The theme was *Comprehensive Health Care: Developing*

Your Ministry Toolbox. Guest speaker Dr. Zeno Charles-Marcel presented a CME series for the conference. His talks can be heard at AudioVerse.org. At the conclusion of the conference, the group decided to start a local AMEN chapter and is currently working with the National AMEN leadership to put that in place.

The chapter’s goal will be to work with UCC to carry forward the work of the Gospel: physicians and pastors laboring together to carry God’s message of love to a hurting world.

StallantHealth is Seeking a Psychiatrist or Psychologist, OB/GYN, & Pediatrician to join our multi-specialty group.

StallantHealth is a certified Rural Health Center, multi-specialty group on the campus of Weimar Institute, Weimar, CA.

We are evangelistically driven and focused on the spiritual health of all our patients. Our services include Primary care,

Urgent care, dentistry, dental hygiene, dermatology, chiropractic, physical therapy, cardiology, OB/GYN, counseling,

LCSW mental health therapy, IV infusion center, opioid dependency treatment with Suboxone, and the NEWSTART

Lifestyle program. Open Sunday through Friday.



CONTACT DR. RANDALL STEFFENS, CEO
615-604-0142 | CEO@stallanthealth.com | www.stallanthealth.com

The Unlikeliest Editorial Team: Celebrating 10 Years of *The Medical Evangelist*

Neither of us consider ourselves to be writers or editors. Sentence structure, than vs. then, font size, comma placement, spelling, and many other aspects of writing and editing are not our forte. One of us, even uses ‘funner’ as a word! (I took the CLEP exam for English and tried hard to avoid ever writing a paper in college.) Sometimes we have to hire a writer to edit the editorial, so how on earth did we become the editors of *The Medical Evangelist*?

We believe God placed us in the same place, at the same time, in His perfect time so we could team up to bring you *The Medical Evangelist* for the past 10 years. Here’s how it all began...

It was a beautiful October day in San Diego, California at the 1st AMEN conference. Unbeknownst to us, God had an ordained meeting during the action team group brainstorming sessions. Not knowing where else to go, we both sat down at the newsletter action team table. It was the least crowded, with only 1 other person at the table. We both thought, ‘Hey, a newsletter for AMEN sounds like a good idea. I could help a little with that’. For

the next hour, we, along with Pastor Doug Venn, brainstormed about ideas but never imagined we would be the two to execute all of them! Over the course of the next 15 months the ‘newsletter’ was transformed into the ‘journal’ and took flight. We didn’t plan it, He did.

Looking back over the past 10 years, we are amazed and awed at how God brought about publishing the AMEN journal now known as *The Medical Evangelist*. Just as Christ multiplied the little lad’s loaves and fishes on that sunny afternoon on a hillside near Bethsaida, He has multiplied our efforts. He used our simple desire to begin a small newsletter, which was to provide AMEN members with an update on what the ministry was involved in, and expanded it exponentially. We expected the Board to initiate and oversee this project, but seeing a vacuum we thought we would give it a start. Yes, we thought perhaps we would include a testimony or two, but neither of us planned on this becoming a journal.

Quite frankly, neither did the AMEN Board! When we decided to write this article, we looked back at old AMEN Board meeting minutes. It was very interesting. We

were quickly reminded that the Board was clearly looking for more ‘qualified’ people to head up the prestigious journal AMEN hoped to publish. Many other physicians, who were viewed as more eloquent and experienced writers, were approached first. Some even agreed to be the editor, but time and other responsibilities got in the way and each, in turn, ended up declining the invitation.

For us the desire did not diminish, but instead increased. Both of us felt strongly that AMEN really did need a journal where ministry ideas could be shared, inspiring stories could be told, instructional materials discussed, medical and dental students could be encouraged, and the mission of medical evangelism could spread. And so, in January of 2007, the AMEN Board considered ‘upgrading’ the AMEN newsletter to the ‘AMEN journal’. After much discussion and stipulations on the editorial committee that would need to be established, the Board agreed, voting Dr. Brian Schwartz as Editor in Chief and Rebecca Barnhurst as assistant editor. And so the journey began.

The first few issues of the journal highlighted mission reports and

Student articles
provide the
journal with
vibrancy and
remind us why
AMEN exists.

transcribed presentations from AMEN conferences. We had no idea how to publish; the font was too large and the graphic design very amateur, but we were thrilled to get off the ground – that first issue is still very dear to us and it was a great foundation!

Today, although we use a professional layout designer and send some articles out for ‘professional’ editing, we still use the building blocks created for that very first issue. Overseas mission and/or AMEN clinic reports are featured prominently in the journal and we still create articles based on transcriptions. Adapting AMEN conference presentations into articles reinforces what conference attendees learned and gives others who were not able to attend a chance to be exposed to the valuable information that was shared.

In fact, in this issue you will find that Pastor Mark Finley’s article is based on his presentation at the 2017 AMEN Conference. We were anxious to share it in the journal as it was a very powerful message that made a great impression on both of us. It also impacted many others including a young physician who said, “Eternally significant work can be super hard but has the most meaningful long-term payoff I can think of. How to find out God’s main purpose for our lives is something I have wanted to know more clearly for a long time as well, as there are always more things to accomplish or projects to dream about... but sometimes the extra work may not be part of our

the Medical Evangelist

a publication of Adventist Medical Evangelism Network



purpose, and sometimes it may be. How to tell the difference? I don’t know of a way other than it being revealed to us by the One who knows, even if He takes a while to do so. Pastor Finley’s talk at AMEN struck me and made me think things I hadn’t before. If you haven’t heard it, I highly recommend it.” - Daniel Treiyer, MD

In an upcoming issue, Drs. Eric and Rachel Nelson’s article will be featured. It too is based on a presentation at an AMEN conference. That presentation had a significant impact on a 4th year medical student. She writes, “AMEN has inspired me to use my medical career to reach souls for eternity. I was challenged by the 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, MD

Both Dr. Treiyer and Dr. Beihl were subsidized by AMEN to attend the AMEN conference as medical students. It is so encouraging to see the impact AMEN had on their lives and how it continues to shape their practice of medicine.

That leads us to a section that has become very important to us – featuring medical and dental students. The student articles provide the journal with vibrancy and



remind us why AMEN exists. Every time I (Rebecca) read a student article I am moved and refreshed by their dedication. What a privilege it is to learn of committed, Seventh-day Adventist young people with a longing to live and work for Christ! Sarah Nadarajan (winter/spring 2016) reported on the first student-led ‘mini’ AMEN conference and concluded... “If our practice is committed to God, we can trust that He will write the end of the story. Even as students, we can create a habit of service that will be intertwined with our careers until Jesus comes.”

Talisa Jackson (summer 2017) reinforced the impact of AMEN’s commitment to student sponsorship. “I was first inspired to embark on this amazing journey of praying with my patients as a freshman medical student. I attended a seminar at the AMEN conference where I heard physicians share how they prayed with their patients and the difference they were able to make in their patients’ lives. As I listened, I longed to be able to have the same impact on my patients someday. When my clinical years rolled around, I made a conscious effort to pray with my patients whenever I had the chance. Little did I realize the impact this would have not only on my patients’ lives but also in my own life.”

Another inspiring testimony was given by John Shin (Fall 2013) detailing his journey to medical school. He talked of finally surrendering his desires to God and allowing Him to lead. Shin then appealed to each of us to do likewise. He ended with a statement that still resonates with us today...“my constant prayer is that God will make me into a physician after His own heart. I want to always point my patients to Christ, and I want to never forget the lesson He taught me: a physician’s highest calling is not simply to heal the body, but to save the soul.”

Each student article has boosted our faith and inspired us personally to continue to be committed to God’s calling in each of our lives.

As the journal progressed we aspired to feature a more ‘academic-type’ article focusing on how current research, presented in highly acclaimed peer-reviewed scientific journals, supports Biblical health principles and the writings of Ellen White. In 2011 we introduced the ‘Science & Inspiration’ section with the goal of solidifying our beliefs as Seventh-day Adventists. We hope it has encouraged you to share the health message and ultimately the Creator with your patients.

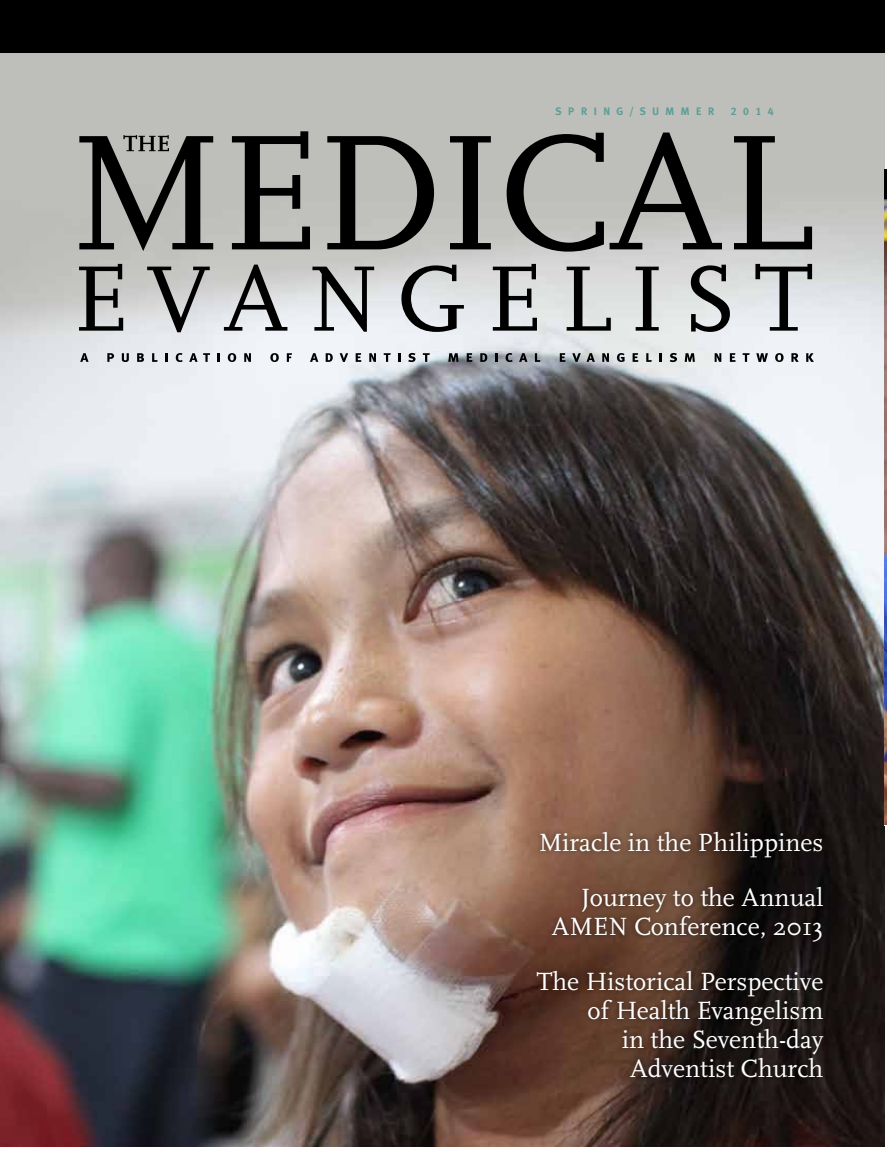
Some of our favorites include: The Altruism series by Dr. Hunsaker (summer 2012, spring 2013, winter/spring 2016), Dr. Charles-Marcel’s Ridiculous or AMAZING? You decide! (spring 2014) and Being Thankful (summer 2015), as well as The Sanctuary, the Prophet Daniel, and God’s End-time Health Message by Dr. DeRose (fall 2013).

Over the past 10 years we have developed a journal that we hope and pray has touched you like it did a nurse who wrote to us and said, “Wow! I have never sat down and read any magazine from cover to cover in one sitting. I have not been able to put it [The Medical Evangelist] down. Each article impelled me to the next...You have pumped me up and I cannot deny it. So many must have a chance to hear this good news. Thank you and blessings.” -Ginny Gabel, RN

OUR GOAL FOR THE JOURNAL MIRRORS THAT OF THE AMEN MISSION STATEMENT:

To motivate, train, and equip Seventh-day Adventist physicians and dentists to team with pastors and members, uniting the church to restore Christ’s ministry of healing to the world, hastening His return.

Hopefully we have achieved that through articles that inspired, challenged, and



It is only by moving forward and continuing to grow that we will truly walk in the footsteps of the Great Physician and fulfill His mission for medical ministry.

motivated you to take medical ministry to the next level – wherever you are in the process. But most of all, we hope something written in the journal has connected you more firmly to the true source of inspiration – Jesus Christ.

It is only by moving forward and

continuing to grow that we will truly walk in the footsteps of the Great Physician and fulfill His mission for medical ministry. We ask you to pray, along with us, that God will continue to bless AMEN, and specifically the journal, as we move into a new phase. We, along with the AMEN Board, are excited to see what is around



the next corner. We are confident you will continue to be challenged and inspired by the articles in *The Medical Evangelist* as Dr. Mills takes the reins and leads as the 2018 (and onward) Editor in Chief. We will both still be involved. Rebecca will remain on as assistant editor and Dr. Brian Schwartz will serve AMEN in his new role as President, writing the President’s Perspective for each issue.

We challenge each of you to join us in our desire to fulfill the gospel commission and make medical ministry an integral part of our lives. Yearning to do more than just the occasional mission trip or free clinic (as important as those are). Daily, right where we are, seeking to meet more than just the physical needs of our patients, but their spiritual needs as well, impacting them for all eternity!

Family Mission Trips

Why, When, Where, How?



DR. RANDY BIVENS is a graduate of Loma Linda University School of Medicine. He is Board Certified in Diagnostic Radiology and is currently managing two hospital imaging contracts. He is also the COO for Weimar Institute (serving there for the past 4 years).

Dr. Bivens is committed to medical ministry, currently serving as the President of Life and Health, the treasurer of AMEN, and a board member of ASI Missions, Inc.

Dr. Bivens and his wife Tami, have three children: Alec, Cristian, and Savannah. Tami is a dietitian and full-time homeschool mom.

As parents, we are always concerned about the education of our children. How can we lead them into a lasting, deeply committed relationship with Jesus Christ? How can we influence their world view? How do we divert them from an “entitlement” mentality? How do we bring meaning to their outreach efforts? How do we use our resources to bring meaningful, even life-changing, events into their sphere? These, and other questions, have plagued my wife and I as we help to navigate the lives of our three bright, energetic, and Western society influenced children. They are currently 15, (identical twin boys), and 13 (their sweet little sister).

WHY?

With the financial resources that usually accompany the life of almost any Adventist in the West, we struggle to adjust our children’s world view. To that end, we decided to expose our children to a third world country for the following reasons:

1. *It is hard for a child to realize that they are privileged to have adequate food each day. (1 in 8 people in the world do not have adequate resources to purchase enough food to satisfy nutritional needs.)*

2. *The assumption of most of our children is you receive water by turning on the faucet. (Almost 1 billion people in the world do not have access to clean water).*
3. *The assumption of most of our children is everyone has access to a bathroom. (2.5 billion people in the world do not have access to adequate sanitation.)*
4. *The assumption of most of our children is everyone has access to a vehicle. (Only 10% of the world population owns a vehicle.)*
5. *We live in a country that was founded on Christian principles. Obviously, there are places in the world where witnessing for Christ is very dangerous. How aware are our children to this barrier to sharing our faith? How would we share our faith in that kind of environment?*

So, for us, there was a clear need to adjust their world view as an essential part of their education.

Hence, overseas we went.

WHEN?

We waited until our children were in their early teen years (we do not know if that is ideal) because we wanted the trip to be meaningful and with maximum impact. We wanted our children to have cultural and



spiritual encounters with us present and, also, independent of our association to help them form their own ideas.

WHERE?

Many parts of the world qualify but we chose Kenya. We have always wanted to go on an African safari, but did not like the high prices typically charged. Maranatha Volunteers International was having their annual family project in Kenya and was offering an extension (at the end of the project) to the Masai Mara for a safari. We liked this choice because it qualified on all points as a third world country, demonstrating poverty, is reasonably politically stable, and gave us an option of a once-in-a-lifetime experience of an African safari.

HOW?

Unless you are a seasoned traveler, it is always better to go with someone who knows a lot more about this than you do. We chose to go with Maranatha because

they know what they are doing, they are well organized, and they have employees that have been in-country for many months to years. The family project had appeal because there are organized activities for each age group.

For example, for the children less than 13, there was a day camp. They did a variety of activities including conducting several VBS events, usually with several hundred children in attendance. Our children would also visit the construction site (where we were building classrooms) and learned how to lay concrete block using mortar.

One day, the children visited an Adventist deaf boarding elementary school, where they were saddened by the lack of, what we Americans would call, necessities. The children all had bunk beds, but few had mattresses. The girls were sleeping three to a twin size mattress! Unprompted by the adults, our children noticed a need

What a testimony to our children, who have so much.

and decided that they wanted to help raise enough money to give all the children new mattresses to sleep on.

Our children got so excited about the project, they helped raise even more money to provide the children with new bedding (a blanket and a pillow), and a trunk for their few articles of clothing. They surprised the deaf children by bringing all of these new supplies to the school unannounced. My wife crept back to the girls’ dorm and noticed each girl giggling quietly (they are deaf) while bouncing on their new beds. What a testimony to our children, who have so much.

by Gayle Y. Daniels, OD



The teens spent more time on the work project. In addition, many of them chose to join the medical team which included about 30 people. The clinic was held in a different location each day. Sometimes inside nice buildings, and sometimes in tents in the middle of a cow pasture!

The clinics included medical care, pharmacy, lab, and physical therapy. We strived to provide whole-person care and show that we cared, not only about physical health, but about the patients' spiritual and emotional well-being as well. This was achieved by providing counseling and prayer to each patient. Sometimes that was done throughout the visit, other times it was done at the end.

The effectiveness of blended care was particularly meaningful to one of my patients presenting with false pregnancy. This is always a difficult situation. Fortunately, we had a local doctor with us that day and together, we provided valuable

counseling after obtaining a negative pregnancy test result.

Our teenagers were a valuable asset to the clinics. We used them as 'runners'. They would greet the patients, take them to their provider's 'office', then take them to pharmacy, lab, etc. They were very helpful in managing the large crowds we encountered. Because of their assistance, we were able to see almost 1000 patients during our stay. And, by the end of the visit, the teenagers had bonded with the patient and would often end the visit by praying with them.

One of our clinics was near a Masai warrior village. Our clinic so impressed the village leaders that they invited us into their village. This is not an every-day occurrence. We were told that it had been more than 50 years since a white person had been in their village. The "right arm of the message" had truly broken down barriers.

What a blessing for our children to see medical evangelism at work!

CONCLUSION

Though I know my children enjoyed the trip, my wife and I hope and pray that they learned some of the lessons we intended for them. We hope they have learned to take nothing for granted, and recognize all that we have been blessed with.

I believe each one of us, adults included, ended with a deeper appreciation for what we have and how we can use that to bless others. The true success of the trip will only be measured in eternity, but we firmly believe we could not have spent our money more wisely (and it is tax deductible!).

We encourage you and your family to take the plunge and pursue an overseas mission trip. You will not be disappointed!

Helping Others See Christ



DR. GAYLE Y. DANIELS Born into a military family, Dr. Daniels' passion for service was nurtured at an early age. She attended Oakwood College and then Pennsylvania College of Optometry in Philadelphia. Upon graduation, she was commissioned as a Captain in the Air Force and stationed at Bolling Air Force Base in Washington, DC. It was a mission trip to Mexico that ignited the flame for mission work. This flame still drives her today. She has an intense passion for service and ministry. Dr. Daniels owns a practice in Fort Worth, TX and learned Spanish to better serve her patients. Daniels created a program called "Better Vision Better Hope" which provides humanitarian services to those in need locally and internationally. Locally, the program partners with several homeless shelters, churches, and numerous other charitable organizations in her effort to fulfill her mission of service.

As an optometrist with a private practice, I was anxious to learn how to be an Adventist Medical Evangelist. Hence, I was overly excited when I discovered AMEN and anxious to send in my membership application. However, my excitement dwindled as I searched their website and noticed the focus was on "equipping physicians and dentists to be medical evangelists" but it didn't seem to include other health professionals, including optometrists. Disappointed, I logged off the website and signed-off on any future involvement with AMEN. But God had a different plan.

Since then, I have learned that AMEN encourages involvement from other healthcare professionals and offers affiliate membership. This year, for the first time, AMEN partnered with ASDAO (Association of SDA Optometrists) and the annual meeting for both organizations was held together.

Eye care providers have become an essential part of AMEN Free Clinics. AMEN has invested over \$50,000 towards eight portable units, allowing eye care providers to render complete eye examinations on-site. Access to vision care and prescription eyeglasses is an added benefit to all AMEN Free Clinics. This is right up my alley, so I began to get involved.

Traveling across the country to various free clinics, I realized that my passion was in charity service. Private practice was just my job. Daily I encountered God in prayer, asking Him if this was His direction for me.

All I could do was laugh and praise God for answering my prayers in a totally unexpected way.

One Monday morning, parked in front of my office, I sent up my habitual prayers for guidance and endurance. As I was preparing to lock up my car, I noticed my neighbor's store, which had been an anchor of the strip mall for over 37 years, had all the windows covered in paper. Silly me, I thought they were remodeling and there would be a grand re-opening, but as I tried to peek between the sheets of paper I noticed the 5,000-square-foot space was empty, not even a hanger left behind. Before I could enter my office to interrogate my staff with the "whats" and "whys," I read the words on the marquee of the other anchoring business, "Closing in 2 weeks"! I saw in all their closings a message from the Lord to me as well. All I could do was laugh and praise God for answering my prayers in a totally unexpected way.

So, without truly considering a source of income, I announced that I too was closing, or rather "retiring" from, my private practice to pursue charitable missions. Now my prayers had a different motive, "Lord please allow me to find a way to live by working through my passion of serving those less fortunate." Once again, God answered my prayer. Just a short

while later, I received a call from Vinh Trinh, AMEN Clinic Director, offering me a position as AMEN’s Eye Care Director.

Since January 2017, there have been a total of 26 AMEN free medical clinics offering vision services.

- Over 30 volunteer eye care providers
- Collaboration with Optometry schools and their interns (*Western Univ, Pacific Univ, Univ of Houston & Rosenberg School of Optometry*)
- Over 530 documented Diabetics
- Over 5400 patients examined
 - 35% under the age of 40 years old
 - 65% over the age of 40 years old
- Over 5100 prescription glasses dispensed
 - 2121 single vision
 - 3000 bifocals
- The complete pair of new glasses are shipped to the hosting church/organization with a GLOW tract and a case

Our statistics show that approximately 10% of the patients receiving an eye examination at AMEN Free Clinics have declared themselves as diabetic. Currently, 28.5% of diabetics, or 4.2 million people, suffer from diabetic retinopathy in the United States. It is the leading cause of preventable blindness among working age adults in the United States. Early detection of diabetic retinopathy reduces the risk of severe vision loss by 90%. Still, a high percentage of diabetic patients never get screened. With our increasing frequency of community health free clinics, the opportunity to screen, detect, educate, and prevent diabetic retinopathy is measurable. The most effective method to screen for all diabetic patients will be with retinal imaging that could be easily captured on-site by a trained technician/volunteer and reviewed for any clinical pathology and specifically for diabetic retinopathy by an eye care provider.



Diabetic retinal photography was introduced at an AMEN Free Clinic in Detroit this past summer. “Adam”, a 23 year-old young man, was among the first to have his eyes screened and the first patient to be diagnosed with diabetic retinopathy. Evidence supports that early screening for diabetic retinopathy can prevent permanent vision loss with timely treatment and continued education. Patients diagnosed with diabetes are encouraged to enroll in the *Diabetes Undone* course, either as an individual or small group, facilitated by the local Seventh-day Adventist church.

- Diabetic retinopathy caught early can be treated for as little as \$800
- Diabetic retinopathy caught in later stages can be treated for around \$11,000
- Diabetic retinopathy not caught at all will result in blindness

There are no symptoms so early intervention is best. Thus, AMEN has purchased a portable retinal camera so

we can offer screenings to as many people as possible. We are currently praying for funding to purchase a retinal camera for each mobile truck so that we can properly screen all diabetic patients registered at an AMEN Free Clinic.

However, AMEN’s focus is much more than just providing glasses, or even screening for diabetic retinopathy. Yes, we want people to see better and avoid blindness, but our ultimate goal is to help them avoid spiritual blindness by introducing them to Jesus Christ.

We have found creative ways to incorporate a spiritual component into eye care at the AMEN clinics. Each participant receives a GLOW tract with the delivery of their glasses and case, but long before that we plant a seed. Inspirational material is introduced during our very first encounter as part of the eye exam.

Laminated GLOW tracts are used as the reading card when we test for the reading/



AMEN’s philosophy is to follow in the footsteps of the Great Healer and minister to people, not only by restoring the body, but also by reclaiming the heart.

bifocal prescription. Our mission is for people to be able to read the gospel for themselves, so why not test with that reading material? One tract that we often use starts with “The Power of Prayer”. During one particular exam, I was reminded of how those simple words can

affect people and even lead to conversion.

During the Vancouver clinic, I was finishing up an eye exam by testing for the reading power so I handed the laminated GLOW card to the patient. As he held it up, I could tell the reading prescription was correct when he started reading the words out loud. Removing the instrument so I could write his final prescription, the middle-aged man tossed the GLOW tract on the table and said, “You guys find any way you can, huh?”

Shocked how he tossed the card but more puzzled by the comment, I asked him to explain. Long story short, he was raised as a Seventh-day Adventist but had drifted away from the church. He thought the world had more to offer. As we began to talk, he shared that the prayer life of his mother never ceased – he always knew she was praying for him. Now, he is ready to begin on a journey to find Christ again and has started going to back to church.



AMEN’s philosophy is to follow in the footsteps of the Great Healer and minister to people, not only by restoring the body, but also by reclaiming the heart.

When Jesus sent His disciples out to do ministry, He instructed them to carry on this approach by preaching and healing (Matthew 10:7,8). One was not to be done without the other. We believe that this model of ministry is still the most effective way to spread the gospel. And, by adding vision services to this ministry, we are equipping others to read and study the gospel for themselves with clear vision through new prescription glasses.

From Band-Aids to Life More Abundant



Dr. TJ Knutson is a graduate of Loma Linda University School of Medicine. He currently lives in Northern California and works as an ER physician in Redding. When not working, he enjoys gardening, cooking it up in the kitchen, jumping in ice-cold water, and many other outdoor activities with his wife of 12 years and their 4 children.

In addition to medical evangelism, his passion is to make plant based food that is 100% healthy & 110% delicious. He frequently tests out recipes on co-workers & friends. Feel free to contact him at erdrjt@gmail.com if you would like to brainstorm.

The thief cometh not, but for to steal and to kill and to destroy, but I am come that they might have life, and that they might have it more abundantly.” - John 10:10

Sirens screaming, the ambulance pulled up, and the ER doors flew open. “Dr. Knutson! This boy is gonna need more than a Band-Aid. He’s gonna need a prayer,” said the paramedic. With 15 stabbings all over the kid’s body, it was likely he wouldn’t make it. There was blood everywhere, open wounds all over his young body, thus my job was straightforward this time. I knew exactly what to do. Instinctively, my fantastic team and I went to work.

My job in the emergency room is simple: it’s to save life. But how complex this can be. I never know what will come through those ER doors. It could be anything from a victim of a car accident to a chain smoker having a heart attack. I do my best to preserve life, to help the dying, to troubleshoot mysteries of pain and misery, and to encourage, to comfort, and to care for my patients. Every doctor, every nurse, and every medical caregiver knows what I’m talking about. We care for every life because life is sacred and special. God made it that way.

Life and death situations constantly fill the ER. But what is perhaps more common is the ambiguous, perplexing, “seemingly no cause” problems patients come in with. These are what I call the lifestyle and emotional related issues: chronic pain, chronic fatigue, gut and digestive issues, debilitating migraines, arthritis, diabetes, life-destroying depression, and suicide attempts -- all of which are on the rise. These are typically the patient charts we docs shy away from. I like the straightforward problems, the “I know I can fix it” stuff, the “I’ll stitch you up and send you on your way” patients; “Here’s your Band-Aid, adios.” Thirty patients in a nine-hour shift is my limiting factor. I don’t have hours to spend with each patient counseling them, educating them. I just don’t. All I have are minutes. That’s it, or so I thought.

But I quickly saw a much greater work that was needed in the lives of my patients. People are suffering for a lack of knowledge (Hosea 4:6), a lack of understanding the health laws, made by God, that are as true as the law of gravity. The need to know the huge importance of a plant based nutritious diet (NUTRITION), of vigorous blood moving, muscle building (EXERCISE), pure, refreshing life-giving (WATER),

blessed disease destroying, vitamin-D producing (SUNSHINE), of abstaining from everything bad and judiciously using that which is good (TEMPERANCE), fresh out-of-door (AIR), getting hours of (REST) before midnight and keeping the holy Sabbath day, and (TRUSTING) in a incredibly good, loving Heavenly Father. Eighty percent of the time, people are reaping the seed sown of violating some basic, foundational health law. As I constantly teach my kids, choices have consequences. So it is true with one’s body, mind and spirit.

Something more than my usual round of treatment must be done. People need help. God started impressing me in my devotional time, “TJ, your patients need more than a Band-Aid, they need more than a pill, they need the health message, they need the everlasting gospel.” Clearly, I needed to do more than just tell them to watch the documentary “Forks Over Knives,” as I had been doing, as good as that film is. I want my patients to understand the true foundation of health and happiness. The only way to do this is to include God in the picture.

As I prayerfully asked God for wisdom, He gave me an idea for sharing the health and gospel messages in a short but powerful 2-3 minutes. I was excited. With renewed conviction I started venturing into lifestyle counseling with patients when I sensed an open door. As I began doing this, I was encouraged by how receptive and grateful my patients turned out to be. Patients were hungry for knowledge. They were so appreciative. “I’ve never heard that before doctor,” quickly became a recurring theme. And God brought me further. I began to view the typically difficult patient charts as opportunities to share more about the health message. Chronic abdominal pain, a commonly dreaded chief complaint in the ER, soon became a chart that I would



immediately pick up. When the routine labs, ultrasound and CT studies frequently and recurrently come back without a diagnosis, I now have a different answer for my patient. I no longer leave them with, “Your tests came back normal, take these prescribed medications for pain and nausea for a few days and follow up with your regular doctor.” Instead, I feel compelled to give them the ultimate prescription: life more abundant.

When the door of opportunity opens, I take it.

“Mrs. Jones, all of the testing we have done, including labs, urine, and a CT scan have not shown any abnormalities. That’s good news. However, this does not mean there is not a problem. It just means we will have to do a different kind of testing. Have you considered the possibility that what you eat and drink on a daily basis could be

contributing to how you are feeling?” I ask. “No. Tell me more,” she says.

So I proceed as follows:

“Well, Mrs. Jones, let me tell you a short story and you tell me if any of this sounds familiar to you. The average American lives a stressed out and hectic life. They wake up in the morning, grab a cup or two of coffee and maybe a bagel or donut for breakfast, and then rush off to work. After a half-day of work they grab a ‘lunch’, usually consisting of a packaged meal or fast food, both of which, undoubtedly have GMO and other highly refined, objectionable ingredients, and then finish their work day exhausted. They come home and eat a huge meal because they are starving, and then watch TV for a few hours before going to bed. Unable to fall asleep because of how their day has gone, they reach for alcohol, Ambien, Benadryl

or some other sleep aid, and this same process is repeated every day.”

Mrs. Jones answers, “Doctor Knutson, you just described my life! How did you know?”

“Now Mrs. Jones, let me ask you this question. Doesn’t it seem strange that this person is too tired to wake up in the morning without being put into a chemically induced state of wakefulness (caffeine) and yet they are ‘too awake’ to go to sleep at the end of the day without being put into a chemically induced state of sleepiness (alcohol, etc....)?”

“Yes doctor, when you put it that way that sounds like a terrible way to live!”

“Mrs. Jones, to contrast the health destroying lifestyle I have just described, I would like to share with you a health promoting alternative that is beautiful and simple. Would you like that?”

“Of course Doctor, who wouldn’t?”

“To understand health Mrs. Jones, you need look no further than the author of life, who is also the author of health. 3 John 2 says, ‘Beloved, I wish above all things that thou mayest prosper and be in health even as thy soul prospereth.’ God wants us all to have the best health possible, not only physically but also spiritually, mentally, and emotionally. The greatest benefit of being physically healthy is that your mind is clearer and more able to discern between right and wrong.”

“In Genesis chapters 1 and 2, you see the blueprint for health and the abundant life. God created Adam and Eve (husband and wife), put them in a garden and told them ‘stay together’. They were to drink from the water of life, not out of vending machines, soda fountains, or coffee shops. They were



to eat of all the trees, every fruit, grain, legume, and nut they could see except one (the tree of knowledge of good and evil). They were to play with the animals and name them, not eat them. They were to rest every 7th day Sabbath and spend extra special time with God and with each other. Notably absent in the Genesis account, God does not tell them that ‘the pharmacy is around this tree, bureau of insurance is around the next tree, and the urgent care clinic is around the last tree.’”

And so, the course of my life and the way I practice medicine has forever changed. I still keep current with evidence based practice, but I see so much more potential in the realm of true prevention, by living how our Creator has ordained that we should, and I will not hesitate to give any patient that better option if they have any desire to know more. Additionally, by planting a seed and introducing someone in a practical and tangible way to Christ is the highest calling of all, and my ultimate goal in the ER.

Even more exciting than sharing this beautiful health message with a patient is when I also get to share it with a co-worker, who just so happens to be caring for the patient with me and listens to the above conversation I have with the patient. To have someone who I work with on a regular basis come up and ask more

about the benefits of these NEWSTART principles, and then come back and tell me 2 months later, “Dr. Knutson, you won’t believe it, but I have been off all dairy, all refined sugar, all caffeine for 4 weeks!”

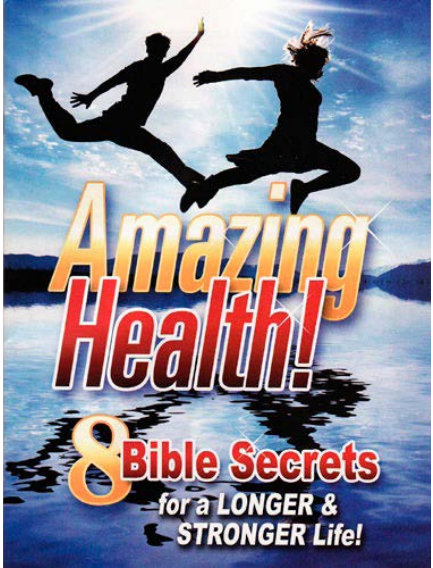
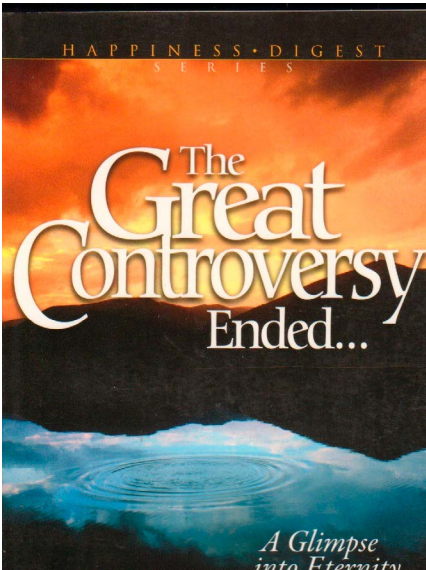
“Wow, I’m so proud of you”, I respond. “How do you feel?”

“Well, the first week was hell, but now I feel fantastic. I have lost 20 pounds without even trying. I am sleeping better and my husband has noticed I am happier!” Praise the Lord! This is why I decided to go into medicine.

As God so often likes to do, just when I had settled into a routine, He impressed both my wife and me to move. Exciting doors appeared to be opening out of state and we put our house on the market by owner. Amazingly, four days later we were in escrow and I put in my notice at work. We planned our travel route, and as I was looking at my last month at work, the Lord distinctly impressed me to give my co-workers the present-truth Advent message. With all the prophetic events transpiring around us (and the 500th year anniversary and reportedly the end of Protestantism this past October 31, 2017) the time to be silent was over. I wrote a letter expressing appreciation for working with each and every one of my co-workers and also provided a short introduction to



the book *The Great Controversy*. During my last few shifts, I passed out nearly 80 copies, which I wrapped and gave with my letter. Little did I suspect that just before our trip, which we still took, our house fell out of escrow and the out of state opportunities fell through as well. God surely has a sense of humor, but more importantly, He knows how to lead us to the point that we will be willing to go beyond our comfort zone for Him in His cause. Praise be to His name. As of now, I have found myself working part-time (by choice) at my old job with my same group of beloved co-workers, some of whom have expressed heartfelt thanks for my sharing that book.



Not only did some express appreciation for the book, but there were about a half-dozen additional co-workers who, upon my return, excitedly came up telling me of their new journeys to better health. “Dr. Knutson, I have given up eating meat,” said one of my scribes. “Dr. Knutson, my husband and I have gone completely plant-based for the past month,” reported one of my favorite nurses. “I have given up all refined sugar,” said another. “I have completely gone off caffeine,” and on it went. If we sow seeds, God, the master gardener, will nurture the soil. “But this I say, He which soweth sparingly shall reap also sparingly; and he which soweth bountifully shall reap also bountifully.” - 2 Corinthians 9:6

He knows how to lead us to the point that we will be willing to go beyond our comfort zone for Him in His cause.

And so it is, that we are to grow. From the beginning of my “witnessing,” which was mostly limited to recommending secular documentaries on healthy living, to now feeling comfortable, as the Spirit leads, to giving a short but pointed Bible study to patients in the couple of minutes I have with them, God has grown my faith. I have also been greatly blessed by, and love to share, the magazine “Amazing Health Facts” which beautifully shares the NEWSTART principles and introduces people to Christ. There has never been a better time and an easier time to share our literature as now. Find one that you especially like, be it a health magazine, Steps to Christ, The Great Controversy, Desire of Ages, Ministry of Healing, or any of your favorite GLOW tracts.

Have you recently felt the conviction of the Holy Spirit to take a bolder stand in your workplace or in your neighborhood? Pray for courage. Pray for creativity. God will give you the ability to share tactfully, skillfully, graciously, and yet boldly. He has been so gracious in entrusting us with such great light. Now go and share life more abundant with someone!

“Arise, shine; for thy light is come, and the glory of the Lord is risen upon thee.” - Isaiah 60:1

The Tyranny of the Urgent



PASTOR MARK FINLEY 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-control seminars, 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.

It has been over twenty five years, but the scene is indelibly impressed upon my mind. My Russian hosts invited me to the Moscow circus. I am not a circus-goer, but the Russian circus is world famous for its acrobatic performers, and so I agreed. The audience was awed with the high flying acrobatic team. They wildly applauded the spectacular feats of these gymnasts.

I was more interested in something else – the plate spinner. The plate spinner took some kind of fine china, spun it as fast as he could, and placed it upon a slender spinning pole. Then he began another pole spinning and placed plates on that pole, then another and another . . . Unless he kept the plates spinning, the whole thing would crash and plates would shatter. Imagine this man, running breathlessly from pole to pole to keep them spinning. As I remember, the plate spinner had about five poles going at once.

Have you ever felt like a plate spinner? You find yourself running from one thing to the next, overwhelmed with the tyranny of the urgent. You just have too much to do, and when you flop in bed at night, you're tossing and turning as you fret about all that's still undone.

In light of the tyranny of the urgent, I'd like to think about the life of One who could easily have been overwhelmed with the tasks

before Him, and yet exuded peace wherever He went. There was a calmness, an unrushed presence, and a focused purpose about Christ.

One of the most amazing, yet startling, statements in Scripture is found in John 17:4. Jesus has come to the end of His life and, reflecting over His short thirty-three and a half years, and His even shorter three and a half year ministry, Jesus made this remarkable statement:

"I have glorified you on earth. I have finished the work which you have given me to do." – John 17:4

What did Jesus mean by these words? After all, there were still hungry people to feed. There were still sick people to heal. There were still demon-possessed people to deliver. There were still sinners to forgive. There were still broken people to be made whole. There were still dead people to raise. There were still lost people to save.

Notice what our text does not say. It does not say that Jesus "finished everything that He wanted to do." I am confident that the Savior desired to heal many more people. I am confident that there was more, much more, He would have liked to do for people in need. He left many useful tasks undone. He left many urgent requests unmet. Instead, the text says: *"I have glorified you on earth. I have*

finished the work which you have given me to do."

Jesus was focused on God's mission. There was still more work that needed to be accomplished – still more needs that had to be met. But Jesus did not live by others expectations. He was in tune with the Father's will.

To glorify God is to fulfill the task you were born for and to complete the work He has given you to do.

FIRST PRINCIPLE: SEEK THE FATHER'S WILL

This leads me to the first of three eternal principles on how to live a life of peace amid the tyranny of the urgent.

1. Seek the Father's will in every decision we make.

"...Lo, I come (in the volume of the book it is written of me,) to do thy will, O God." – Hebrews 10:7

"...O My Father, if it is possible, let this cup pass from Me; nevertheless, not as I will, but as you will." – Matthew 26:39

Jesus was totally committed to doing the Father's will. The overriding principle that governed Jesus' life was, in every instance, to discover the Father's will and, by His grace and through His power, to do it.

Wouldn't it be tragic to accomplish a great deal but miss the purpose that you were born for? Wouldn't it be tragic to accomplish all the goals that you have set for your life but fail to accomplish the goals that God has set for your life? Wouldn't it be tragic to come to the end of your life and say, "I have accomplished my dreams but failed to accomplish God's dream."

The question is not: 'What are my plans for my life?' but rather, 'What are God's



plans for my life?' There is a very thought provoking statement regarding Jesus' priorities in *Desire of Ages*.

"But the Son of God was surrendered to the Father's will, and dependent upon His power. So utterly was Christ emptied of self that He made no plans for Himself. He accepted God's plans for Him, and day by day the Father unfolded His plans. So should we depend upon God, that our lives may be the simple outworking of His will." – *Desire of Ages*, p. 208

Does this mean that we should make no plans at all, but just kind of let things come and go in some random, chaotic way? Not at all. That would be irresponsible. The statement does not say that Jesus made no plans. It does say that He made no plans for Himself. Jesus' life was dedicated to one thing – doing the Father's will. His

one goal was to glorify the Father.

Are you willing to seek God's will in each situation by seeking to glorify Him in each decision of life?

The fundamental question of life is: What is God's will for my life?

What is God's will for my practice? What is God's will regarding my relationship with my staff and patients? What is God's will with how I use my time and money? What is God's will as I relate to my spouse and children? What is God's will in my entertainment practices? What is God's will in my personal health habits, such as diet and exercise? The essence of life is to seek God's will, to discover God's will, and to do God's will.

There is one other aspect of this principle

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of discovering God’s will. If you seek God’s will in every situation, you actually have more time, not less, because a lot of frivolous stuff will be shed. You will focus on the most important. Doing God’s will, and bringing Him glory, will be the supreme desire of your life. It is written of His end-time people that they “fear God and give glory to Him.”(Revelation 14:6) This principle weeds out a thousand trivial things and makes possible this amazing truth: *“If every moment were valued and rightly employed, we should have time for everything that we need to do for ourselves or for the world. In the expenditure of money, in the use of time, strength, opportunities, let every Christian look to God for guidance. ‘If any of you lack wisdom, let him ask of God, that giveth to all men liberally, and upbraideth not; and it shall be given him.’”* – Ministry of Healing, p. 208

Notice, the statement does not say, “Everything that we *want* to do.” It says, “Everything that we *need* to do.”

There may be many things we want to do, but they are not the most important. They may be urgent, but they are not eternally significant.

Jesus did not finish all the work that could have been done in Judea and Samaria. He did not accomplish all that He would have



liked. But He did finish the work that God gave Him to do. The only alternative to frustration when you are overloaded with work is to seek what is God’s will in a given situation. Because, if you are overloaded, it may be that you have taken on assignments that God himself has never given you.

The first eternal principle also focuses on a prayer. It is a dangerous prayer. It is an honest evaluation of my life and getting on my knees and saying, ‘God what is your will for my practice? Lord, what is your will for my medical ministry? Lord what is your will for my life?’

Here is the problem that solves all problems – a surrender of the will. Once the will is surrendered to Christ, you don’t have to battle anymore on things that you don’t want to do because you already surrendered all that to Christ.

Are you willing to ask one of life’s most dangerous yet most satisfying questions, ‘Lord, what is your will for my life and in this situation?’

SECOND PRINCIPLE: DISTINGUISH BETWEEN THE URGENT AND THE ETERNALLY SIGNIFICANT

The story of Lazarus’ resurrection reveals Christ’s ability to discern between the urgent and the eternally significant. In John 11:6, we read: *“So when He [Jesus] heard that he [Lazarus] was sick, He stayed two more days in the place where He was.”*

Jesus has the ability to heal His friend, Lazarus. He has received the message that Lazarus is deathly sick, but Jesus does not move. He waits two days and during this two day delay, Lazarus dies. Martha is so distressed that, in verse 21, she sorrowfully states, *“If you had been here my brother would not have died.”* Why would Jesus neglect something so urgent as healing a man whose life was quickly ebbing away? Why would Jesus delay when medical attention was so urgent?

The resurrection of Lazarus is a powerful example, showing that Jesus understood the difference between the urgent and the eternally significant. It was urgent to heal a sick man, but the most important thing was to raise Him from the dead.



It was urgent to cure sickness, but more important to reveal the loving character and resurrection power of God by calling him forth from the grave to new life.

The healing of Lazarus would have been a good thing. Raising him from the dead was a great thing. Healing Lazarus would have impressed people, raising him from the dead demonstrated the power of God even more dramatically.

Jesus had a divine sense of timing; He knew the difference between the urgent and the eternally significant.

“It is the very essence of all right faith to do the right thing at the right time. God is the great Master Worker, and by His providence He prepares the way for His work to be accomplished. He provides opportunities, opens up lines of influence and channels of working. If His people are watching the indications of His providence, and stand ready to co-operate with Him, they will see a great work accomplished. Their efforts, rightly directed, will produce a hundredfold greater results than can be accomplished with the same means and facilities in another channel

where God is not so manifestly working.” – Testimonies for the Church, vol. 6, p. 24

A number of years ago an African friend told me this remarkable story. His grandfather lived in a rural village. Poverty was rampant and the villagers were extremely hungry. Getting food immediately was urgent. Grandfather had an old rifle but only one bullet. He decided one evening at the setting of the sun to go hunting. As he quietly crawled up a hill he noticed a herd of gazelle on the hillside. As he took aim at one large buck, he noticed a deadly snake, a black mamba between him and the buck. What should he do? Shoot the snake or the buck? He decided to back up, crawl around to the other side of the hill and shoot the buck. It was urgent. His family needed something to eat.

As he approached the opposite side of the hill with a sense of satisfaction, he slowly took aim at the large gazelle grazing on the hillside. Suddenly he felt a sharp pain in the back of his leg. The black mamba had followed him and attacked from behind. He lay writhing in pain. The villagers came to find him; he had only a few hours to live.

Typically humans die from a black Mamba bite (or series of bites) in 20 minutes - 3 hours. His dying words, “If there’s only one bullet in the gun...shoot the black mamba!” You see, he had to make a choice. Do I feed the family, or do I save my life? His priorities were mixed up.

There is a difference between the urgent and the important. It may have been urgent to eat, but it was vitally more important for him to save his life.

Maybe there’s no black mamba chasing you, but sometimes it is possible to make a decision that puts deadly poison in our being because we mistake our priorities. Entertainment becomes more important than devotions. That’s the “Black Mamba Syndrome.” Work becomes more important than church. If I work incessantly and am too tired to go to church on Sabbath morning – that’s the “Black Mamba Syndrome”.

Jesus was able to distinguish between the two. Are you willing to ask Jesus to help you every day to distinguish between the things that are urgent and the things that are eternally significant? There are many things that you might like to do, many things which are urgent, but only some things which are the most important.

Here’s the prayer we pray on that second principle. “Jesus lead me today to distinguish between the urgent things and the eternally significant things.”

THIRD PRINCIPLE: TO KNOW GOD AND TO MAKE HIM KNOWN

Mark 1 is one of the clearest chapters in the Bible on Christ’s life purpose. If you read through the chapter, you can see that, even in the busyness of His life, Jesus had time for Sabbath worship. He also did healing in the context of worship. At fellowship dinner in Simon Peter and Andrew’s

by Brian Schwartz, MD



Are you willing to spend time in the presence of God, even when the clamoring voices of the urgent are calling out all around you?

house, He ministered to Simon's mother-in-law, who was sick. Then, later, we see in verse 32 that crowds came after Sabbath to be healed and ministered to. Jesus had a respect for the Sabbath and was spiritually refreshed as He worshipped and fellowshiped with His disciples.

The entire city comes to the door. Jesus works miracle after miracle but early in the morning He rises a great while before daybreak to pray. It is a solitary place, and He is alone communing with the Father.

Personal communion, Sabbath worship, daily devotions—all these take time. The urgent was calling Christ, but the eternally significant was His priority. Are you willing to spend time in the presence of God, even when the clamoring voices of the urgent are calling out all around you?

The disciples search for Jesus and explained that everyone was looking for Him. There were sick people to be healed, demons to be cast out and the hungry to be fed. I can almost hear Simon Peter saying, 'It's urgent. Let's go. Everyone is looking for you.' Jesus startles Peter and startles us as we read His response. *"Let us go into the next towns, that I may preach there also, for this purpose I have come forth."* - Mark 1:38

Healing the sick was urgent, but there was something more important. Christ came into the world to share the gospel – the good news of His grace and eternal power. Treating diseased bodies was part

of the healing ministry of Christ, but ministering to diseased souls was His ultimate purpose. Curing illness mattered to Christ but communicating God's plan of salvation was even more significant. Revealing the Father's character of loving compassion and care through the healing of the sick was crucial in answering Satan's charges in the great controversy but revealing heaven's power to save was even more important. That is why God's messenger to the Remnant states, *"Every physician should be a devoted, intelligent gospel medical missionary, familiar with Heaven's remedy for the sin-sick soul as well as with the science of healing bodily disease."* –Medical Ministry p. 31.

CONCLUSION

We have each been uniquely called and our ultimate purpose in life is to know Christ and make Him known.

May each of us commit, in the depths of our soul, to allow Jesus to help us distinguish between the things that are urgent and those that are eternally significant. May our ultimate purpose in life be to truly know God, glorify Him, and make Him known.

Yes, at times you might feel like the plate spinner in the Russian circus whom I saw. But if you seek to follow these three principles, your life will be transformed.

First, are you willing to surrender your time, your finances, your practice, and

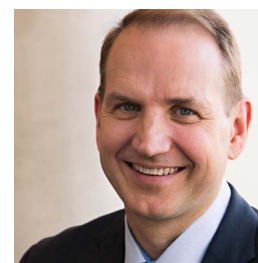
your life to God? Are you willing to be 'sold-out' for Christ? To seek God's will in every significant decision you make? Are you willing to understand His purpose for your life more deeply?

Second, are you willing to ask God to help you distinguish between the temporal and the eternal? Between the good things and the great things? Between that which is important and that which is eternally significant? Are you willing to pause, stop running, evaluate and place your priorities on the things that count for eternity?

Third, are you willing to commit to spending time with God every day?

In order to give we must receive. If we are going to share Christ's love with others, that love must fill our hearts. Christ's strength and power must so fill us that it changes our lives.

Are you willing to say with me, 'Lord I commit myself to the renewal of Sabbath and communion with you. Help me to never forget the ultimate purpose of life. Help me to never forget the reason you have called me to be a medical missionary. Help me to be an ambassador of your love, a minister of your grace, an evangelist for your Kingdom. Help me to know that together our calling is to prepare a people for the coming of Jesus.'



DR. BRIAN SCHWARTZ is an interventional cardiologist practicing in Kettering, Ohio. As a medical student, he struggled with his faith, nearly coming to the point of giving up. He was reclaimed through a deeper understanding of the meaning of Christ's sacrifice and its implications for his personal life.

As a physician, Dr. Schwartz struggled for years with the nagging conviction that medicine should be more than just a job. He longed to make his medical work a healing ministry. His association with AMEN has helped him to integrate Christian spirituality into his practice in a more intentional, yet natural way. It brings him great joy to share with his patients the message that has so touched his heart.

Dr. Schwartz began his tenure as AMEN president October 28, 2017. He and his wife, internist Lyndi Schwartz, MD, are a powerful ministry team in Dayton, Ohio.

AMEN Past, Present, Future

I believe medicine can and should be a ministry. However, that has not always come naturally to me. For years I had a growing conviction, and even a desire, to meet my patients' spiritual needs, but I didn't know how to actually put it into practice. Thankfully God led me to AMEN.

About 12 years ago, my wife Lyndi and I were privileged to join a group of about 30 physicians and their spouses who met at Cohutta Springs. This meeting revolutionized my practice! Almost overnight my practice went from being just a medical practice to becoming a medical ministry. At that first meeting, just preceding the first AMEN conference, I learned practical tools on how to do medical missionary work in my practice. Pastor Finley's messages gave me a new vision for what medical ministry could look like and how to implement it with my patients on a daily basis.

As a result of the meeting at Cohutta Springs, the group decided to proceed with forming an organization. The name Adventist Medical Evangelism Network (AMEN) was chosen, a board of directors selected, Dr. Naren James was voted in as president, and plans were laid to have AMEN's first annual conference. In brainstorming for that first conference, Pastor Finley encouraged the board to invite medical students and begin to mentor them. That decision was foundational for AMEN. Student mentorship and shaping future generations of physicians and dentists remains an integral part of AMEN's mission.

Since that time, as we grew, each leadership team has added a new element to AMEN's mission

and we've experienced great expansion. One of those elements is the AMEN Free Clinics. The vision of providing medical/dental/vision care took off immediately and AMEN experienced rapid growth. For a period, we were growing so fast we didn't know if we were upside down or what. Then, about four years ago, Dr. Todd Guthrie became President and—having inherited a topsy-turvy world where we had a lot of growth—he has done an amazing job of putting our house in order. Today, AMEN is strong. Our vision is clear, and we will continue to grow.

I believe that AMEN was not called to just be a medical missionary institution. Let me explain by backing up a little. First, I do not believe that the Seventh-day Adventist Church was raised up to be a multi-generational church that goes on and on as an institution for over 200 years. We were raised up as a prophetic movement with a prophetic mission. What was that mission? Primarily to give the Three Angels' Messages to the world – the Everlasting Gospel – warning the world that judgment is coming and to come out of Babylon so that people can receive the seal of God and not the mark of the beast. It's only because of our unbelief that we are still here five generations later.

AMEN has not been raised up to go on for multiple generations, either. As such, it should not last a long time. And so, my predecessors, as presidents, have laid the groundwork, and have put together a solid foundation, but I think that we are only on the cusp of doing what AMEN is called to do. I think we are poised to build on each aspect of AMEN. We need to double down on bringing pastors, dentists,



Our medical work opens the door for the prophetic call that we have, but our real mission is to spread the gospel of Christ.

arm of the gospel. Each church needs to have a medical missionary outreach focus.

As physicians and dentists, we're not necessarily the ones who are supposed to be doing the medical missionary work. Every church member is to be a medical missionary. We have the opportunity to show them how, to involve them, and to train them. That is a part of our calling as physicians, dentists, and educators.

physicians, and healthcare workers together evangelistically, in our churches. I'd also like to see AMEN double down on mentoring students and get the young people even more involved.

This uniting of workers should be focused around working together to spread the Everlasting Gospel. Not just doing humanitarian work; not just doing disinterested service. Our medical work opens the door for the prophetic call that we have, but our real mission is to spread the gospel of Christ. We, as Seventh-day Adventists, are the prophet to the end-time world, to warn them, to tell them what's to come, and to predict the future and prepare them for what is coming. That's what we are here to do, and so that's the primary work that we need to do. Many other organizations do humanitarian work, ours is special and unique; as Seventh-day Adventist healthcare workers we are called to combine both the medical work and ministry.

The 2017 AMEN conference theme asked the question, "Are you willing?" That is heaven's cry, not just to AMEN, but to all Seventh-day Adventists. Are we willing to be that final generation? If we would just cooperate with heaven, and with the Holy Spirit, I believe we can see this brought about in our lifetime. I firmly believe we are living in the final years of this world's history.

I want to continue to strengthen our clinics. Financially, they are becoming sustainable. We had a major donor this past year who gave with the hope that we could get two full crews going. By doing this we could start a more blanketing effort across the whole country. Doing these clinics has a powerful effect. But we want to do it in a way that is sustainable. We've been through the startup phase and we want to level out some now, and we want to grow in a sustainable way. We want to blanket the country so that every church can be inspired and empowered by ministries like ours to become the right

I'd like to see us strengthen the bond between AMEN and Life and Health, which is actually a sister organization born out of AMEN. I think that we need to produce more and better materials: media materials, pamphlets, magazine circulation. We need to get the word out about what we are doing and the way to educate our patients. I'd like to see us producing materials that can be used in every physician and dentist's office regarding topics on health that lead into a spiritual conversation. Then we can use those same materials in our clinics.

Our future is bright because God has called us into existence for such a time as this. Our future is bright because my predecessors have laid a framework. And so I began to think about our theme: "Are you willing?" And I've asked myself, not "Are you willing," but "Am I willing?"

That's a serious commitment. It's a serious call on our lives. It's a serious



Our future is bright because God has called us into existence for such a time as this.

call to become president. It's a lot of responsibility. But all of us, by becoming members of AMEN – all of us, truly, by becoming Seventh-day Adventists – have a tremendous calling. What might it cost me? What might it cost you?

If we are effective, I believe it's just a short amount of time before God is going to call many of us, myself included, to give up the practice of traditional medicine. Insurance companies are going to fail sooner or later. We may be cut off from participating, because of our beliefs. We are on the verge of a paradigm shift from

just having a job and just doing healthcare day by day in our offices. Am I willing?

I'm a cardiologist. I'm at the pinnacle of my career. I'm in my early 50's, so I still have time left. I'm the medical director and leader of a large cardiology section of a major hospital. I'm the service line director and I've had the opportunity to do the absolute, most amazing cutting-edge procedures available in cardiology. I've loved doing each and every one of them. And I begin to wonder, would God call me away at the peak of that?

He hasn't yet. But I want to say that, if He calls, I am willing. And I challenge each of you, as members of AMEN, as having accepted the calling as a physician, a dentist, and a medical evangelist, to ask yourself, "Where is God leading?" I believe AMEN is going to lead by example, showing the power of the right arm in spreading the gospel and I want to be a willing part of that.

I am frail, and prone to wander. There are so many things in this world that interest me. But I want to be willing and focused on the eternally significant. And so, to do that, I'm asking you to keep me, our Board, and our leadership in your prayers every day. If this is, in fact, the right arm that is opening the door to the prophetic message that has to go around the world, then Satan is going to be attacking AMEN and our leadership. And so I implore you to pray for us.

May each one of us lift up our hearts to God in prayer, and be willing to serve no matter the cost. I pray that, by working together, AMEN will be a mighty movement that spreads the gospel, preparing people for Jesus' soon return. May God strengthen us to do our part – wherever He calls us, no matter the cost.



amen

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