

WINTER 2010

# THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

Hope and Help in Haiti

Making Right Decisions

A Dentist's Pathway to Healthy Smiles



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THE  
**MEDICAL  
EVANGELIST**

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

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ADVENTIST MEDICAL EVANGELISM NETWORK

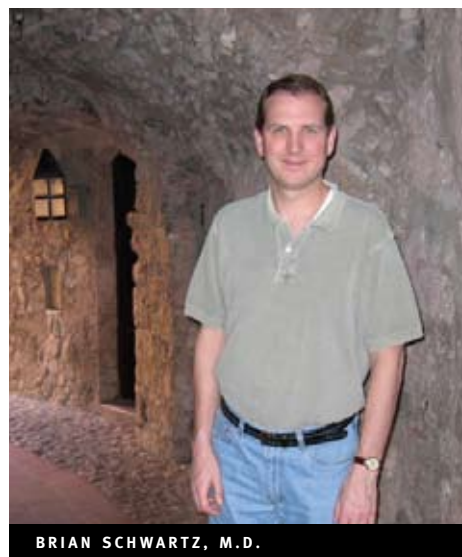
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by Robert Hunsaker, MD



BRIAN SCHWARTZ, M.D.

In the Gospels there are more accounts of Jesus healing than there are of Him teaching or preaching. As savior of the world He spent much of His time in medical ministry.

Many healthcare providers are concerned over the recent healthcare debate and recent attempts to pass “reform”. Concern is voiced over physician reimbursement and salaries among other issues. Some express concern that people who don’t work or contribute to society are getting a free handout they don’t deserve.

Once we begin to see medicine as a ministry and calling, not primarily a business venture then our focus will be on service to our patients. We will begin constantly looking for opportunities to point them to the One who truly heals and trust that the same Healer will provide for our everyday needs.

In the Gospels there are more accounts of Jesus healing than there are of Him teaching or preaching. As savior of the world He spent much of His time in medical ministry.

Many diseases have their root in a misapprehension of God’s character. Depression, despair, hopelessness all lead to a lack of willpower and ability to make right choices and ultimately lead to physical and mental breakdown. Often related to a lack of exercise, overindulgence of appetite and the myriad of associated diseases such as diabetes hypertension obesity, heart disease, stroke and depression to name a few.

One might think that just preaching a correct understanding of God (good theology) might get to the root of the problem, but Jesus often took a different approach. In Christ’s day (and to some extent also in our own) disease was looked upon as a curse from God, or punishment for some sin that caused the ill person to feel rejected by

society and God. Most times Jesus healed the person first thus showing that He did not reject them.

One story recounted in John 5:12 is illustrative. When Jesus healed the paralytic who had been sick for 38 years at the sheep pool in Jerusalem, He asked him no questions about his sin. Jesus did not ask him to promise to change his ways. There is no record that he preached to the paralytic before healing him. Later after the man had been healed, Jesus found him again in the temple and admonished him “now that you are well again, leave your sinful ways, or you may suffer something worse”.

Why didn’t Jesus tell him this before He healed him? Or use healing as leverage to get him to commit to change? Why waste healing resources if it was clear that the man had no intention to change?

That was not Jesus way. He gives the blessing first, and then asks for a response of repentance and gratitude that leads to a changed life. He healed all 10 lepers even though only one would return to give thanks. The healing at the sheep pool illustrates what Jesus accomplished by His sacrifice on His cross—‘while we were still sinners Christ died for us’ (Rom 5:6).

He reaches out to us with healing arms before we even realize our true condition. How can we not respond in gratitude to Him who gave up all for you and me? Once we realize the cost of the sacrifice heaven made, we will not count the cost to enter into ministry with Him. It is His ministry to bring healing to those around us.

*Brian Schwartz, M.D.*

## The Third and Fourth Generations

Near the end of World War II, food supplies became increasingly scarce in the Netherlands. After the landing of the Allied Forces on D-Day, conditions grew worse in the Nazi-occupied Netherlands. The Allies were able to liberate the southern part of the country, but their liberation efforts came to a halt when Operation Market Garden, their attempt to gain control of the bridge across the Rhine at Arnhem, failed. After the national railways complied with the exiled Dutch government’s appeal for a railway strike starting September 1944 to further the Allied liberation efforts, the German administration retaliated by placing an embargo on all food transports to the western Netherlands.

“By the time the embargo was partially lifted in early November 1944, allowing restricted food transports over water, the unusually early and harsh winter had already set in. The canals froze over and became impassable for barges. Food stocks in the cities in the western Netherlands rapidly ran out. The adult rations in cities such as Amsterdam had dropped to below 1000 calories a day by the end of November 1944 and to 580 calories in the West by the end of February 1945. Over this winter, later known as the Hongerwinter (“Hunger

winter”) . . . A total of 18,000 people died during the famine.”<sup>1</sup>

This data suggested that the famine experienced by the mothers caused some kind of epigenetic changes that were passed down to the next generation.

“The Dutch Famine Birth Cohort Study, carried out by the departments of Clinical Epidemiology and Biostatistics, Gynecology and Obstetrics and Internal Medicine of the Academic Medical Centre in Amsterdam, in collaboration with the MRC Environmental Epidemiology Unit of the University of Southampton in Britain,

found that the children of pregnant women exposed to famine were more susceptible to diabetes, obesity, cardiovascular disease, microalbuminuria and other health problems.

“Moreover, the children of the women who were pregnant during the famine were smaller, as expected. However, surprisingly, when these children grew up and had children those children were also smaller than average.

“This data suggested that the famine experienced by the mothers caused some kind of epigenetic changes that were passed down to the next generation.”<sup>1,2</sup>

We all know the text about “visiting the iniquity of the fathers upon the children, and the children’s children, to the third and the fourth generation.”<sup>3</sup> What kind of God, it is asked, would impose punishment on grandchildren for the circumstances and errors of their grandparents? Is that what is really happening, is that what this text is saying; or, instead, is there a natural, God-designed and inherent order of genetic heritage?

### GENETIC LEGACIES

Inspiration teaches that we do, indeed, pass on our character traits. “Our ancestors

I have been instructed that we should lead the sick in our institutions to expect large things because of the faith of the physician in the Great Healer who, in the years of His earthly ministry, went through the towns and villages of the land, and healed all who came to Him. None were turned empty away; He healed them all. Let the sick realize that, although unseen, Christ is present to bring relief and healing.--Letter 82, 1908. {MM 28.2} MM 28.2





have bequeathed to us customs and appetites which are filling the world with disease. The sins of the parents, through perverted appetite, are with fearful power visited upon the children to the third and fourth generations.”<sup>4</sup>

“Through the successive generations since the fall, the tendency has been continually downward. Disease has been transmitted from parents to children, generation after generation.”<sup>5</sup>

“[C]hildren inherit the dispositions and tendencies of their parents.”<sup>6</sup>

Does science support the idea that we do transmit, genetically, moral predispositions and tendencies?

“In a study of adult twins and their children, researchers found that genes, rather than parents’ own argumentative behavior, seemed key in the children’s

odds of serious conduct problems — like bullying, skipping school and shoplifting . . . parents who are naturally argumentative pass on these traits to their kids.”<sup>7</sup>

Another example was reported in *Science* in 2002. In studying the factors that predisposed young men to violent behavior, researchers discovered that two factors led to a higher likelihood of violence in comparison with either of the two factors alone. One factor was maltreatment or abuse of the young men at a young age, but the second was “a functional polymorphism in the gene encoding the neurotransmitter-metabolizing enzyme monoamine oxidase A (MAOA) (which) was found to moderate the effect of maltreatment.”<sup>8</sup> So even if you experienced abuse as a young boy, you were still unlikely to become violent as you got older, unless you had a less active form of the gene.

“Boys with the less active version who were not maltreated during childhood

lived perfectly normal lives. ‘(The less active form of the gene) is very common in the population. One third of us have it,’ (Prof Moffitt) said. ‘So the gene apparently doesn’t do much of anything, it doesn’t cause a handicap in any way, unless we are also maltreated.’”<sup>9</sup>

Perhaps this is what Ellen White was referring to, in 1868, when she said, “Some have had a quick temper transmitted to them.”<sup>10</sup>

Another example—reported in the journals *Nature* and *Nature Genetics*—linked genetics, not just to a predisposition to lung cancer but also to a predisposition to smoking in the first place. “Scientists say they have pinpointed a genetic link that makes people more likely to get hooked on tobacco, causing them to smoke more cigarettes, making it harder to quit, and leading more often to deadly lung cancer. The discovery by three separate teams of scientists makes the strongest case so far for the biological underpinnings of the addiction of smoking. ‘This is kind of a double whammy gene,’ said Christopher Amos, a professor of epidemiology at the M.D. Anderson Cancer Center in Houston and author of one of the studies. ‘It also makes you more likely to be dependent on smoking and less likely to quit smoking...’ ‘This is really telling us that the vulnerability to smoking and how much you smoke is clearly biologically based,’ said psychiatry professor Dr. Laura Bierut, of Washington University in St. Louis...”<sup>11, 12</sup>

A mechanism for this transmission of behavioral traits from one generation to another—which is alluded to in Scripture and the writings of Ellen White—may be manifesting itself in animal models and epigenetic markers.

“Szyf and Meaney believe that experience itself changes the epigenome. To reach this startling conclusion they studied two kinds of rats: those born to nurturing mothers who licked and groomed them intensely after birth, and those born to mothers who took a more paws-off approach. What we were particularly interested in is the way in which these animals might respond to stressful events. And we found the offspring of low-licking mothers, during periods of stress, show greater increases in blood pressure and greater increases in stress hormone production. They will scream. They will try to bite you. Just walking into their cage, those rats will respond differently.

“To rule out a genetic cause, high-licking mothers were given the babies of low-licking ones and vice versa. Once again, the less-nurtured pups grew up markedly different, and not only on blood tests. So the conclusion from that is, it’s not the genes that the mother brings into the game. It is the behavior of the mother that has an impact on the offspring years after the mother is already gone. And the basic question was, “How does the rat remember what kind of care it received from its mother, so that it now has better or worse health conditions?” And we reasoned that there must be some mark in genes that marks that memory. But could such a mark, capturing memory, be found? The researchers focused on a gene which lowers the levels of stress hormones in the blood...

“The difference was striking. Less nurtured rats had multiple epigenetic marks silencing the gene. The result? With the gene less active, stress levels in neglected rats soared. In stark contrast, nurtured rats could better handle stress because they had nothing dimming the genes’ activity. The



maternal behavior essentially sculpted the genome of their babies.

“The most surprising phase of the experiment, however, was yet to come. Szyf and Meaney injected anxious rats with a drug known to remove epigenetic marks. And as we injected the drug, the gene turned on. And when it turned on, the entire behavior of the rat changed. It became less anxious. Also, it responded to stress like a normally-reared rat. And (they) looked at the way that gene was marked in the brain, and we saw that we actually changed the epigenetic marking of that gene.

“Although the work has yet to be replicated, it appears that Szyf and Meaney have linked personality traits, albeit in a rat, to the epigenome. Could this have implications for humans? We will not know until the completion of a 10-year study, now underway, that will look at children

from both nurturing and neglected backgrounds. But even now, says Meaney, we have clues that our own upbringings produce the same effects. If you grow up in a family that involves abuse, neglect, harsh and inconsistent discipline, then you are statistically more likely to develop depression, anxiety, drug abuse. And I don’t think that surprises anyone. But what is interesting is that you are also more likely to develop diabetes, heart disease and obesity. And the stress hormones actively promote the development of these individual diseases.”<sup>13, 14, 15</sup>

#### LOADED GUNS

Many other examples support the biblical and Spirit of Prophecy positions that behavioral predispositions are passed on from one generation to another. What, though, are the implications of this truth, especially in the moral realm?

One of the most common misconceptions



## Genetics loads the gun, and environment pulls the trigger.



in popular culture is that if something is “genetic,” an individual is now programmed in a certain way, to be a certain type of person, and he or she have lost the ability to choose. The common misunderstanding is that “genes” violate, or remove, our freedom of choice or freedom of expression. “If my genes are a certain way, then I have lost the ability to control my own destiny.”

This misunderstanding comes from the fact that there are some traits, external physical traits being the most obvious, such as eye color, that are beyond our control. You cannot, by trying hard, or by making a mental decision, change your natural eye color. Making a choice cannot change skin color. You cannot grow taller just by deciding to grow taller.

Unfortunately, we then transfer that thought process to more complex intellectual, social, and psychological phenomena, such as intelligence, behavior, and morality. We then try to simplify this multifactorial picture into one of two overly simplistic boxes: Either:

**A.** Genetics has nothing, or nearly nothing, to do with behavior because it’s all environmentally influenced and controlled, Or:

**B.** If genetics does have something to do with our behavior and morality, then

people are pre-programmed to do certain things without the ability of their free will to override those genetic influences. They see a certain outcome or behavior as inevitable and unchangeable.

Neither extreme is accurate in the vast majority of cases. The most appropriate way to understand these issues reminds me of something that I learned in medical school, when a teacher said, “Genetics loads the gun, and environment pulls the trigger.” Our genetic makeup sets up probabilities and predispositions, and it influences the likelihood of a certain disease or behavior or outcome, but it only sets the stage. Genetics, in the vast majority of situations, doesn’t determine an outcome irrespective of our environmental circumstances and personal choices.

So often people look at the relationship between evil and its consequences as the arbitrary imposition of punishment or penalty by God, rather than seeing the inherent destructiveness that accompanies all evil and sin, including its effect on others. The “iniquity that is passed on from the fathers to the children unto the third and fourth generation” is the inherent destructiveness-- genetic and

environmental-- introduced into a family from the choices of the parents.

This reality should help us appreciate the tremendous responsibility, and opportunity, that we have when we make choices in our own lives. We can make choices that will give a positive and “righteous” heritage – both genetically and environmentally – to our children, grandchildren, and others, or we can bequeath a negative heritage.

The effects of sin and of righteousness actually have a real and biological genetic (or epigenetic) effect. Sin and righteousness actively shape us biologically. Sin is a real entity with physical (genetic and/or epigenetic) consequences. When we make decisions, when we form habits, when we think certain thoughts, there is biological and physiological change occurring in our brains and our bodies.

Evil and sin have biological consequences. When we see something and form a memory, something has changed in our brains, in the chemistry and biology of our neurons. When 2 Cor. 3:18 tells us that “by beholding, we become changed,” it is defining a biological reality of our human nature and human neuroscience. We



change, and the changes that we undergo can be passed on to our children for generations. What we think, and what we do, make us who we, as individuals, are. “As a man thinketh in his heart, so [is] he”<sup>16</sup> Whatever gets our mind, our thoughts, our hearts, makes us who we are.

This is why we’re told repeatedly in inspiration that the law is immutable and unchangeable. The law is immutable and unchangeable, not because God is stubborn and won’t change. Rather the law is immutable and changeless because these laws are woven into the fabric of our nature and our being, woven as it were into the fabric of reality itself.

Also, to eliminate the ability that we have to be a negative influence on others would, of necessity, include the loss of our ability to be a positive influence as well.

### THE GOOD NEWS

Note, however, the profound encouragement in these verses, that we have a Savior who experienced the same reality that we do:

**Heb. 2:14:** “Inasmuch then as the children have partaken of flesh and blood (genetic

heritage?), He Himself likewise shared in the same...”

**Heb. 2:16:** “For verily he took not on [him the nature of] angels; but he took on [him] the seed [genetic heritage?] of Abraham.”

**Rom. 5:19, 21:** “For just as through the disobedience of the one man the many

were made sinners [by genetic heritage?], so also through the obedience of the one man the many will be made righteous [by overcoming that fallen heritage]... so that, just as sin reigned in death, so also grace might reign through righteousness to bring eternal life through Jesus Christ our Lord.”

The good news is that where sin has taken root in our world, grace and righteousness has increased all the more. Paul in Romans 5:21 talks about an organic cause-effect relationship between grace and righteousness--and eternal life. And this life is revealed and exemplified in Jesus.

As there is an inherent relationship between sin and death, there is also an inherent relationship between righteousness and life. Our minds can be shaped for the better by dwelling on the things of God and the love He has for us.

Whether we have been saddled with the damaging effects of sin because of the failures of our parents and grandparents, or because of our own personal failures, God is the Great Physician who can heal all the damage done. May we take courage

ourselves, and share that courage with our patients, colleagues, family, and friends.

“A genuine conversion changes hereditary and cultivated tendencies to wrong.”<sup>17</sup>

“Angels are ever present where they are most needed. They are with those who have the hardest battles to fight, with those who must battle against inclination and hereditary tendencies”<sup>18</sup>

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# A Dentist's Pathway to Healthy Smiles

Joining the AMEN organization has been, personally, so inspirational. Our office has always been a Christian ministry, and to have other professionals of like faith and purpose join in support of each other is wonderfully fulfilling. Attending the annual AMEN conferences gives me renewed spiritual strength. Are we not counseled to press together, especially as the day of the Lord approaches? Below, I'd like to share a few simple stories of how the Lord has used my ministry, which I hope can be an inspiration to others. As you read these testimonies, may you reflect on the pathway that has led you and kept you at the feet of lovely Jesus.

For starters, our sphere of influence must begin in the home. My mother's knee was a wonderful place to start life. She was especially supportive of the artistic bent I exhibited at an early age. It was simply an extension of her own creativity in music, cooking and the arts. The summer sculpturing classes she sent me to were considered only fun at the time (little did I know how pivotal this skill would be). Growing up learning the truths of the Bible in Sabbath School, I had my values and identity shaped very early. The critical role of a loving, tender Christian mother cannot be overstated. On Sabbath

afternoons we would go to nursing homes, where she would joyfully brush the people's dentures, wipe their arms and legs with a cooling cloth, or gently massage their feet. Her service to others impacted me in ways that I have never forgotten.

At the same time, I was blessed to have a patient father. He supported my standing in the family as the "professional student," the one who shifted from one university to another as I drifted from the path of Teacher to Biology to Physical Therapy to Pre-Med. Paradoxically, the end of this path landed me as top sales in a photography shop. I learned that product knowledge and interest in aesthetics were key factors in that endeavor. Through several providential and life changing events in rapid succession (one being a tragic motorcycle accident that killed my father), I was hired at a dental laboratory. It was while gaining this technical skill that I clearly saw where God was leading. My fleece to God was specific, and He answered clearly and distinctly that He wanted me at IU/PUI Dental School. Some would see this as a "calling". But to an orphan (you may be orphaned at any age), it was a critical moment that I knew my heavenly Father was speaking to me, guiding me, helping me know what to do. To quote one of our lovely hymns, "There

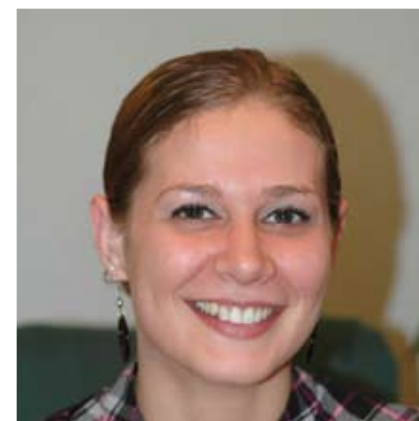
is a place of quiet rest, near to the heart of God". God longs to give guidance when troubled, rest from worry and peace of mind to His beloved children.

So dentistry is my path; I embrace it whole-heartedly. I love it. I believe ministry must be an extension of what is already occurring within. To quote Roy Gane in his book, *Altar Call*, "God is not vindicated by our righteous deeds but He vindicates Himself by what He is doing for, in and through us." Time is short before our Lord returns. How will we answer His questions of, "Where is your Heart?" "What have you been doing?" Others may wonder, "Where are the baptisms as a result from your ministry?" We are planting and watering. Planting and watering. Planting and watering. In His time, God will give the increase. What I see is a race of endurance. All we do is what God puts right in front of us: to open the wedge just a little more that the light of God's goodness may shine into some dark soul weighed down with discouragement, sorrows, difficulties and pain.

In my ministry as a dentist I can recall special times where the Lord was able to use our healing touch, here are a few incidents that stand out in my mind.

In my ministry as a dentist I can recall special times where the Lord was able to use our healing touch.

We met Angelena as a patient. If you were to ask what her first feelings were at meeting us, she would say, "Fearful, very scared." But pain overrode fear, and so she came. Her testimony is one of relief. She later stated that "everyone seemed really nice to me and to each other and the procedure didn't even hurt!" For years before the treatment she wouldn't smile, and even after treatment she said that "it took a while to feel comfortable to smile after not smiling for so long." She would return for periodic appointments. Then she made one pivotal appointment to get a tooth extracted. It was in her smile line. She was offered an equal barter to work off the cost. She jumped at the chance and sent in her resume. She later mentioned that our office was so peaceful that it seemed



like a really nice place to work. Time passed. Then we had an opening, and she was one of the first to apply. Now, as our concierge, she has wonderful opportunity to share with other patients from her own experience of recovery from fear. Nothing is stronger than sharing from one's own experience.

The next step in her pathway was through a patient who came in for an appointment and asked her, out-of-the-blue, if she would like Bible studies. She said, "Yes". I was shocked when the patient came up to me and said, "Your front desk girl is interested in Bible studies." Later Angelena confessed that she originally had no interest in spiritual things. She and her mother started taking the studies together, and it was a joy to hear Angelena say that once she started Bible studies, she discovered a peace that she had never had before.

And why not? Hasn't our Lord promised peace. "My peace I give to you, My peace

I leave with you, not as the world gives" (John 14: 27). And, "I know my thoughts toward you, thoughts of peace, that you may have a future and a hope" (Jeremiah 29:11).

The text—"No temptation has seized you except what is common to man. And God is faithful; he will not let you be tempted beyond what you can bear. But when you are tempted, he will also provide a way out so that you can stand up under it" (1 Co 13:13)—comes to mind when I recall how God showed compassion to Liesel. She was a former employee now seeking a degree in disaster response. However, she had just broken her ankle from a horseback riding accident and was in need of work. Although we didn't have any openings, some administrative tasks had piled up and she was the perfect person to assist. Her technical skill in web design has been greatly appreciated. What a two-fold blessing she has been. Her attitude is one of service and compassion toward others.





To share the strength and power of prayer is vital in our relationship with God and man.

opens the portals of the heavenly city. This knowledge it is God's purpose that all who put on Christ shall possess." {MH 457.4}

To share the strength and power of prayer is vital in our relationship with God and man. In our office, we have actually chosen to witness to patients through prayer. We pray at all oral surgeries as well as other complicated procedures. The reaction from our patients is usually positive; some are a little uncomfortable; some are quite skeptical. We didn't know how boldly the trumpet of faith in God and His love for us was being blown until we received positive responses from around the community. Praise God for allowing us to be sensitive to the needs of our local community and shine a light in an area of Southwestern Michigan where strong prejudices against our faith often exist. We pray that by God's grace our education in the beauty of salvation will continue throughout eternity. This two story mural from Revelation 21 & 22 in our back staircase depicts the Water of Life, Tree of Life, City of Gold and the beautiful bow of colors coming from God's throne and is our constant visual reminder of that hope. Let us each daily remember we need not fear the future; no, except that we forget how God has led in our past.

*May God bless you in your chosen ministry to others.*



to work at a place where I can be myself without fear."

And although our love is far from perfect, God's promise is sure when He says about His love that, "perfect love casts out fear" (1 John 4:18). So we see that ministry is also being a steward of God's reflection. How well do we keep it? How well do we protect it?

We had a recent staff meeting that reviewed our corporate values and mission. At that meeting, she courageously testified to her co-workers. She said: "There was a lady who came in with a swollen face and was in terrible pain. She also was completely broke. I knew what type of leadership and people we have in the office, and so I was able to work things out with her and help her. I appreciate very much the opportunity

These are questions we all face in ministry and service. Seeing that our love is but a reflection of God's, can we rely on God to guide us moment-by-moment in order to reveal that love to others, no matter the circumstances? "The knowledge of God and of Jesus Christ expressed in character is an exaltation above everything else that is esteemed on earth or in heaven. It is the very highest education. It is the key that

## Making Right Decisions



Imagine this scenario. As a doctor, you start developing an emotional attachment to someone of the opposite sex. Not sure what to do, you think to yourself: I really need to go home and pray about this to see if the Lord wants me to dump my spouse and marry this person.

Pretty ridiculous. Some decisions are so clear, so biblical, so obviously a choice between right and wrong, that the only

worthwhile prayer is not about what to do but about asking God for the power and strength to do the right thing, no matter the cost.

Of course, not all choices we face are so black-and-white. Sometimes our choices are not moral decisions. How do we know how to make proper choices? What principles can we follow that can help us when we have crucial choices to make?

**DECISION MAKING RECORD OF HUMANS**  
CNN recently issued this interesting news report, "The next time you are deciding between ice cream and cake, buying a car or taking a trip to Europe, accepting a new job or keeping your old one, you should remember two things: First, your decision is rooted in the desire to become happy -- or at least happier than you are now. Second, there's a good chance the decision you make will be wrong." Harvard psychologist Daniel Gilbert summed up





our failings this way: ‘People have a lot of bad theories about happiness.’ Our culture implores us to buy bigger, newer, better things, but research shows “stuff” does not buy happiness. By and large, money buys happiness only for those who lack the basic needs. Once you pass an income of \$50,000, more money doesn’t buy much more happiness, Gilbert said.

#### BUYER’S REMORSE

Unfortunately, humans as individuals and as a race don’t always make good choices. We may move through the decision-making process too hastily, rely on bad information, reason from emotion or act on a fleeting impulse. In the real estate industry, the sense of regret felt after a poor decision is known as “buyer’s remorse”. Many bad decisions could be avoided if the decision-makers involved did nothing more than allow more time to consider their options. Since “gut reactions” are quite frequently wrong and intuition (even a woman’s) can be unreliable, important

decisions should never be rushed.

While there are times when snap decisions must be made (such as dangerous situations), as a rule, allowing adequate time to consider the matters at hand generally pays off handsomely in the long run.

#### HOW TO MAKE WISE DECISIONS

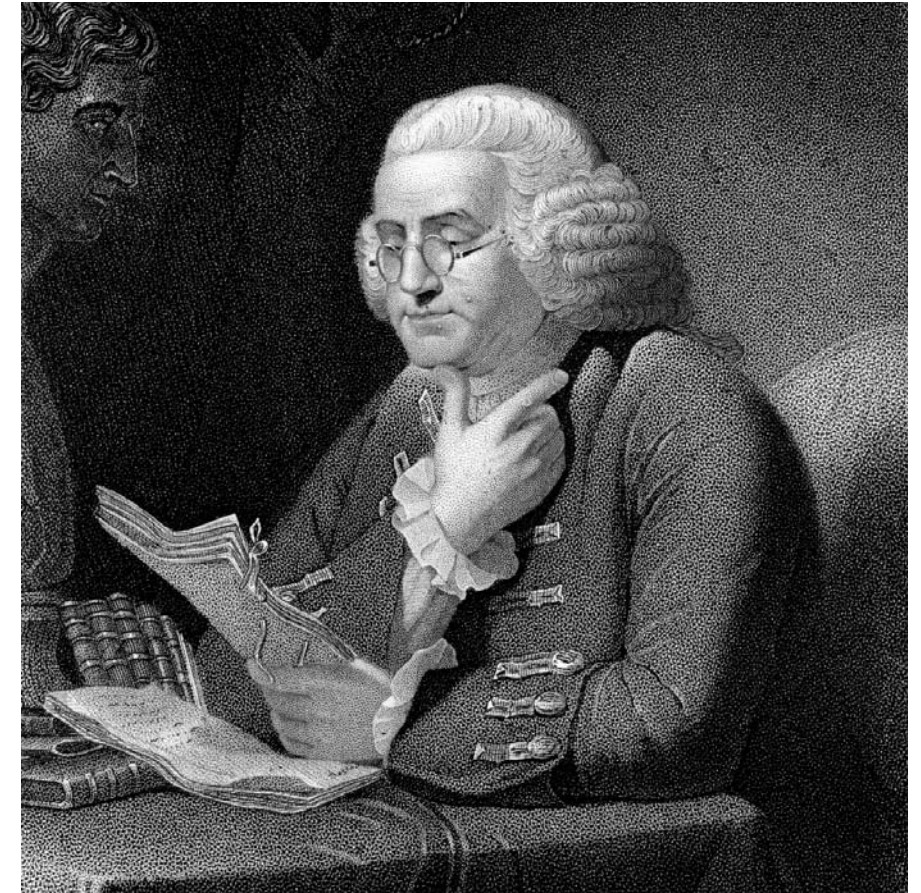
It should be abundantly clear (based on history as well as the latest research) that when we make decisions based on what we think will make us most happy, we often make the wrong decisions and end up less happy. As ironic as this sounds, when we put our own happiness aside, and make decisions based on truth and love for God and others, our decisions will not only be right, but they will lead us into a happier life.

The decisions we make should be based on truthful facts. Most decisions have clear advantages and disadvantages. In

fact, if you see no disadvantage to making a certain decision, you are likely engaging in emotional reasoning, and utilizing a mental filter, that results in distorted thinking. Important decisions, such as a choice of a lifelong marriage partner, career choice, and whether to move, go to the mission field, change specialties, or what academy or college your children would best be prepared for service for Christ, requires thorough, thoughtful consideration. I have found this process to be most useful by utilizing a weighted decision making model. I thought I might be inventing this when I used it at age 17 for choosing my career. I did not “want” to be a doctor. My real desire was to be a U.S. Senator, and “attorney” seemed to be the best career path for this. Since I was already converted, and wanted to lead people to Christ, I also considered “pastor”, and at the insistence of a family friend, who was also a doctor, I considered “physician”. So I interviewed as close as I could find to role models in each of these areas and developed my weighted pro/con list.

I also utilized this model in consideration of marriage and who to marry. I used it for where to do my residency, as well as where to set up practice after residency. I did not desire in the slightest to move to Oklahoma after residency. However, with the weighted decision making model clearly showing the advantages to God’s cause, as well as our own personal growth in the Lord, Erica and I moved to Oklahoma. In each of these instances, we received abundant confirmation that we had made the right decision, after the actual decision had been made. God has gifted human beings with frontal lobes; that is He has given us the power of intelligent choice, and He is honored when we utilize our frontal lobes in careful, comprehensive, prayerful analysis.

One of America’s great founding fathers, Benjamin Franklin, also encouraged this method of making decisions and called it “moral algebra.”



Recently I discovered that I was by no means the originator of this decision making model. One of America’s great founding fathers, Benjamin Franklin, also encouraged this method of making decisions and called it “moral algebra.” His statements concerning this model I found interesting enough to include them for you in Figure 1.

#### BEN FRANKLIN ON MAKING DECISIONS

Dear Sir:

*In the affair of so much importance to you, where in you ask my advice, I cannot, for want of sufficient premises, advise you what to determine, but if you please I will tell you how.*

*When those difficult cases occur, they are difficult, chiefly because while we have them under consideration, all the reasons pro and con are not present to the mind at the same time; but sometimes one set present themselves, and at other times another, the first being out of sight. Hence the various purposes or information that alternatively prevail, and the uncertainty that perplexes us.*

*To get over this, my way is to divide a sheet of paper by a line into two columns; writing over the one Pro, and over the other Con. Then, during three or four days consideration, I put down under the different heads short hints of the different motives, that at different times occur to me, for or against the measure.*

*When I have thus got them all together in one view, I endeavor to estimate their respective weights; and when I find two, one on each side, that seem equal, I strike them both out. If I find a reason pro equal to some two reasons con, I strike out the three.*

*If I judge some two reasons con, equal to three reasons pro, I strike out the five; and thus proceeding I find at length where the balance lies; and if, after a day or two of farther consideration, nothing new that is of importance occurs on either side, I come to a determination accordingly.*

*And, though the weight of the reasons cannot be taken with the precision of algebraic*

*quantities, yet when each is thus considered, separately and comparatively, and the whole lies before me, I think I can judge better, and am less liable to make a rash step, and in fact I have found great advantage from this kind of equation, in what may be called moral or prudential algebra.*

*Wishing sincerely that you may determine for the best, I am ever, my dear friend, yours most affectionately, Ben Franklin*

Even group decisions for businesses, churches, and other organizations are frequently made in a haphazard way. Meetings which are hastily scheduled jump from topic to topic. While some relevant points may be subject to discussion, other equally important considerations may receive no rumination at all. Stronger and more vocal personalities in the group may dominate the discussion, often to a degree far beyond the level justified by their knowledge or experience. Meanwhile other less forward members of the group,



who may have valuable input but can't get a word in edgewise, remain painfully silent. In such a setting, a decision is finally "made" because it appears that everything has been considered, or the group is running out of time.

What a contrast it would be if Ben Franklin's method could be utilized, even in a group setting. If each member in the group were asked to consider the matter beforehand, writing out the pros and cons as they see them, the discussion might take an entirely different turn. The pros and cons could even be weighted beforehand, as a measure of determining which are most important to the group. At the end of the process, a combined list of pros and cons could once again be privately weighted by each individual in the group. The resulting tally would be not only enlightening, but improve the quality of decisions made in many cases.

So if personal happiness is not the standard to make decisions, what is? Our decisions can and do have eternal consequences. Souls in the kingdom for eternity are priceless treasures that nothing in this earth can come close to comparing. Every important decision should weigh the factors that can effect your own personal salvation, the salvation of each of your family members, and the salvation of others, such as your local church members,

So, if personal happiness is not the standard to make decisions, what is?



local community, patients, and others in the world at large.

Probably the most difficult decision I have had to make is the one concerning moving to Weimar. I also have never had to make a prospective decision that so many kind and concerned people in our lives "weighed in" on. Just about every "good friend" of ours has made his or her opinion known. I had "great friends", some of them high and dear leaders in our church write me thought provoking letters giving their loving opinions. The weight and volume of the opinions of others, including family was 10:1 in favor of staying in Oklahoma. Easy decision, then, right? No, we still needed to go through the comprehensive weighted pro-con decision making model. Then when others would come to us, telling us to consider this fact, or that bit of history, we would be able to tell them that we already considered those things and factored them into our decision.

With the age spread in our four boys, we considered the prospective influence on each of the boys. For our two older boys,

the advantage appeared to be the Weimar move. For our two younger boys, the advantage was to stay in Oklahoma. We considered the home that God chose for His infinite Son to see how ours would compare. Ministry of Healing page 365 asks this question and then gives the answer, "What were the conditions chosen by the infinite Father for His Son? A secluded home in the Galilean hills; a household sustained by honest, self-respecting labor; a life of simplicity; daily conflict with difficulty and hardship; self-sacrifice, economy, and patient, gladsome service; the hour of study at His mother's side, with the open scroll of Scripture; the quiet of dawn or twilight in the green valley; the holy ministries of nature; the study of creation and providence; and the soul's communion with God--these were the conditions and opportunities of the early life of Jesus." These conditions have also been pretty standard among the greatest men and women who have walked this earth. "

Then we considered Abraham's big decision regarding his personal move. "He

had no question to ask concerning the land of promise--whether the soil was fertile and the climate healthful; whether the country afforded agreeable surroundings and would afford opportunities for amassing wealth."

Abraham did not ask those questions. But the Oklahoma people did. They warned us about moving to a state that was bankrupt with the politicians out of control.

They also said, "Have you considered California's four seasons?"

"What do you mean?" I asked.

"Fires, earthquakes, floods, and riots."

Abraham asked only whether this command was from God. Having ascertained that it was, the response was a foregone conclusion. "God has spoken, and His servant must obey; the happiest place on earth for him was the place where God would have him to be." {PP 126.3}

But was my call to Weimar from God? We heard no audible voice, but we sensed that

We must seek constantly for the Lord's guidance in the daily decisions of life, both big and "small".

He desired us to use our own frontal lobes to ascertain the Lord's call. We realized the great need to not only do comprehensive medical missionary work ourselves, but to teach it to many other young people who could take up this calling both in this country and overseas.

After weighing out each factor as objectively as we could, praying for God to help us see clearly and truthfully, while taking several days to weigh every conceivable factor that could make a difference, we tallied the score. Because of the weighted system of scoring, the final scores can be surprising. Our anxiety increased when the final scores were statistically even. Looking



over what would make Weimar a clear winner, four factors would have to change. First, we would need to find a home and property like we have in Oklahoma that would help fulfill the Ministry of Healing recommendation mentioned above for our two younger boys. Second, the Nedley Depression Recovery Program, that is beginning to reform the way Major Clinical Depression is worked up and treated, would still need my significant attention. It did not appear to me that with all the attention Weimar needed, that both could be accomplished. Thirdly, I would need to be able to retain all of the physician hospital privileges I currently have in Oklahoma. Fourth, in order to accomplish all of this, if I went to Weimar as President, I would not be a typical president that runs the day to day operations, but would need an exceptional right hand man or woman that could run the day to day operations.

I told Doug Batchelor, the President of Amazing Facts who had asked me to serve as Weimar's new President of the above. He told me to assume that all four would be accomplished and to accept the Presidency! I obviously did and took his advice.

We know that we are finite, and God is infinite. Now, when the world is in consternation, we must seek constantly for the Lord's guidance in the daily decisions of life, both big and "small." The Lord is calling many SDA physicians to a different path than what they are on now. We must pray that we will not succumb to distorted or emotional reasoning. Truth about the times in which we live must inform our choices. The stakes are high. If we submit all of our decisions to the ultimate authority of Truth, we will be able to look back on our choices with no regrets.



## Mission at Natuvu Creek



When Stephen Arrington, former chief diver and expedition leader for the Cousteau Society, asked me to come to Fiji and take part in mission work there nearly 13 years ago, I agreed in a heartbeat. Service has always been an important part of my life, and I was thrilled to have a new opportunity to share the joy of Christ with others.

Yet I was not prepared for the incredible need that awaited me in the form of more

than three hundred men, women, and children waiting outside Loma Linda University School of Dentistry's newly installed dental clinic on the island of Vanua Levu in need of dental care. Many of them were in such pain that they were cradling their cheeks in their hands.

While my children played outside with the local children, I immediately set to work. For two weeks, I tried to meet the needs of an ever-growing line of patients suffering from tooth decay, abscesses, and pus-filled

infections. By the end of our stay, I had seen over 100 people, but I still had not even made a dent in the line outside my door.

I knew one trip was not enough, so I called the Director of Service Learning at Loma Linda's school of dentistry and set up a plan to bring 12 of the best senior dental students in the program to Fiji the following year. This became an annual tradition, and we had many wonderful experiences!

When mission groups leave Fiji, they often make a gift of their non-essential clothing to the local people. Our group also made this our standard practice and loved doing it. However, one year the tables were turned when my luggage was lost in transit. While I waited for my clothes to arrive, the local ladies gave me their clothes - for many their only nice outfit. Rather than giving out of their surplus, the Fijians gave of their best.

My experiences in Fiji and a growing love for the people there, led my husband and I to decide to build these generous people a clinic that would not only see to their

basic needs, but a world-class facility—an extravagant gift to the people of Fiji that is a reflection of the extravagance of God's love.

We purchased an 850-acre parcel of land at Buca Bay through the Tooma Family Foundation in 2000 and gave 100 of those acres to Steve Arrington's Dream Machine Foundation for their youth ministry. The rest of the property was set aside for a state-of-the-art medical and dental facility where we could see to the needs of the wonderful Fijian people we had come to know and love.

Rather than giving out of their surplus, the Fijians gave of their best.

In 2005, after years of planning and countless miracles, we began to build the Mission at Natuvu Creek (MNC). Wayne and Lois Oldham and their two children accepted the call to go overseas and oversee construction, and the facilities were completed in mid-2008.

At that time, Anibal Kalbmatter, M.D., and his wife, Nani, R.N. took up full-time residence as Medical Director and Managers of the Mission. The compound is also home to administrators, orderlies, and facilities staff, about ten of which are locally hired.

The MNC offers free medical care to people all over the island of Vanua Levu (pop. 130,000), which is Fiji's second-largest island, as well as from Fiji's largest island, the capital city of Suva, the nearby islands of Taveuni, Kiowa, and Rabi.

Although the Fijian government does provide basic medical care, specialized care is not always available to islanders, and many of them suffer acutely from debilitating but treatable skin diseases, eye disease, heart disease, various injuries, tooth decay, and more. The MNC facility freely offers simple solutions for these problems, giving Fijians a gift of hope.





We are currently developing plans to fill the gap with a modern secondary school characterized by excellence in academics and a genuine love for God.



Although great strides have been made in seeing to the needs of the wonderful people of Fiji, more is still to be done. One of the greatest needs on Vanua Levu is education, and though the nearby Votuvonu School offers an excellent education, it stops at grade 10.

We are currently developing plans to fill the gap with a modern secondary school characterized by excellence in academics and a genuine love for God. With a commitment to outstanding academics and Christian values, we plan to train the educators, entrepreneurs, professionals, and leaders of the future who can bring true prosperity to Fiji.

Another great need for Fiji is simple businesses. Most rural Fijians are in need of a job that will make them just \$100 each month, and many are forced to travel to larger cities to find work. Yet there are many opportunities for grassroots industries in Fiji that would not require Fijians to leave their homes and communities. For this reason, we

are working to involve people skilled in entrepreneurship, management, training, finance, and developing grass-roots industry in the work at the MNC.

Our work at Fiji has blossomed into much more than any of us ever dreamed, and it is still growing. Every day, we are reminded of what Paul wrote in Galatians 6:9-10: "So let's not get tired of doing what is good. At just the right time we will reap a harvest of blessing if we don't give up. Therefore, whenever we have the opportunity, we

should do good to everyone—especially to those in the family of faith" (v. 9-10).

We at the MNC have already begun to reap an incredible harvest as we use medical ministry to share the wonderful hope we have in Christ with the people of Fiji, and every day we come to a deeper understanding of the incredible extravagance of the precious love of God.

## Dual Conversion in the Philippines: How medical evangelism can change your own life



As a faculty member at Loma Linda University, specializing in maxillofacial surgery, I have done my share of mission trips. In the last ten years, I have taken a number of students and teachers to the mission field. These trips have been so rewarding that I would be out in the mission field full time if missionary work would pay my student loans.

One mission trip in particular was truly

life-altering for me. In 2009, a medical professional who was scheduled to go on a GYC sponsored program became ill. I was asked to fill in at the last minute. Nothing happens by coincidence for those who believe in God. He definitely had a plan for me to be on this particular trip.

The group with which I traveled to the Philippines divided up and held clinics and evangelistic meetings in several different locations. I was assigned to a

church plant in San Lorenzo outside San Pablo City. The church had a small core of members. These faithful souls went out ahead of time and worked earnestly to prepare the way for the medical clinics and reaping meetings that our team of medical missionaries came to provide. Never before had I seen anything so moving as this whole process. Lay people who lived in the area laid the foundation. They went door-to-door inviting people. Our medical missionary group came to follow up with





the gospel. We did not bring a crippled gospel, but one which had its right arm.

Let me introduce you to Kevin. This fourteen year old lad was a simple, straightforward example of the medical work's place as the "right arm of the gospel." I met him when he came to have a painful tooth extracted. Because of that encounter he decided to attend the sermons I was preaching in the evenings. I was using Mark Finley's "Revelation of Hope" series. I had never preached a series in my life. I really didn't have high expectations. But God had other plans.

I extracted Kevin's tooth on Monday. During Tuesday evening's meeting I made a call for those who understood and accepted the message about the Sabbath. It was

## Am I putting the right arm of gospel to work in my practice?

the first time I had ever made an appeal. Sixty-two response cards came in. One of those was marked by Kevin. He indicated that he had further questions. Then Kevin wrote, "Please visit my home."

In spite of a punishing schedule of clinics and speaking appointments, I took another team member and visited Kevin. Fourteen family members were there, living in one edifice. We shared the gospel. They asked for help in terms of physical needs. We did what we could. We prayed with them. Then we went back to prepare for the meeting.

That night I was to give an appeal for baptism. I was nervous. I had never done this before. I prayed, and made the appeal. Kevin, his mother, his sister, his father, and his big brother responded saying they wanted to learn more.

Three days after I met Kevin, he and his family accepted Jesus and asked to be baptized. We treated his pain and saw his family respond. Fifty people expressed an interest in baptism at that time. Some had issues that would take some time to resolve, but seventeen of them were ready

for baptism before we left my little church plant.

On the day of the baptism, all of the medical missionary teams brought their baptismal candidates to one central location for the service. One hundred and fifty people went into the water to publicly demonstrate their commitment to Jesus Christ. I was so moved – so amazed that God actually used me to reach some of those hearts. When it came time to baptize the candidates, I could not just stand by. I wanted to be involved. I jumped into the water to help the people who were getting in and out.

While I was in the water, the Holy Spirit started bringing things back to my memory. I had been baptized at the age of eleven. I knew the details then, and made an informed choice. But there in the mission field, preaching the Word myself, explaining the things that I had heard from my father and my grandfather, I began to see that I had never really made a public stand for my own faith. In my youth I was baptized into the faith of my father, and the faith of my grandfather. But on this day I knew that it had become my own faith. I felt like God was saying, "Carlos, you haven't ever shown the world that you, personally have bought in fully to what you preached this week." It was time for me, as a mature adult, to take a stand and be baptized as one who not only understands the doctrines of the Adventist Church, but as one who intends to claim Jesus Christ as Lord and Master in my life.

As the last person from my church plant climbed out of the water, I grabbed the pastor and told him he needed to baptize



me. He thought I was not serious. He said, "We're all done." I said, "No, baptize me." He said, "Why?" I said, "As an adult I have never made a public demonstration of my commitment to God and the Seventh-day Adventist message, and I really need to do that."

The pastor said, "You really want to do that now?" He finally believed me, and called all the other pastors back into the water. They all raised their hands. Some of them laid their hands on me, and I was baptized. That was a powerful experience.

Have I fallen since then? Yes. Have I been imperfect? Absolutely. But on that mission trip I saw, for the first time, the power of the combined forces of medical work and evangelism to make changes, not only in the people we preached to, but in my own life.



Some of you reading this are wondering whether to join with AMEN. To you I would say this: Ask yourself honestly, "Am I putting the right arm of gospel to work in my practice?"

I do not know whether foreign mission work is for you. It may be that your biggest mission field is the one that you are committed to right in your own office. AMEN exists for the purpose of training medical professionals to better integrate the gospel into their daily practice so they can live unashamed of their faith.

If you feel God tugging at your heart to be involved in a medical mission campaign with the evangelistic component, pray seriously about getting outside your comfort zone. It can be the most fulfilling endeavor that can employ your God-given talents. When you put yourself out there, even though you are an imperfect human being, you place yourself in a position where God can use you to reach others. Don't be surprised if He reaches you in ways you've never experienced before too. Take a leap of faith – if you wait until you feel completely ready it may never happen.

I had been going through the motions for years. I had to put my neck on the line for my faith. I had to explain to others the



things my dad and grandfather had taught me. That is when I experienced a deeper understanding and complete commitment. That is when God said, "I got you!"

Ellen White says medical missionary work is the right arm of the gospel. If I simply provide medical care, then I am just a right arm. I can stand next to a preacher, and between us we can be a whole unit of service. If I practice medical missionary work and also preach, then I am privileged to follow the pattern of Christ, the Great Physician of the body and the soul.

I invite you to get plugged in. AMEN is here to support you. Be an active part of God's medical missionary work right in your own practice. Then start asking God whether He is ready for you to go on a life-changing adventure such as a medical mission trip with evangelistic focus. The all-important question for each one of us is this: "Am I using the career that God has given me to further His work?"

**To get involved contact AMEN missions at: [missions@amensda.org](mailto:missions@amensda.org) or Dr. Moretta directly at: [koolrosky@yahoo.com](mailto:koolrosky@yahoo.com)**



# Hope and Help in Haiti



The devastating 7.0 magnitude earthquake which shook Haiti on January 12, 2010, came as something of a baptism by fire for Dr. Carlos Moretta. In an interview with The Medical Evangelist Dr. Moretta said, “On January 10, 2010, AMEN President, Dr. Phil Mills asked me to fill a new vacancy directing AMEN’s mission outreach, focusing particularly on emergency response. Two days later Haiti happened, and we found ourselves in completely uncharted territory.”

AMEN has sponsored a trip to Haiti each of the past two years. Another trip

was already planned for 2010. “We just didn’t expect it to be under these circumstances,” said Dr. David Catalano, AMEN’s outgoing medical mission director. Previous medical missionary trips to Haiti were carefully planned and well orchestrated combinations of medical care, health education, and evangelism. The main emphasis under today’s trying circumstances must be the gospel in action more than in word.

Dr. Phil Mills, was contacted by Pastor Mark Finley of the the General Conference of Seventh-day Adventists just as soon as the first damage assessments reached

his desk. Pastor Finley outlined the dire situation faced by church members, and by the medical staff at the Adventist hospital in Haiti. In response to AMEN’s first simple email to its membership, at least forty motivated medical and dental professionals volunteered. Their information was forwarded to Loma Linda (and later to ACTS) for processing and further coordination with the church’s relief efforts.

“AMEN is a small, fledgling ministry,” Dr. Moretta stated. “We’ve taken on a number of big projects. We’re like babies learning harsh lessons. It has been uncomfortable.



It has been challenging. But through the lumps and bumps we have established a rudimentary protocol for future disaster relief efforts. I feel that God has used Haiti to show us a new facet of what AMEN can be. I still like the nice, planned out, evangelistic, right-arm-of-the-gospel stuff that I am used to. It’s more controlled. More comfortable. But we live in a sinful world and disasters happen. We need to be ready to step up to the plate for those as well. We are learning fast.”

Providentially, AMEN had already established a powerful communication system which was originally intended for internal networking. “This Basecamp, system,” said Dr. Moretta, “has become a significant platform for effective networking in a disaster.” Additionally, AMEN is using social media and online project management tools to organize and promote the Haiti effort (<http://www.lifeandhopeforhaiti.org/>). AMEN is fast

becoming an effective pipeline for medical professionals and suppliers nationwide who are willing to donate time and medical supplies to the relief effort. We are also learning ways of getting around bottle-necks such as the delays at the Haiti airport. We have approximately twenty satellite phones deployed with key players on the ground. This keeps the AMEN network in the States up-to-date on urgent needs.

Both Dr. Catalano and Dr. Moretta emphasized the fact that AMEN is not a relief organization. They used words like “pipeline,” “networking platform,” and “facilitator” when describing AMEN’s role in missions and disaster relief.

“We are mainly a clearing house for SDA medical professionals who are interested in going, but don’t really know how to set up such a mission.” Dr. Catalano said. “As a clearing house, we don’t fund the

I feel that God has used Haiti to show us a new facet of what AMEN can be.

mission trips from AMEN. Those who go – medical and dental professionals, and non-medical people, are typically self-sponsored or sponsored by local churches.” AMEN refers the teams to organizations such as Loma Linda and ACTS which then provide the organization, logistical coordination, safe housing, healthy food, and the leadership necessary for a turn-key mission. AMEN is made up of willing volunteers who give their time to provide a means of networking for various relief organizations.

“While AMEN continues to encourage and support its members in getting out into the mission field,” Dr. Catalano adds, “we are also beginning to do more towards







facilitating the work of others. Those of us who are interested continue to go once or twice a year. The new emphasis on coordination for others is a practical extension of our experience. Strategic allies such as contacts at Loma Linda Medical Center, Florida Hospital, and ACTS are links in a pipeline which will soon be able to provide prompt relief anywhere in the world where there is a major disaster."

AMEN works to send balanced teams into the field. Medical professionals are backed up by the support staff they need in order to function effectively. In the current

crisis, AMEN's teams are being sent to hard-to-reach areas away from the capital city of Port-au-Prince, where many relief organizations have concentrated their efforts.

Another important component of AMEN's emergency response effort is to facilitate low-cost air travel for first-responders to disaster areas. Jerry Caloroso's help initiating this has been invaluable to get our first responders into Haiti with a minimum of delays.

As of this writing, AMEN has processed close to one hundred medical professionals who are volunteering to provide relief to Haiti. Approximately thirty doctors and nurses are already on the ground. AMEN has provided ten iPod Nanos to doctors giving relief, so that they can document what is going on and help us to communicate Haiti's needs more effectively.

The task is huge, the learning curve is steep, and the bottlenecks are frustrating. But our God stands behind His commission. He is working through many willing hands to provide relief and prayerful support to His hurting children in Haiti, and in many other parts of the world. Tools like satellite phones, Basecamp, assisting with flights, etc are making the workers more

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efficient. But the backbone of the work is the individual medical professionals and other volunteers who prayerfully put their time and energy on the line in service to their fellow human beings.

As many of you understand, work like this incurs unexpected expenses. To date AMEN has spent \$30,000 that was not in our budget. If the Lord impresses you to get involved as a donor or volunteer, please contact Skip Dodson (admin@amensda.org) or Ricky Kearns (missions@amensda.org). Thank you for your support. May God abundantly bless you as you minister for Him.



## Thank you Bangladesh!



Dyanabad (thank you) Bangladesh! This was our sentiment as we headed for home in the United States, because, as we learned when we first arrived, mission trips are often more for the 'healer' than the healed, learning lessons that change us. This was the third successful trip to Jalchatra, a village in northern Bangladesh, about 6 hours from the capital city of Dhaka. The program is run through a Seventh-day Adventist

school in the village, offering a vacation Bible school, health/spiritual education talks, Internal Medicine/Pediatrics, Ophthalmology, Dentistry, Surgery, and Physical Therapy. Every day, rain and heat, people were lined up as far as the eye could see, and, by God's grace we saw over 3,300 patients. The trip is organized by Drs. Paul & Janie Yoo from Loma Linda and Dr. Paul Moskala from Bangladesh. Our team included students, nurses, physicians and dentists (from the U.S.), as well as student

volunteers from the Adventist Seminary and College in Bangladesh.

There are many stories of patient encounters that could be told. It seemed a whole career of patients with interesting findings are compressed into one week. But one example is illustrative of what can be offered, when no medical solution can be found. Such a patient presented one afternoon, as a 30 year old female, with a large fungating mass from her right breast



by Phil Mills, MD

But Jesus said, “she hath wrought a good work upon me. For ye have the poor always with you; but me ye have not always.”

with additional tumor infiltrating the remaining breast. She had firm, matted axillary lymph nodes, but the look on her face was the most concerning. She had previous surgery when, at the time, she had just ‘two small lumps’, and had lost a lot of blood with the surgery. The tumor came back and was very difficult wound care, with friable bleeding tissue and constant weeping, which left her clothes constantly wet and bloody. She told us that her blood ‘was still low,’ and that she was always so tired. I discussed a surgical palliative option, which I thought would also help with wound care, but I also told her that she could lose blood again. Her face was long with fear, and she eventually declined so that she could get back to her family.



Her medical diagnosis was clear, but I wondered about her spiritual prognosis. Medically and surgically her problems would eventually take her life, but, I knew that God, through Jesus, was weeping over this child. In my own inabilities and despair to surgically treat her, I realized that the focus of Jesus, through the whole encounter, was to calm her fears, bless her family, and save her soul. We could offer prayer, and so we prayed with and for her, which seemed to soften her countenance. I do have faith that God will use that encounter for His Glory, and, I realized that my own focus had shifted with one patient.

At Simon's feast in Matthew 26:6f, the Bible says, “There came unto him a woman having...very precious ointment, and poured it on his [Jesus] head.” The disciples saw this and called it “waste”, but Jesus said, “she hath wrought a good work upon me. For ye have the poor always with you; but me ye have not always.” We

will always have patients to which we have nothing more medically to offer, but, as we seek the salvation of the hungered, thirsty, stranger, naked, imprisoned and sick, we are reminded that we are ‘wasting’ our talents, and love, on Christ, and we have his saving and calming presence to offer.

As we struggled not to feel overwhelmed with the press of the crowd in that small corner of Bangladesh, I was reminded to pray the Lord of the harvest for workers. We will never finish the work, and see Jesus return, without the outpouring of the Holy Spirit. But, as our citizenship is in heaven, we have the promise of hearing the words in Matthew 25:23, “Well done, good and faithful servant; thou hast been faithful over a few things...enter thou into the joy of the Lord.” I can only hope that my patient and fellow child of God will be there because Jesus taught me to waste on Him.

## President's Report



News events that our staff, our patients, and our families discuss are God given opportunities for medical evangelists to spread the gospel. Like Jesus, we can take advantage of the “chit-chat” of home and office life to expand the news into an illustration of important spiritual truth. Our staff will repeat our words of truth and for the next few days every time they hear the news they will be reminded of the truth we shared with them.

We are told, “If we are making the life and teachings of Christ our study, every passing event will furnish a text for an impressive discourse. It was thus the Savior preached the gospel in the highways and byways; and as He spoke, the little group that listened to Him swelled to a great company. Present-day evangelists”, that is us, “are to be workers together with Christ.”

Recently a terrible earthquake struck Haiti. Pat Robertson responded to this on his program, “The 700 Club” by saying, “Something happened a long time ago in Haiti, and people might not want to talk about it. They were under the heel of the French. You know, Napoleon III and whatever. And they got together and swore a pact to the devil. They said, ‘We will serve you if you will get us free from the French.’ True story. And so, the devil said, ‘OK, it's a deal.’” Robertson then went on to say that because of this pact with the devil, the Haitians have been cursed ever since.

Here's how Jesus may have responded to

the Pat Robertson's of His day: “Now there were some present at that time who told Jesus about the Galileans whose blood Pilate had mixed with their sacrifices. Jesus answered, ‘Do you think that these Galileans were worse sinners than all the other Galileans because they suffered this way? I tell you, no! But unless you repent, you too will all perish. Or those eighteen who died when the tower in Siloam fell on them—do you think they were more guilty than all the others living in Jerusalem? I tell you, no! But unless you repent, you too will all perish.’” He went on to give the parable of the fruitless fig tree.

On another occasion “He saw a man who was blind from birth. And His disciples asked Him, saying, ‘Rabbi, who sinned, this man or his parents, that he was born blind?’ Jesus answered, ‘Neither this man nor his parents sinned, but that the works of God should be revealed in him. I must work the works of Him who sent Me while it is day.’ And He went on to heal the blind man. He saw in tragedy the opportunity for service.

And this was the response of the Seventh-day Adventist church and AMEN at the news of the Haiti earthquake. I received a call from our board advisor, Pastor Mark Finley, who spoke of the need of Haitians. He expressed his vision for how our members could help, and as a vice-president of the General Conference, he officially requested AMEN work with him in this emergency.

Our members responded to our hasty e-mail. Though there were delays, logistic difficulties, and website problems, we saw amazing providences. This story is still unfolding. We have been working unitedly with the church, Loma Linda University, Florida Hospital and ACTS to assist in providing needed physicians and dentists to help devastated Haitians through this crisis.

This opportunity has inspired the leaders of AMEN and we are now organizing and preparing for responding to future emergencies.

But Haiti is not the only news opportunity for medical evangelists.

The term “health reform” has been in the headlines for weeks. That, too, gives us opportunities to speak of true health reform.

The government's debate on “health reform” has been both supported and reviled by the competing interests of labor unions, big business, insurance companies, the American Medical Association, politicians, and the public.

“Health reform” was to be the cornerstone of Obama's first year in office. I am writing this on the first anniversary of Mr. Obama's presidency and the day after the Massachusetts upset with the election of Scott Brown, and headlines are screaming, “The Death of Health Reform.”

But health reform is not dead! It has yet to see its greatest days. This is not a political issue; this is a medical evangelism issue:

“The Lord has presented before me that many, many will be rescued from physical, mental, and moral degeneracy through the practical influence of health reform. Health talks will be given, publications will be multiplied. The principles of health reform will be received with favor; and many will be enlightened. The influences that are associated with health reform will commend it to the judgment of all who want light; and they will advance step by step to receive the special truths for this time.”

The AMEN board is seeking to understand what medical evangelism truly is. It is our aim to be focused like a laser on our mission. This isn't merely a board concern. This is an organizational concern. You can help us by sharing your experiences and study this year in the pages of the Medical Evangelist. It is our goal that the journal you are reading will be part of the networking in the Adventist Medical Evangelism Network. Brian Schwartz, our editor will welcome your letters, your articles, your participation. And we will all be enriched by your experiences.



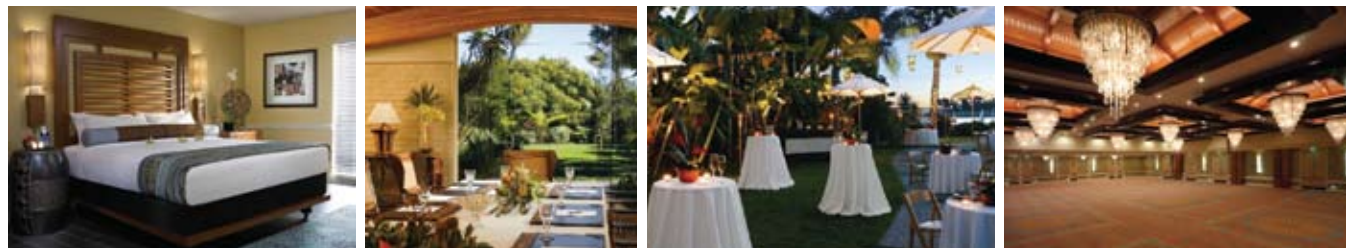
# 6TH ANNUAL AMEN CONFERENCE

# CPR:

# CHRIST PATIENT RESTORER

OCTOBER 28 - 31, 2010

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



### FEATURED SPEAKERS:

- Pastor Mark Finley
- Phil Mills, MD
- Edwin Nebblett, MD
- Mark Ranzinger, MD
- Neil Nedley, MD



### THE THEME FOR THE 2010 AMEN CONFERENCE IS CPR: “CHRIST, PATIENT RESTORER.”

We are living in a time when CPR is urgently needed as many are dying spiritually. There is only one Physician who can revive us: Christ. He patiently restores our patients and us. “He restoreth my soul.” Please mark your calendars and plan now to join us in San Diego for an educational and Spirit filled weekend.



# Amen to AMEN!

by Pastor Dwight K. Nelson, Senior Pastor  
PIONEER MEMORIAL CHURCH ON THE  
CAMPUS OF ANDREWS UNIVERSITY



Karen and I had the privilege of joining several hundred physicians and dentists and their families for the 2009 AMEN conference in Gatlinburg, Tennessee. You should’ve heard their stories. Here they are—medical professionals in the thick of their careers across this nation—pursuing Christ in the marketplace of healthcare. Or, as dentist Dusong Kim described it, it was Christ in hot pursuit of him, as the Cessna twin engine he was piloting in the dark over an invisible patch of California below, dropped out of the night sky, its engines shut down. Clutching the stick in desperation, his mind racing, his wife and two small children strapped in beside and behind him, this dentist at the apex of a lucrative practice recounted those life-altering moments as he blindly crashed the craft into an orchard of almond trees. But out of that survival, his testimony described a redirected career, ignited by a new passion for God and his mission.

Or there was young orthopedic resident Joshua Drumm, who discovered that his lifelong ambition to become an orthopedic surgeon was tanking, simply because he refused to attend the residency application interview on Sabbath. The drama of his pleading before God, the subsequent rejections from elite orthopedic residencies across the nation once his Sabbath conviction became known, his refusal to compromise his commitment to his Creator, the Philadelphia hospital orthopedic chief’s repeated attempts to persuade Joshua otherwise—his was a shining testimony of trust in God for all of us who listened, medical professionals or not. Today Dr. Kim and his family are missionaries in Bolivia. And Dr. Drumm and his wife are in a successful orthopedic residency in Philadelphia. “Faith in practice”—the weekend theme for this retreat—is more than evident in the lives of these many medical professionals.

And on this campus of over 3500 young adults, how many of them, how many of you, will also hear the call of Christ to follow him as a medical missionary? Perhaps not to some foreign shore, but nevertheless you are being called to be a missionary for the kingdom right here at home in this nation. Massive student loans, society’s drumbeat to reflect the affluence accorded your medical station in life—there will be myriad pressures to turn a practice into a lucrative career. But I was impressed with this hotel ballroom full of medical professionals who have chosen to reject societal norms and instead plunge into a self-sacrificing life of healing our broken world in the name of Jesus. You can be one of them one day.

Why the name AMEN? Because it stands for Adventist Medical Evangelism Network. Doctors, dentists, health care professionals as evangelists? Why the surprise? After all, God had only one Son—and he called him to be a medical evangelist. Could you be in better company? —www.pmchurch.tv





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PATIENT  
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