

FALL 2013

THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

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Medical Evangelism in Siargao

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A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

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

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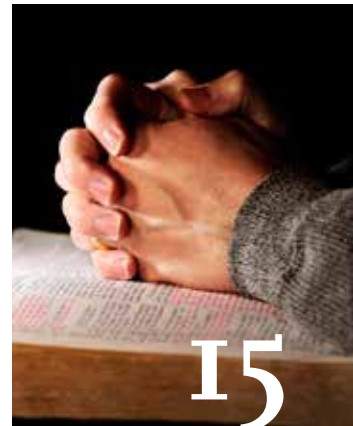


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BRIAN SCHWARTZ, M.D.

“God looked upon humanity, not as vile and worthless; He looked upon it in Christ, saw it as it might become through redeeming love.”

(COL 11:8).

“As Though”

We often look at the phrase, “the faith of Jesus” as Jesus’ faith in God. Though this is true, there is another way to look at this phrase, a way that can have important implications for our outreach as physicians and dentists.

Look at this quote from Ellen White: “Each word, each action, is a work for God. Here is faith in God, and faith in men. Christ would never have given His life for the human race if He had not faith in the souls for whom He died. He knew that a large number would respond to the love He had expressed for humanity. It is not every heart that responds, but every heart may, and can if it will, respond to that love that is without parallel. ‘My sheep hear my voice,’ Christ said. A heart yearning for God will recognize the voice of God. God cannot respond to one soul that does not respond to His grace offered, His love bestowed. He is waiting for a response from souls...” {LHU 221.4}

Likewise in our practice, if we will learn Christ’s methods of reaching the lost, then by understanding the principle of having faith in our patients, we might find real power for motivating change in them. Jesus treated His disciples as though they were converted long before they were. He called Judas a friend, even though He knew that Judas would betray Him. Jesus forgave Peter and looked on him with love and compassion, even though Peter had denied Him with cursing and swearing. Jesus demonstrated the principle of treating people “as though” even before they were.

He saw what they could be by His grace, and so He treated them as though they had already arrived.

If we can help our patients see what they can be, they actually have a better chance of attaining it. I have begun to treat my smoking patients as though they have already quit. I no longer tell them that they need to quit; I instead talk to them about what their new life will be like now that they have quit. I explain that God has already given them the victory over smoking, and that with His help they will stay successful. Many patients have actually stopped then and there and remain free of tobacco at their next follow up. It doesn’t matter what the issue, If we can help our patients see a bigger picture of what they can be, many will rise to that higher standard.

Two weekends ago I was talking to a gentleman who stated that, as a kid, he hated math. He flunked math each time. Then in high School he had a math teacher who truly inspired him and showed him how to do math. He went on to get a higher education degree in Mathematics, all because of that teacher.

So, too, may we have the opportunity to inspire our fellowman to rise up and be what God has envisioned them to be: Children of the King. “God looked upon humanity, not as vile and worthless; He looked upon it in Christ, saw it as it might become through redeeming love.” (COL 11:8).

This too is what it means to have “the faith of Jesus.”

Brian Schwartz, M.D.

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

by David DeRose, MD, MPH

The Sanctuary, the Prophet Daniel, and God's End-time Health Message



DR. DAVID DEROSE is a board certified physician in both Internal Medicine and Preventive Medicine. He also holds a Masters of Public Health degree from Loma Linda University. In addition to hosting a weekly radio program, he is a published researcher and has lectured widely, presenting complex health topics to the public in an understandable way. Currently, DeRose teaches at Weimar College and serves as a physician at Weimar's NEWSTART Clinic.

How valuable is an excellent memory? If you're a physician or dentist, you know how important it is to have your mind in top shape in order to diagnose and treat your patients effectively. Sure, computers and diagnostic tests can help a lot, but there is no substitute for the observational skills and sharp memory of an excellent doctor or dentist.

Even if you are not a health professional, memory is extremely important. If you have a family member with Alzheimer's disease, you can testify that your loved-one's deteriorating recall is a cruel and terrible aspect of the disease. In a very real sense, when you lose a good share of your memory, you cease to be you.

As important as a good mind is in the present, there is a bigger picture to consider. A whole book of the Bible seems to exist especially for the purpose of helping us remember things that affect our eternal interests. Deuteronomy literally refers to the "second [enunciation of the] law." The book reiterates God's divine instruction to His people—and is pervaded by calls to remember. Consider, for example, the following:

"And it shall be, when the Lord thy God shall have brought thee into the land which he swore unto thy fathers, to Abraham, to Isaac, and to Jacob, to give thee great and goodly cities, which thou buildedst not, And houses full of all good things, which thou filledst not, and wells digged, which thou diggedst

not, vineyards and olive trees, which thou plantedst not; when thou shalt have eaten and be full; Then beware lest thou forget the Lord, which brought thee forth out of the land of Egypt, from the house of bondage" (Deut 6:10-12).

The word, "remember," is at the heart of the Ten Commandments as well, standing at the beginning of the Sabbath commandment. "Remember" is found throughout God's counsels to us. I am in danger of forgetting. We all are in danger of forgetting. And worse yet, there is eternal danger in forgetting. Consequently, the book of Deuteronomy mirrors God's entire revelation in its repeated calls to remembrance. In fact, the Deuteronomy 6 appeal foreshadows a message in the Bible's final book where the Laodicean church is called to task for forgetting its spiritual need in the midst of material prosperity (Rev 3:14-22).

What Does All This Have To Do With An End-Time Health Message?

Holiness and health are among the themes of Leviticus and Numbers, the two books that immediately precede Deuteronomy. To see how these themes are linked to remembrance, consider Leviticus 23. This chapter calls God's people to be mindful of the "sacred assemblies" (NIV) of the Lord. These gatherings are literally referred to as "proclamations of holiness" (vs. 3, 7, 8, etc.). Let's look at three of these assemblies, for they provide a window into the inseparable linkage between memory, holiness and health.

“But now is Christ risen from the dead, and become the firstfruits of them that slept.”

Leviticus 23:1-3 begins with a reminder of the foundation for all holy time, the weekly Sabbath. Although the word “remember” doesn’t appear in the text, the call to remembrance is both implicit here and explicit elsewhere (e.g., Ex 20:8-11; Dt 5:12-15). Dr. Roy Gane recognizes the special implications for holiness: “By blessing the seventh day and making it holy (Gen 2:3), God has bestowed on it a special relationship to Himself, who alone is intrinsically holy (cf. 1 Sam 2:2).”

Lev 23:10-14 provides a second window into the foundational nature of remembrance: “Speak unto the children of Israel, and say unto them, When ye be come into the land which I give unto you, and shall reap the harvest thereof, then ye shall bring a sheaf of the firstfruits of your harvest unto the priest: And he shall wave the sheaf before the LORD, to be accepted for you... And ye shall eat neither bread, nor parched corn, nor green ears, until the selfsame day that ye have brought an offering unto your God: it shall be a statute for ever throughout your generations in all your dwellings.” In Deuteronomy 6 the danger was that God’s people would be so preoccupied with material blessings that they would forget their Lord, the Source of all. Here we see God lovingly instituted another perpetual statute designed to help them never forget. Before they enjoyed the material fruits of the land, they were to participate in the “firstfruits” or “wave sheaf” offering. The apostle Paul makes it clear this offering represented Jesus, our

Savior: “But now is Christ risen from the dead, and become the firstfruits of them that slept.” (1 Cor 15:20)

This passage helps us make a key transition. For the Christian, God has provided special aids to remembrance. Whereas the weekly Sabbath originally connected the call to remembrance with His creative, life-giving power, the wave sheaf focuses us on living a life centered on God’s redemptive, grace-giving power—as most fully manifested in Jesus, our Messiah. Another profound reality is also revealed: Lev 23:10-14 calls us to recognize that this sublime truth about the Source of all our blessings is connected with God’s sanctuary.

A third great assembly in Leviticus 23 brings this all into sharper focus. However, before proceeding there, it is worth noting that many Christians find it difficult to understand why an Old Testament institution like the wilderness sanctuary—or the subsequent temple in Jerusalem—would have any bearing on our lives today. A brief digression should help dispel any concerns of misapplication.

Revelation and Daniel are twin prophetic books that speak with special relevance to the end of time. Both are intimately connected with God’s sanctuary and the redemptive work of Jesus—to which we owe our all. The end-time book of Revelation is presented from a sanctuary context. John the Revelator first sees Jesus in the midst of the sanctuary’s golden lampstands (1:12-13), offering His struggling churches sanctuary items like manna (2:17). In the next scene of Revelation 4 and 5, John finds himself in vision in a representation of the heavenly sanctuary, the very throne room of God. In keeping with the Christ-centered focus, the central figure in the drama of those chapters is Jesus, the sacrificial lamb (5:6-10; see also John 1:29). Although the

entirety of the book continues from such a perspective, it is worth noting that the book of Revelation concludes with the ultimate Christ-centered, sanctuary focus when the Father and Son move Their dwelling place to earth (Rev 21-22).

Similarly, the book of Daniel speaks especially to those living toward the conclusion of earth’s history. The book states it was “sealed” for this very purpose (see Daniel 12:4, 9, 13). The imagery of the book of Daniel is again presented in a sanctuary context. Consider, for example, the sanctuary setting of the end-time judgment of Daniel 7 (e.g., vs 9-10) or the exclusive use of sanctuary animals (ram and goat) in the parallel prophecy of Daniel 8 which, incidentally, specifically centers on the sanctuary (see Dan 8:14). For centuries, students of Bible prophecy have recognized that this very prophecy, when combined with the ancillary revelation of Daniel 9:20-27, demonstrates that since 1844 we have been living in a special time that Dan 8:14 associates with an end-time “cleansing” of the sanctuary. Indeed, rightly understood, Daniel 8 and 9 speak to every Christian today, calling us to realize we are living in a time that was foreshadowed by the Bible’s annual Day of Atonement.

The Example of Daniel

In fact, it is the book of Daniel with its last-days, sanctuary emphasis that brings us back to Leviticus and God’s present call to holiness, health and remembrance. Daniel 1:1-2 provides the opening context where it seems God’s temple/sanctuary is no longer relevant. (Most of those living in his day would have viewed Nebuchadnezzar’s plundering of the Jerusalem temple as evidence of the impotence of the temple services and the God with whom they were associated). However, in the ensuing story, Daniel essentially says: “Many may think the true God has been shown to be

powerless and His sanctuary irrelevant, but I know differently. I will live in the light of a living God and a relevant sanctuary by not ‘defiling’ myself.” (Note: you can only defile something that is holy—Daniel was boldly proclaiming his body was the sanctuary of the Holy Spirit!)

A Third Sacred Assembly

With all this in mind, we must hasten on to a third holy convocation in Leviticus 23. Although there are other sacred assemblies in this chapter, the final one we’ll consider provides a valuable window on how we are to live in this great “antitypical” Day of Atonement. (Note: a “type” points forward to an “antitype”; so the rituals associated with the ancient Day of Atonement give us special insights into how we are to live today.) Indeed, Leviticus 23:27 provides details about preparations for the Day of Atonement (also known as Yom Kippur). “[O]n the tenth day of this seventh month there shall be a day of atonement: it shall be an holy convocation unto you; and ye shall afflict your souls (fast), and offer an offering made by fire unto the Lord.”

At a basic level, the annual Day of Atonement pointed forward to an ultimate vindication or clearing of God’s character. In the antitype, the One who had forgiven His people throughout earth’s history will finally, incontrovertibly, be shown to be fully just in the eyes of the entire universe. Just as the Hebrew people afflicted themselves at Yom Kippur, the responsibility of the already-forgiven end-time people of God is to humble themselves—avoiding all that would defile—and, thus, live holy lives that testify to the fact that God’s grace has indeed transformed their lives, rendering them “safe to save.”

The Call to Fast

Medical Ministry is a pivotal book that has shaped the Adventist practice of medicine for decades. This book captured the essence



of fasting, advocating it as a practice that every Christian should embrace in the times in which we live: “The true fasting which should be recommended to all, is abstinence from every stimulating kind of food, and the proper use of wholesome simple food, which God has provided in abundance. Men need to think less about what they shall eat and drink of temporal food, and much more in regard to the food from heaven, that will give tone and vitality to the whole religious experience” (Medical Ministry, p. 283).

However, this is not an austere message focused on the fasting and self-denial “we must do.” The Yom Kippur message is one full of hope and empowerment. The services of the Day of Atonement all center on the activities of our High Priest who makes “an atonement for himself, and for his household, and for all the congregation of Israel” (Lev 16:17). When we understand that the High Priest of old foreshadowed the work of Jesus (see Heb 6:20; 9:6-14; etc.), we realize that Jesus is the One who wants to both cleanse His people and give

them the assurance of standing in a right relationship to Him (e.g., Heb 4:14-16; 10:19-22).

A prolific Christian writer of yesteryear captured this connection between Christ’s work for us in heaven and the call to holiness: “Jesus stands in the holy of holies [the sanctuary apartment especially associated with the Day of Atonement], now to appear in the presence of God for us. There He ceases not to present His people moment by moment, complete in Himself. But because we are thus represented before the Father, we are not to imagine that we are to presume upon His mercy and become careless, indifferent, and self-indulgent. Christ is not the minister of sin. We are complete in Him, accepted in the Beloved, only as we abide in Him by faith” (Faith and Works, p. 107).

Do you see the implications? We are living in a time where the Bible makes special appeals for us to remember. Those calls to remembrance are connected with calls

to be a holy people who allow Jesus to give them an experience in self-denial at this solemn time in earth's history. In fact, the Day of Atonement message also calls us back to the 1st chapter of the book of Daniel. As we saw there, Daniel lives in the light of a relevant sanctuary message—and orders his life accordingly. And what were the results? Daniel reaped the consequences of physical, mental, and spiritual excellence (see Daniel 1:15, 20).

Practical Health Implications

America, along with the rest of the Western World, has been swept away in an epidemic called the metabolic syndrome. By the time we reach our 60s, over half of us will have this disorder. Worse still, up to 44% of obese adolescents already have the condition. This metabolic derangement sets the stage for a host of physical maladies including type 2 diabetes, heart disease, stroke, elevated blood pressure, higher blood sugar and triglyceride values, as well as a variety of cancers. However, in light of the Bible's call for holy living, Christians may be wise to be most fearful of this condition's cognitive toll. A growing body of research now links the metabolic syndrome to cognitive dysfunction, including an increased risk for dementing diseases like Alzheimer's. The metabolic syndrome is driven by modifiable lifestyle factors like obesity, poor diet and inactivity. The Day of Atonement call to "fasting" is a call to temperate living that is calculated to help us avoid or reverse the metabolic syndrome—thus fostering our cognitive superiority just as it did Daniel's.

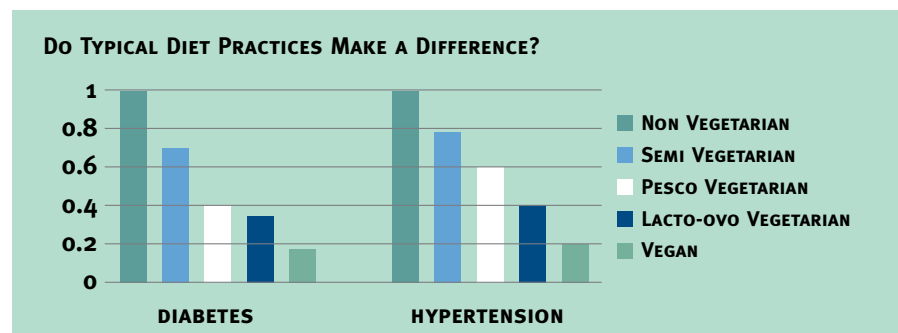
Looking specifically at memory (and the hippocampus, a key brain region involved in memory), a recent review identified a host of "neurotoxic" factors including those that tend to accompany the metabolic syndrome like hypertension (high blood pressure), diabetes and obesity, as well as other conditions like



alcohol abuse and depression. Along these lines, it is interesting to note the diet requested by the prophet Daniel. He asked only for "pulse [vegetables] to eat, and water to drink" (Dan 1:12). Current research suggests that such an animal-product-free diet, akin to that prescribed in Eden (Gen 1:29), is best calculated to help avoid cognition-robbing risk factors like high blood pressure and diabetes. Recent data from the Adventist Health Study-2 confirms these relationships (see below). In this study of nearly 90,000 people we see that the closer one moves to a total vegetarian (or "vegan") diet, the less his or her likelihood of having one or both of these metabolically-related conditions. In fact, when omnivorous church members are compared to their vegan brothers and sisters in Christ, they experience about five times as much diabetes and hypertension! Another reason why a plant-based

diet may help both hypertension and brain performance relates to naturally occurring angiotensin converting enzyme (ACE) inhibitory phytochemicals. Every physician is aware of the blood pressure lowering properties of ACE inhibitors; however, evidence suggests these same compounds may have a cognition-preserving role that transcends their blood pressure effects. ACE inhibitory properties have been identified in plant foods as diverse as soybeans, mung beans, sunflower, rice, corn, wheat, buckwheat, broccoli, mushrooms, garlic, spinach, peanuts, chickpeas, and potatoes.

All of this data harmonizes with recently published findings suggesting the cognitive superiority of the Genesis 1:29 diet. As H. J. Wengreen and colleagues recently observed: "Whole grains and nuts and legumes were positively associated





Drinking other beverages not only provided no benefit – it actually increased heart death rates.

with higher cognitive functions and may be core neuroprotective foods common to various healthy plant-centered diets around the globe.”

Do Beverage Choices Affect Mortality and/or Morality?

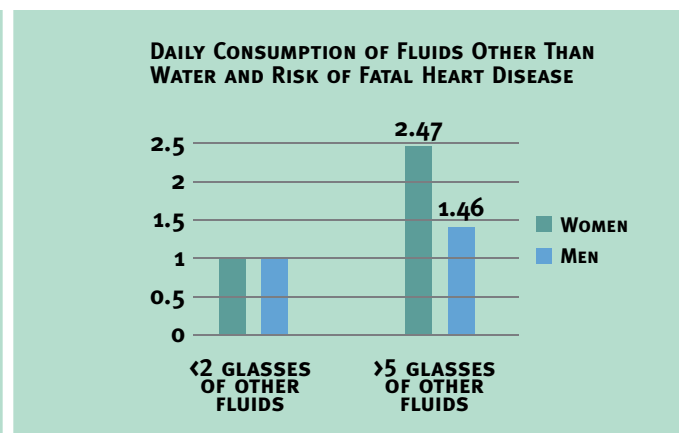
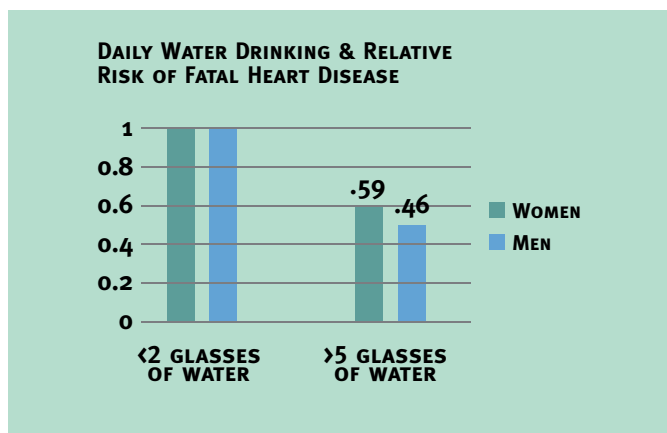
Does our choice of beverages have any bearing on our morality? On our clarity of mind? Daniel apparently thought it did. He requested only water to drink. What difference might this make physically, mentally and morally?

Dr. Jacqueline Chan and colleagues at Loma Linda University found that drinking more than five glasses of water per day (compared to less than 2 glasses per day) was associated with an over 50% reduction

in risk of fatal heart disease in men—and an over 40% reduction in women. Drinking other beverages not only provided no benefit—it actually increased heart death rates. Unfortunately, the study could only look at other beverages aggregated, lacking sufficient statistical power to sort out the pros and cons of individual drinks.

Beyond the physical health benefits, water drinking helps cognition. Liberal intake of water decreases blood viscosity, which in turn is linked to better mental processing. Other than general cognitive effects, are there other moral implications of our choice of beverages? In this regard, Daniel’s example is provocative. Why would he refuse the wine the King of Babylon offered him?

Before looking at the scientific data on alcohol consumption, another sanctuary insight is especially relevant. Leviticus 16 explicitly describes the rituals associated with the Day of Atonement. However, the introductory verse is noteworthy: “And the LORD spake unto Moses after the death of the two sons of Aaron, when they offered before the LORD, and died.” Although textually it can be argued that this verse merely serves as an indicator of the timing of this instruction, the structure of Leviticus raises an additional consideration. Could there be a special connection with Leviticus 10 when it comes to the Day of Atonement message? In that chapter, the sons of Aaron, Nadab and Abihu, meet their end as a result of bringing unholy fire into God’s service. Although the background of their indiscretion is not revealed, the ensuing dialogue suggests their memory and judgment were blunted by intoxicating





“And they gave him to drink wine mingled with myrrh: but he received it not”

liquor (see v. 8-11). Of interest, Ellen White, one of Adventism’s founders, connected this story with Daniel’s resolve: “Daniel and his fellows... considered how their physical and mental powers would be affected by the use of wine. The wine, they decided, was a snare. They were acquainted with the history of Nadab and Abihu, the record of whose intemperance had been preserved in the parchments of the Pentateuch. They knew that by the constant use of wine these men had become addicted to the liquor habit, and

that they had confused their senses by drinking just before engaging in the sacred service of the sanctuary. In their brain-numbed state, not being able to discern the difference between the sacred and the common, they had put common fire upon their censers, instead of the sacred fire of the Lord’s kindling, and for this sin they had been struck dead.” The Youth’s Instructor, June 4, 1903.

On the cross, Jesus showed the same resolve as Daniel when it came to alcoholic beverages: “And they gave him to drink wine mingled with myrrh: but he received it not” (Mark 15:23). Jesus was dying. Clearly his refusal was not based on longevity considerations. Why then did Jesus refuse that fermented beverage? The Desire of Ages, that famous devotional commentary on the life of Christ, suggests: “He [Jesus] would receive nothing that could becloud His mind. His faith must keep fast hold

upon God. This was His only strength. To becloud His senses would give Satan an advantage” (p. 746).

This is Jesus! If our perfect Savior would not drink a little bit of a beverage that would impair his cognition, how anxious should we be to have a little alcohol “in moderation”?

By the way, the scientific data is beginning to yield a consistent message: if you are on an excellent lifestyle, the use of wine (or other alcoholic beverages) offers no benefits and multiple liabilities. Studies like the European Prospective Investigation into Cancer and Nutrition (EPIC) demonstrate that even small amounts of alcohol increase the risk of death from cancer. Consequently, investigators from this huge study concluded: “the net effect of alcohol is harmful... alcohol consumption should not be recommended to prevent

“Let us cleanse ourselves from all filthiness of the flesh and spirit, perfecting holiness in the fear of God.”

cardiovascular disease or all cause mortality.” Furthermore, although many studies show decreased cardiovascular death rates among moderate drinkers, the benefits apparently only accrue to those who are not already eating sufficient amounts of fruits, grains, and vegetables. Case in point: The Oxford Vegetarian Study revealed that vegetarians receive no heart-protective benefits from moderate drinking.

Reechoing A Call to Holiness

After reminding the church of Corinth that God’s people constitute the modern day manifestation of His sanctuary (2 Cor 6:16), the Apostle Paul challenged them: “let us cleanse ourselves from all filthiness of the flesh and spirit, perfecting holiness in the fear of God.” Indeed, the message from God’s sanctuary, buttressed by the examples of the likes of Jesus and Daniel, calls us to remember—remember the end-time significance of living a self-denying, health-enhancing lifestyle. That lifestyle has been lovingly endorsed by our Creator and Savior for “our good always.” His goals include giving us the most dynamic relationship with Him as well as the most powerful witness in these end times. Furthermore, Christ assures us of His intercession on our behalf in the heavenly sanctuary. As our Great High Priest and Divine Husband we have the promise that



He will work to present us “a glorious church, not having spot, or wrinkle, or any such thing; but... holy and without blemish” (Eph 5:27).

Are you willing to allow God to guide you into a holier and healthier way of living? Are you willing to lay aside things that may be defiling your body temple? Consider some final reflections on the life of Daniel: “There are many among professed Christians today who would decide that Daniel was too particular, and would pronounce him narrow and bigoted. They consider the matter of eating and drinking of too little consequence to require such a decided stand,—one involving the probable sacrifice of every earthly advantage. But those who reason thus will find in the day of Judgment that they turned from God’s express requirements, and set up their own opinion as a standard of right and wrong. They will find that what seemed to

them unimportant was not so regarded of God. His requirements should be sacredly obeyed. Those who accept and obey one of His precepts because it is convenient to do so, while they reject another because its observance would require a sacrifice, lower the standard of right, and by their example lead others to lightly regard the holy law of God. ‘Thus saith the Lord’ is to be our rule in all things.” (Counsels on Diet and Foods, pp. 30-31.)

By God’s grace, let’s determine to stand like Daniel, ever remembering the end-time sanctuary message to which he testified, and living in that light.

For full list of references – go to: <http://amensda.org/journal>

Medical Evangelism in Siargao



DR. KINSLEY practices Dermatology at North Pacific Dermatology. He and his wife Beverly live in McKinleyville, CA. The couple has twins, Micah and Anya, who are attending their first year of college at Southern Adventist University.

Last summer, my family and I went on a medical evangelism trip to the Philippine island of Siargao. It was our first mission trip but (little did we know) it wouldn't be our last. It was an amazing experience. We were as touched, and changed, as those whom we witnessed to.

After that trip, my twins (Micah and Anya) and I wanted to return to Siargao the following February, but now with students from their academy. What an opportunity for young people to practice medical missionary skills, to present the gospel, and to see the fruits of their labor.

Thus, when Micah and Anya returned that fall to Weimar Academy, they shared their mission experience and then made a proposal: a medical missionary trip to Siargao the next year. The request was accepted, faculty sponsors were assigned, and the dates were set.

The big day came on February 24, when eighteen Weimar Academy students, three staff members, and I departed San Francisco, lugging with us boxes of medical supplies, laptop computers, and LCD projectors.

We landed in Manila and, after a brief stay at the North Philippine Union Office, went to Siargao, in Mindanao province. You could see the excitement on everyone's face. There we were joined by Dr. Brent Hildebrand and his

wife, Carol. Pastor Louis Torres, President of the Guam Micronesia Mission, served as our evangelism coordinator and instructor.

Prior to our arrival, local Pastor Nelo Seda had coordinated Bible workers to prepare the soil. Once we arrived he also enlisted several bilingual pastors for translation. In addition, the Mindanao health outreach team joined our efforts. Thus we had medical people, preachers and Bible teachers—all eager and willing to spread the gospel.

Together we reached out to seven of the main municipalities on the island. We followed the blueprint: medical outreach followed by preaching Jesus. We brought a health clinic to a different location each day; at night, we gave health lectures followed by a gospel presentation.

The people who attended the health clinics received blood pressure screening, blood glucose testing, dental work, and visual acuity screening. In addition, there was ongoing health education and instruction about natural remedies. Many people would get new eyeglasses, a new toothbrush, needed medication, and prayer for health and healing. They all also received an invitation to attend the evening meetings, which many did.

No question, the clinics were the "entering wedge," not only to the nightly meetings but



also to the ongoing work on the island. The local Mayor talked to his people when we were there last summer, and they were overwhelming positive. When he heard that we would be returning in February, he not only had our coming announced but provided transportation.

Each evening, after the medical clinic, the students divided into teams to give an evangelistic presentation in each of the municipalities. Two students would join up with one of the local pastors, who would translate. The students would then take turns either presenting a ten-minute health talk or the main biblical message. The meetings were well attended; some

nights up to two hundred people came. Before heading off to each location, Pastor Torres coached the student speakers and helped them learn how to make an appeal. This really helped the students gain confidence; most importantly, it helped them realize their great need of the Spirit of God. By the third night, hundreds made the decision to be baptized, and many more were learning about Jesus.

The evangelistic meetings concluded on Sabbath with a large baptism. By 9 Sabbath morning people started arriving. Some came, 3-4 on a single motorcycle; others in Jeepneys, with 60-70 people crammed inside or even sitting on the roofs. In all,

over 600 people publicly gave their hearts to Jesus that day. The waters stirred with people going under and coming up with new lives in the Lord.

As with the first trip, we—the preachers, teachers, and medical staff—we were changed. It's wonderful to be used by God. Outreach and witnessing are as important for the one doing them as they are for the one receiving the message. No doubt that's part of the reason we have been called to do just that – outreach and witnessing – whether in our own communities or in the farthest corners of the world.

Mission Opportunities

AMEN Free Clinics: We need volunteer health professionals for upcoming free clinics in 2014: January (Location TBD) and March (San Francisco)!

Please e-mail: admin@amensda.org or call (530) 883-8061 to find out more information!

ASI Pacific Union: San Francisco, CA. Looking for physicians, dentists, ophthalmologists, and other medical professionals to help with a free health clinic: April 23-25, 2014 in San Francisco.

For more information, or to volunteer, visit: www.BigCityEvangelism.org or call (623) 329-0078.

Adventist Frontier Missions: Palawan, Philippines. Looking for volunteer Physicians, Physician's Assistants, Nurse Practitioners and experienced nurses who could contribute a number of weeks or month(s) to providing their expertise and heart for the poor. Kamantian SDA Native Health Center is a remote, full-service clinic and mini-hospital in the mountains of southern Palawan where over 7,000 indigenous people are treated every year. It boasts a pharmacy, an exam room and

procedure room where a number of laboratory tests, minor surgeries and dental procedures are performed.

For more information, contact AFM at: (269) 473-4250 or afm@afmonline.org

Maranatha Mission Projects

Physicians, nurses, dentists and other healthcare professionals are needed on the following Maranatha mission trips.

Please contact Maranatha directly for more information: <http://www.maranatha.org/>; Phone 916-774-7700.

1. **Christmas Family Project** - December 19 - 30, 2013 in Panama
2. **Multiple Group Project** - March 20 - 30, 2014 in Dominican Republic
3. **Summer Family Project** - June 19 - 29, 2014 - Project site to be determined
4. **Ultimate Workout Project** - July 2 - 13, 2014 in Dominican Republic for teens ages 14 - 18; the adult medical/dental team leaders and health care professionals are adults, who mentor the teens to experience the different clinic stations in doing community outreach near the building project.



Create in Me a Clean Heart



DR. JAMES L. MARCUM
*is a board-certified cardiologist practicing with Chattanooga Heart Institute, and has been named by USA Today as one of the most influential physicians in his field. He is the author of *The Ultimate Prescription* and *Medicines That Kill*, as well as an in-demand speaker for his role as the director of Heartwise Ministries.*

To learn more visit HeartwiseMinistries.org and LIKE us on Facebook.

It was a frigid January morning in the year 2007. An unassuming man made his way to the Federal Triangle Station in Washington, DC. Right at rush hour, he stood still in the middle of the bustling lobby. People ebbed and flowed around him, hurrying to catch their trains. Quietly, the man took a violin from a worn case, tuned the strings with care, and tightened the bow. Then he lifted the instrument to his chin and began to play.

The glorious melodies he created mingled with the shuffling of shoes, the clanking of coins, the clattering of turnstiles, and the distant rumble of the trains. For forty-five minutes, the musician filled the station with the intricate trills and metered melodies of Johan Sebastian Bach. Never once did he miss a note. The emotion he poured out through his flawless performance was exquisite.

While the musician played, one middle-aged man stopped for a brief moment before moving on. A few minutes later, a woman passed by and tossed a dollar bill into the open case. Then she, too, hurried away. Several children paused on their way to school, gazing quizzically. They were quickly dragged away by their preoccupied parents.

After forty-five minutes, the performer put away his violin, counted his earnings, and found \$32.00 in his case. The donations came from approximately twenty people,

none of whom actually stopped to listen. Only one person—the first middle-aged man—had even paused momentarily to enjoy the music as it floated through the station. No one applauded.

What the hurrying crowd did not notice was that the man in the lobby was Joshua Bell, one of the world's greatest violinists. The instrument he played was valued at more than \$3.5 million. Two days earlier, Mr. Bell had played exactly the same music in a packed concert hall where tickets averaged \$100.00 each.

This true story gives evidence that, depending upon the situation, it is possible for several thousand people to pass by one of the most talented individuals in the world, without noticing what is right in their presence. It mattered not that the violinist was playing some of the finest music ever written on one of the best instruments in existence. People simply did not pay attention to anything but the train to which they were headed.

The rush-hour travellers had preconceived notions about the value of whatever goes on in a train station, and those notions robbed them of their own powers of observation.

Do we have any preconceived notions that limit our view of the world in which we live? In our hurry to get where we are going, do we miss out on important truths about

Am I willing to take the time to stop and listen to the teachers God has placed in my path?

the God we worship? Do we rush past learning opportunities? Do we lose out on healing for hurting bodies and minds? The ultimate question, it seems, is this: 'Am I willing to take the time to stop and listen to the teachers God has placed in my path?'

In my personal and professional life, I carry many preconceived notions. When I began practicing medicine, it bothered me that I spent so much time and effort, learning partial truths. The prevailing wisdom about high blood pressure was that medications were necessary to lower it. If someone had diabetes, medication was required to control the blood sugar. If someone couldn't sleep at night, a sleeping pill was the answer. The list went on and on.

I began to ask myself why the rates of heart disease, cancer, diabetes, obesity, hypertension, and chronic pain continue to rise when more of these prescriptions are being written every year. People are not getting better, and many times we are not even alleviating symptoms.

There is certainly a place for modern medicine. If my patient is having a heart attack, a stent is needed. If the heart is pumping too slowly, a pacemaker is life-saving. But in a large number of cases, there is no such clear-cut medical answer.

It was important to me to find truth. A

truth that could set me free from my own preconceived notions, and from the assumptions (often faulty) that are generally accepted as medical "wisdom." To my surprise, I discovered that the Bible taught me more than my medical texts. I learned the origin of disease. It is the stress placed on the system because we diverged from the Creator's original plan. I began to search for biblical principles that I could apply to help my patients. This is "Biblical Technology."

The more I studied the Bible, the more texts relating to healing I found. I searched for scientific evidence proving the validity of the Bible's statements, then incorporated these truths into a healing plan. Rest, good nutrition, sunlight, and activity were added to my treatment plans.

Creation was the template, because when God first made the world, everything was perfect. Living contrary to the Creator's original plan puts stress on the system. This stress might be from our genetics, from poor sleep habits, from failing to get enough sunshine, or from insufficient water intake.

I learned another important medical fact from the Bible. We were designed to love each other. When we don't love each other, stress is put on the body. The way we think can put stress on the whole system.

As I continued to look for Biblical principles, texts with the word "heart" kept coming to my attention. I was interested to learn what the biblical "heart" had to do with modern chemistry. David's words in Psalm 51:10 gave me a clue: He said, "Create in me a clean heart, O God, and renew a steadfast spirit within me."

What does it mean to "create" a clean heart? David knew that he couldn't do it himself. It had to be a gift. What did David

mean when he said "heart?" This was written after Nathan had talked to David about the incident with Bathsheba. David's guilt prompted him to cry out to God with a pleading, a yearning for forgiveness and cleansing. He was coming back to the great Physician saying, "I messed up! Help me. I need treatment. I need healing!"

Was this clean heart that David wanted something about a stent, or a bypass, or some medications? Did David need a transplant? I decided to consult Solomon, since he is such a wise man. He taught me more about this clean heart. "For as he thinks in his heart, so he is" (Prov. 23:7). Clearly, the "heart" in biblical terminology is the place where thinking occurs. It is not the blood-pumping heart, but the center of thinking—the place of reason.

Dr. Hippocrates, the Greek physician, was consulted next. Many of you might be familiar with his wisdom. "First, do no harm." "The body was made to heal itself." "Let medicine be thy food." It is interesting to note that, in Dr. Hippocrates' time in history, the heart was considered the center of reasoning. David lived about 1,000 BC, and Hippocrates lived about 460 BC.

I ran across a problem. My next consulting physician, Dr. Herophilus (circa 300 BC) was allowed to actually dissect people. He was a physician from the Alexandrian school. Dr. Herophilus proved that the brain, not the heart, was the center of reasoning.

Solomon might be wrong! Hippocrates might be wrong! The center of reasoning is not the heart. The center of reasoning is the brain! I am sure this caused the medical profession some problems. They had to be wondering whether they had a conspiracy theory here, or a new truth. Solomon said it's the heart, and doctors of the day are teaching in medical school

that it's the heart. Dr. Herophilus must be crazy to buck the established tradition and say it's the brain!

As recently as 200 years ago, if you didn't put leeches on a patient, you were considered a bad doctor. In the 1930's, the Journal of the American Medical Association said that asthma was best treated by prescribing cigarette smoking. If you weren't putting leeches on people, and having them smoke, you were considered a bad doctor.

Poor Herophilus. He was probably considered a bad doctor; a bad healer. But what will history say about the practice of medicine in 2013? Are there new truths to be discovered? Might these truths be found in the Bible? If the profession is doing medicine correctly, shouldn't the patients be getting better?

Another door opened for me when I realized there was chemistry that could be learned from the wisdom of David, and of Solomon. There are practical applications. I kept studying the brain. I began to wonder if I would have to find a fellowship in brain chemistry. But I'm too old. I'm married. I've got kids. So I continued trying to learn on my own, with help from God. As I reviewed more scripture, I realized that I just needed to substitute the word "brain" or "mind" for the word "heart" in order to understand what the Bible writers were actually talking about. "Let not your [brain] be troubled" (John 14:1). That makes sense. Many today have brains that are troubled and stressed.

1 Samuel 16:7 says, "For the Lord does not see as a man sees, for man looks at the outward appearance, but the Lord looks at the heart [the brain, the mind]."

"Then I will give them a heart to know me," would mean, "Then I will give them



a [mind] to know me" (Jer. 24:7).

Is this new brain that longs after God something you can create for yourself? Is it something you can earn? The answer, of course, is "No." It's a gift. You have to ask for it. God promises that He will give us this mind: "I will give you a new [mind] and a new spirit" (Ezekiel 36:26).

Clearly, there is something inherently wrong with the brain—the mind—that we were born with. We need a different one. Thankfully, there is instruction in the Bible that shows how to get what we need.

I have used the following story from Daniel 1 in support of my efforts to get my patients and others to eat a healthy diet. Daniel and his friends were violently taken from their homeland at a young age. There was no Mom and Dad telling them what to do. But their parents did plant truth in their hearts, or brains, all through their

formative years. Now these lads were in a strange new land. Confidence in their God and in the foundation principles of His government enabled them to stand up to the king—to stand up to the president—to stand up to whoever is in charge, and say respectfully and boldly, "Listen, we don't want to eat this way. We want to have pulse and water."

This story is about more than food. It is about more than pulse and water. "In all matters of wisdom and understanding about which the king examined them, he found them ten times better" (Daniel 1:20). After only three years of schooling, they were ten times better than anybody else!

Let's assume that the Babylonian guys were no slouches. Maybe they had IQ's of 120, or 130. In that case, Daniel and his friends had IQ's somewhere around 1200! It was certainly not just about the

food. It had to be that God was creating a new brain in those young men. There is good chemistry in following the Ultimate Physician's recommendations.

We were born with an imperfect, genetically stressed, old brain—the David brain. Computer geeks would think of the automatic part of the brain as a hard drive, and the prefrontal cortex as a soft drive. The prefrontal cortex can be re-wired, or changed. The soft drive can modulate the hard drive. The brain has billions and billions of cells called neurons. There are trillions of supporting and connecting cells called axons, and dendrites. Scientists estimate that the number of connections in the brain is something like a quadrillion. I'm not sure I understand how many that is, but it's quite a few.

Everything in our modern day computers can be tracked. It is no surprise that the God who created us looks on the heart [brain] and sees everything that goes on there. We have the ability to choose how the brain will be wired, because we have the ability to ask for God's help in the re-wiring.

Let's check out your brain's wiring. This is a "fill in the blanks" quiz. Two, four, six, _____. Of course you know that the next number is 8. You knew because your brain quickly made use of a neural connection.

I'd like to teach the world to _____.

Good to the last _____.

For God so loved the _____.

You had no trouble inserting "sing," "drop," and "world" in those blanks. These are examples of the way your brain uses neural connections involving billions of cells, synapses and neurons in the prefrontal cortex.



The limbic system is the part where emotions, such as happiness, anxiety and fear originate. When you are frightened, the part of the brain called the amygdala is activated. The amygdala is the alarm system of the brain, and it does amazing things if you have to get out of the way of a semi-truck that is bearing down on you. But if this part of the brain is activated constantly, day in, day out, year in, year out, the harmful stress chemicals make dangerous changes in the brain. Excess adrenaline, produced over long periods of time when there is no real threat, speeds up the heart, constricts blood vessels, depresses the immune system, and activates clotting. Adrenaline can even precipitate a heart attack if the levels are high enough.

Cortisol is another chemical produced by the body when there is chronic stress. This chemical raises blood sugar. Interleukins and cytokines are revved up when a mind is under stress. The vitally important amygdala can also be damaged by chronic stress. Anything that goes against the Creator's original design can create stress via the amygdala. These stress chemicals, over time, result in physical symptoms. The goal is to turn down chronic stress, reducing the resultant harmful chemistry.

The prefrontal cortex is the seat of thinking and reasoning. The anterior cingulated

cortex is the area where empathy, love, and altruism originate. If this part of the brain is underdeveloped, and someone punches you, you retaliate in kind. The anterior cingulate helps us to love our enemies. When someone criticizes or hurts you, this is the part of the brain that helps it not to hurt so much. The goal is to turn down the amygdala, except in actual emergencies, and develop the prefrontal cortex.

PET (positron emission tomography) scanning technology can evaluate various kinds of brain activities. Dr. Andrew Newberg at the University of Pennsylvania has researched brains using these PET scans. He demonstrated that people who worship twelve minutes a day for two months developed the anterior cingulate by growing new neurons. The prefrontal cortex responded with neurotropic factors, which stimulated new pathways within the brain.

Dr. Newberg further observed that, as the anterior cingulated cortex developed through worship, the amygdala became less active in generating stress chemistry. Worshipping twelve minutes a day for two months actually changed the neurons and the neuroplasticity of the brain. The chemicals within the brain changed as well. Endorphin, the feel-good chemical, increases as people worship. Likewise, the damaging chemicals, adrenaline



and cortisol, decrease. Newberg also discovered that people who worship in fear, with anxiety, or guilt, did not have the chemical and physical improvements in their brains.

Science is proving that loving worship creates new neural connections and changes the chemistry of the brain. Earlier we saw that David asked God to “create in me a new [mind].” It seems that he was asking God to change the physical and chemical make-up of his brain through worship.

Can you imagine the PET scan of Enoch, who walked with God? Can you imagine his lack of stress chemistry? No wonder he didn’t have a life-threatening disease. Can you imagine the anterior cingulate of Christ? Wouldn’t it be fascinating if a hundred people with different worship habits could be studied with PET scans? This research could help people worship more effectively, and avoid harmful worship. Perhaps the doctor could say, “The anterior cingulate is less developed in your case, and the neurochemistry and neuroplasticity has been compromised. A change in worship is recommended.” Maybe we need to say with David, “Create in me new brain.”

Of course all of this is much more complicated than the examples presented.

The bottom line is that I want a new heart, a new mind. When we worship lovingly, our chemistry changes. Helpful biblical technology does exist. I want to introduce this type of prescription to my patients. I want to let people in need of healing know of this treatment.

Matthew 11:28 gives us the first step. “Come unto me.” That means that God is asking us to worship Him, to be with Him, to have a close relationship with Him. He is the ultimate Physician. In Daniel’s case, and in ours, it isn’t just about the food. It is about loving worship of the true God.

The next step: “Come unto me, all ye that labour and are heavy laden.” Those who are heavy-laden have the amygdala turned up, resulting in negative chemistry. We have the opportunity to turn down this harmful stress chemistry. Turning our cares over to God will help the front of our brains to grow. This treatment is better than pills or procedures.

The brain was made to worship God. Stress is generated when we deviate from the original plan. When the brain is worshipping anything else, the stress chemistry is activated. Adrenaline, cortisol, and all the bad chemistry and connections are activated. We become like that which we worship.

We often fail to recognize truth because we cling to preconceived notions. It’s time to let go of the errors that keep failing us. God will make sure we can hear His voice speaking to us as we search for Him. He initiates that desire in our hearts to look for Him. He is already looking for us. His voice may not be a Mt. Sinai voice, or a blinding light on the way to Damascus. It might be a still, small voice tugging at your heart—or should I say, at your anterior cingulate.

Let us look to the greatest Healer, the ultimate Physician, for answers to all of life’s questions. He is playing heart-changing music, brain-changing music for us to hear. Are we too busy with preconceived notions to search out the truth? If so, we are missing out on the abundant life we were designed to live.

We are in desperate need of healing. Worship is now a scientifically proven treatment. The chemistry and structural changes are more valuable than I can relate. This relationship—this chemistry—gives the power to make the needed changes. Change might come slowly. We might have to come back to the Doctor’s office often. We should seek treatment on a daily basis.

Years ago, Solomon and Hippocrates had preconceived notions about the center of reasoning. I had preconceived notions about healing based on my training. But today, God wants to create in you a new heart...a new mind. He is willing to make an actual structural and chemical change. His ability to do so is now proven by cutting edge research. Don’t you want to pray, like David, “Create in me a new heart”? Ask. Accept the gift. Come to Him. Worship Him. He will be faithful to heal.

AMEN Meets RAM



DANNY KWON, JD, serves as executive director of AMEN and Life and Health Network in Auburn, CA. Danny is a licensed attorney. Before joining AMEN, he was the HR director and general counsel at Amazing Facts. Danny and his wife Lisa have three young children.

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When Wild Kingdom TV co-host Stan Brock started, in 1985, Remote Area Medical (RAM), in order to provide free medical care to underserved populations in developing countries, he soon realized he didn't have to go very far to find an "underserved" population. Though the term "underserved" tends to draw the mind straight over U.S. borders and into places like Africa and South America, it also applies to a multitude right here in America.

In fact, there are even more underserved people in America today than ever before. According to the Center for Disease Control (CDC), nearly 50 million Americans under the age of 65 do not have health insurance; over 120 million Americans under the age of 65 do not have dental coverage; and almost 1 in 2 Americans do not regularly receive any dental care at all.

This problem runs deeper than merely lacking a regular dentist, because the lack of dental care leads to other healthcare problems as well: over 830,000 ER visits in 2008 were directly linked to preventable dental conditions. This is why over 60% of RAM expeditions take place within American's borders, as RAM provides free medical, dental, vision and veterinary care to anyone in need.

AMEN and RAM

In this context, it seemed appropriate for members of AMEN to join a RAM. RAM is based in Knoxville, TN, and conducts a dozen or so free clinics in various parts of the US throughout the year. Having very recently stepped into the role as AMEN's executive director, I asked AMEN president Mark Ranzinger, MD, if he would volunteer at a RAM event with me. He agreed, and we signed up for the expedition in Knoxville, TN, in February of this year. Also joining us were David Fernandez MD, an orthopedic surgeon from Michigan, Wendell Lawrence DDS, from Michigan, and Kim Goodge RN, from Oregon.

One can guess at the first question. How are doctors and dentists able to work in states where they are not licensed? The answer? Nine states have passed laws that allow doctors, dentists, nurses, dental hygienists, pharmacists and other medical professionals licensed in other states to work as volunteers for short terms (usually less than 30 days) within their state. RAM, therefore, operates only in those nine states.

As a non-medical volunteer, I decided to show up a day early and help with the labor-intensive set up. For a better part of the day, we unloaded three large trucks and set up 40 dental stations, more than 20 optometry stations, a dozen autoclaving stations, and



countless tables, chairs and curtained medical rooms. It was with these chairs, tables, and medical equipment that we filled every corner of the 36,600 square foot Jacob Building, which is normally teeming with livestock and exhibitions during the annual state fair.

At around 3pm, after we had just finished setting up, the people arrived. Scores lined up outside the building so that they could be the first in line when the clinic opened the next morning at 6 am. This means they would wait for 15 hours. Not only was the wait long, but a cold front had descended over Knoxville, which meant that these people suffered through the biting cold—weather in the teens—just to ensure they

would have an opportunity to be seen by a medical professional. No question, the need is great!

The Day Begins

We showed up Saturday morning at 5:15 am to receive some very hasty orientation and to mentally prepare for the flood of people in pain that we'd encounter for the rest of the day. Because I was assigned to registration, I was one of the first to greet them. I was stunned by how cheery they appeared, even though they had waited outside in the cold all night long. Some slept in their cars once they secured their place in line with a number; others, though, slept outside, completely exposed to the elements. They came wrapped in

blankets or sleeping bags, the cold steam rising off of them like an open freezer door.

We served over 1,200 people over two days. The vast majority were unemployed or on disability; thus we never asked for identification or paperwork. Many hadn't seen a doctor in over a decade. Unsurprisingly, many were obese and had poor habits that contributed greatly to lifestyle diseases and rotting teeth.

Two Liters of Mountain Dew a Day

Take, for example, Jamie. She is a single mother of two and she traveled over 300 miles from a small town outside of Memphis in order to receive dental care.

“I’m going to give you a new smile today. It may take a couple of hours, but I am impressed to do this for you.”

It took her two days to get to the site, and then she had also waited outside in the cold all night. But, like the others, she sat down eagerly in Dr. Lawrence’s dental chair with a bright smile on her face.

“They told me at the triage table,” she said, “that you can only fix one tooth but that’s okay. I appreciate whatever you can do to help my smile and to take away my pain.”

Dr. Lawrence took one look at her mouth and was moved with compassion. All of her upper and lower front teeth were almost gone; they had decayed from the high sugar and phosphoric acid from her drinking over two liters of Mountain Dew a day for over a decade.

Jamie is just 23-years-old, but difficult life experiences had led her down a road of poor lifestyle choices and an addiction to Mountain Dew. Obese and riddled with chronic illnesses, she was on seven medications to treat anxiety and depression. Dr. Lawrence remembers thinking, How can I leave her like this? He lifted his head to heaven and whispered a prayer. God, work a miracle through me today so I can restore Jamie’s teeth, so I can ease her pain and introduce her to the source of all power.

“Jamie,” he said, “I’m going to give you a new smile today. It may take a couple of



hours, but I am impressed to do this for you.”

“I don’t want you to get in trouble by breaking the rules for me,” she said.

“Jamie,” he answered, “do you know Jesus?”

She said, “No,” but remembered that her grandma would talk about Him often.

Dr. Lawrence continued, “Jesus told me to give you a new smile today, so everything is going to be all right. It’s going to take a couple of hours to fix your teeth so, if you don’t mind, just sit back and I will tell you all about Him.”

For the next two hours, Dr. Lawrence shared Jesus with Jamie as he worked on her teeth. It wasn’t a coincidence that God led this young woman to his chair. The night before, his plane had been delayed in Detroit for several hours due to bad weather, and this delay had given him ample time to finish a Bible study on the love and power of Jesus that he had been working on. He now realized that God had prepared that Bible study specifically for Jamie, Someone who needed that message and who was, now, a captive audience in his dental chair.

Jamie left that day rejoicing; yes in her new smile, but above all rejoicing that she had met Jesus.

As I looked at the hundreds of people waiting patiently and even happily in line for treatment, I was filled with compassion.

After Jamie left, Ryan, a young pre-dentistry student volunteer from the University of Virginia who had been assigned to Dr. Lawrence as an assistant, looked at him in amazement. It turns out that he had been listening.

“Were you more interested in restoring her smile or in changing her life?” he asked.

“I believe you know the answer,” he replied.

“Doctor,” Ryan said, “you not only changed her life but you introduced me to Jesus and I want to experience that change also.” Ryan has stayed in touch with Dr. Lawrence and is now planning to go with him on a mission trip to the Dominican Republic later this year.

Disinterested Benevolence

There’s more. We discovered that RAM’s head of dentistry, John Osborn DDS, is a Seventh-day Adventist. He had been with Stan Brock since RAM’s conception and had even developed their dental unit. He had never heard of AMEN before that weekend; now, he is scheduled to be a speaker at the upcoming AMEN conference.



As I looked at the hundreds people waiting patiently and even happily in line for treatment, I was filled with compassion. It occurred to me that Jesus must have looked upon the throngs of suffering people on earth and was also moved, but in a way only the Creator could. I then realized that He had then embarked on the greatest mission trip by coming down and dwelling with us, ultimately giving His own life so that we could live.

I then imagined a RAM-type of mission, but one that was led by AMEN. This AMEN-led mission would engage not only in acts of healing but, like Dr. Lawrence, would actively tell people about the love of Jesus. We could engage in lifestyle

intervention and share principles of good health. We could even feed the people as they waited with comforting and nourishing vegetarian food. Non-medical volunteers from local churches could work together with physicians and dentists, dispensing “disinterested benevolence”—a term used numerous times by Ellen White to describe acts of charity and kindness to the poor.

Is it possible? Stan Brock thinks so. He told me, “Just start small.” He told me how RAM first started. They had very little money and no resources. In fact, they started with a single dental chair. It wasn’t even a mobile chair but a full-sized office chair that had been donated. “We would



Go out on a limb.
Do something
uncomfortable. I
encourage you to
experience a bit of
what I experienced
and volunteer at an
upcoming RAM
expedition.

take it everywhere in the back of a pickup,” he said, “and it would take four guys to lift it out.” But then they got two chairs. Then four. And from there—RAM flourished. Ellen White writes, “I was shown that God requires His people to be far more pitiful and considerate of the unfortunate than they are. ‘Pure religion and undefiled before God and the Father is this, to visit the fatherless and widows in their affliction, and to keep himself unspotted from the world.’ Here genuine religion is defined. God requires that the same consideration which should be given to the widow and fatherless be given to the blind and to those suffering under the affliction of other physical infirmities. Disinterested benevolence is very rare in this age of the world.”—Testimonies for the Church 3:516.

Go out on a limb. Do something uncomfortable. I encourage you to experience a bit of what I experienced and volunteer at an upcoming RAM expedition (www.ramusa.org) or better yet, volunteer at an upcoming AMEN free clinic by signing up on our website at amensda.org. I cannot think of a more divinely appointed group of people to perform acts of healing and disinterested benevolence than AMEN’s network of Adventist physicians and dentists.

If you agree, please email me at dkwon@amensda.org and we’ll work together to start a movement. Rare as it may be in this world, disinterested benevolence still exists. I was witness to it just a few months ago. It moved me, and will you as well.

Driving out in Faith



DR. MATTHEW J. HAYDEN
*practices dentistry in
Hermiston, Oregon and
remote villages in Zambia.
He lives in Pilot Rock,
Oregon with his wife Ronna
and their four children.*

Life started in Trinidad. My parents were missionaries in Trinidad and Tobago. Dad was a flying dentist for the General Conference of Seventh-day Adventists. He made a sacrifice due to his love for God and taught me the importance of using my God-given talents to reflect God's love to others. My parents loved the mission field, but, after their children were born, they raised us in rural Oregon.

I grew up on a farm where hard work was considered a virtue and strongly encouraged. This virtue helped me through college, dental school and in my work. My brothers and I built a very successful practice, with over 20 dental clinics across Oregon serving 60,000 members. Despite that, and a wonderful wife and four children, I felt a failure in my walk with Jesus Christ.

All of my life I thought that if I could just work harder on spiritual things, I would see improvement, only to be disappointed every time. My wife Ronna was studying Righteousness by Faith at the time and convinced me to do the same. It was that great truth, Righteousness by Faith, that changed my life. The search to know God's will for me began in earnest.

The year following my rededication to Christ, my brother and I sold most of our dental practice. Ronna and I then formed International Caring Hands, a 501 (C)(3)

public non-profit organization, with two goals in mind: to help people in foreign lands, and to encourage others to become involved in mission work.

Anxious to do more, my family started spending our vacations in Africa, building One Day Churches, visiting orphanages, and passing out clothes and God Pods. The lack of medical and dental care, especially in rural areas, impressed me to do something for those people.

After much consultation, and after my personal experience of operating a mobile dental clinic in Oregon, we got our first mobile truck, a Chevy Kodiak C4500. The objective was to build a mobile dental clinic that any dentist could use. This truck was easy to operate: automatic, diesel, four-wheel drive and double cab. The frame of the truck was stretched to accommodate a refrigerated 22' box. The next step was to install two ADEC chairs with lights, a 20 Kw generator, dry vac, compressor, sink, water tanks, hand held digital x-ray and autoclave. New brakes and tires completed the conversion.

With my good friend and executive director of International Caring Hands, Randy Meyer, I met with Meiring Pretorius, executive director of Riverside Farms Institute. Meiring graciously extended an invitation to host the mobile dental clinic at Riverside Farms Institute, which has a lovely health center.



The goal is to take the mobile dental clinic to One Day Churches and outpost centers, which are under the care of pioneers (Bible workers), in order to minister to brothers and sisters in Christ as well as to the local communities.

Once back in the States, Randy offered to drive the mobile dental clinic from Oregon to Texas, where it was driven on a vessel bound for Africa. The plan was for the truck to arrive prior to our next trip there. Due to unforeseen weather conditions, the mobile dental clinic did not arrive by the time our team landed in Zambia. Thus, we volunteered with the local government to treat patients in the bush.

Our experience in the bush showed us two things: 1. The dire need for dental care. One young man, for instance, came to the clinic with a severely infected tooth that had caused an extra-oral fistula. (Most of the patients had been suffering for months with dental infections.) 2. The genuine appreciation from the people. Many said to the workers, "I can't believe you have come all the way from the United States to help us."

After the mobile dental clinic arrived, our dental team embarked on another mission trip to Zambia. Yet word had come back that someone had put dirty fuel in the

vehicle on the way to Riverside Farms from the port. With new injectors in hand, we arrived in Zambia to find a mechanic to replace the injectors. Unfortunately, trustworthy mechanics are hard to find there. That night in our room, Ronna and I prayed that, if this mobile clinic was God's plan, we needed help replacing the bad injectors.

The next day we heard about a mechanic stranded as a result of a break down, with no finances, at the Adventist Hospital in Lusaka, one hour away. Hurriedly we drove to meet him. He agreed to come to Riverside Farms to assist us with the injectors on the mobile dental clinic. Late into the night our team worked with him to replace the defective injectors. That night we praised God! Our clinic was up and running and the mechanic was able to fix his broken vehicle and resume his trip home.

The need in these places is so great, even for a small medical/dental outreach program. From mechanics, dental technicians, drivers, assistants, hygienists, dentists, coordinators and bible workers, the list of necessary volunteers always expands. Our experience has taught us that in giving we truly receive - the experience of service is one that will change your heart. We encourage you to get involved.

"It is the Lords desire that his followers shall grow in grace, that their love shall abound more and more, that they shall be filled with the fruits of righteousness, which are by Jesus Christ, unto the praise and glory of God... One of the divine plans for growth is impartation. The Christian is to gain strength by strengthening others. 'He that watereth shall be watered also himself'. This is not merely a promise, it is a divine law, a law by which God designs that the streams of benevolence, like the waters of the great deep, shall be kept in constant circulation, continually flowing back to their source. In the fulfilling of this law is the secret of spiritual growth." {ST June 12 1901-Spiritual Growth Par. 1 and Par. 4}

It is only by the sacrifice of our own desires that we will be able to complete the gospel commission to reach everyone in the world. Please join International Caring Hands in our effort to spread the good news of Christ's soon return and our love for our fellow man.

If you would like to volunteer at any of the clinics in Zambia or Micronesia or the future clinic in Madagascar, please contact Randy Meyer at randym@hfdg.com.

When God Leads: My Journey into Medical School



JOHN SHIN is currently a fourth year medical student at Loma Linda University School of Medicine. He serves as president of the AMEN Student Chapter and Chaplain for the LLU School of Medicine Senate. John plans to go into internal medicine and is passionate about using his future career to reach people for Christ. He is happily married to Elisa Shin and enjoys spending time with their dog Teddy.

Having sworn off medical school after graduating from college, I decided to go into law and was working as a patent examiner at the U.S. Patent and Trademark Office when I got the news: “Your father has brain cancer. It’s a stage III anaplastic astrocytoma.” It was June 20, 2008 when we received the pathology results from my father’s craniotomy, and I became numb with disbelief. How could my father have brain cancer? No one in my family has ever had any kind of cancer. My life came to a halt.

Over the next five months, I took a leave of absence from work and practically lived inside the hospital as my mother and I became my father’s primary caretakers. During that time, many of my encounters with physicians confirmed for me that I had made the right choice in shunning medicine. Their daily, impersonal, five-minute interviews had me convinced that a doctor’s primary goal was to leave the patient’s room as soon as possible. I wondered if they ever really listened to us, or if they understood just how much their orders for the day could affect our lives for the next twenty-four hours.

Everything changed, however, when a physician who I can only describe as a true Christian stepped into our lives. In addition to managing my father’s medical problems, he gave my father spiritual guidance and helped him work through difficult issues

such as depression and trusting in God. After every visit, this doctor offered to pray with us and would kneel by my father’s bedside. His heartfelt prayers often brought tears to my father’s eyes, and although cancer was still ravaging his body, I could sense that a far more important type of healing was taking place.

In September, my father made the decision to re-dedicate his life to God, and he wanted to commemorate the event by getting re-baptized. Unfortunately, on the day before his baptism, he suffered a grand mal seizure that left him in a near-comatose state. However, during the brief moments when my father was responsive, he let us know that his faith was in Christ. When my father passed away on October 18, 2008, I found myself thanking God despite my grief because I knew that He had healed my father on a much deeper level than I had asked.

After going through this experience, I was inspired to look at the practice of medicine again with new eyes. For the first time, I understood the impact a Christian physician could have on a patient’s life. Looking back on my father’s story, it became clear to me that a physician’s daily interaction with patients could have eternal consequences. I began to read *The Ministry of Healing* by Ellen White, and I felt in my heart that God was calling me into medicine.

I was worried about the medical school application process because I was three years out of college, but I felt convicted that it was the right decision, and I ended up applying to 24 different schools. I had taken the MCAT back in 2006, and to my relief all the schools I applied to still accepted my score. That is, all but one: Loma Linda University. At first, I took this as a sign that Loma Linda was not an option for me, but as time went on I felt impressed that I would not be giving God every opportunity to lead me if I did not apply to the school that had at one point used *The Ministry of Healing* as its textbook.

In June 2009, I decided to quit my job at the Patent Office to study full-time and prepare for my MCAT. I was nervous because I knew that if I scored lower this time, it would jeopardize my chances of getting into any medical school. However, as I studied, I began getting higher marks on my practice exams than what I had gotten in 2006, and this gave me the assurance that God was with me. I went into my exam with a peace of mind that I had never experienced before on a test. When I received my score several weeks later, I was shocked to discover that it was significantly lower than my 2006 test score. As a result, every school I applied to rejected me. Every school, that is, except Loma Linda.

It is interesting how God leads. Before my second MCAT, I was in the running for many schools, and I prayed for God to narrow down the choices for me. But after retaking the MCAT on what I believe was His prompting, all my hopes were riding on Loma Linda. Needless to say, I was anxious to get an interview. However, to further complicate the situation, I had submitted my application late because I had to wait for my new MCAT scores,



and interviews are granted on a first-come basis. When I called Loma Linda to ask when I could expect to be invited for an interview (assuming they did decide to interview me), I was told it would probably be sometime in January. It was October 2009 at that point, and I knew that by January most of the decisions for admission would have already been made. It was disappointing news, but I prayed for the Lord's will to be done, and I resolved to not worry about it. Two weeks later, to my great surprise, I received a letter from Loma Linda inviting me to interview.

When I showed up for my interview in November, God let me know in several ways that He had orchestrated the event. First, I was amazed to discover that it was the first interview day of the season when only the top applicants were invited. Second, the interview itself went extremely well. That is, until the very end. The physician interviewing me decided to close by asking about my father's treatment plan while he was ill. I explained that we only used natural methods because we believed radiation therapy would have

done more harm than good, and it would not have changed the prognosis. It was apparent that he did not like my answer. He questioned me at length about my philosophy of medicine and treatment methods. When the interview was over I had mixed feelings, but I reminded myself that the results were in God's hands.

While I waited to hear back from Loma Linda, I enrolled in the Amazing Facts Center of Evangelism (AFCOE) four-month training program. During my first month there, I received a call from Loma Linda asking me to come in for a second round of interviews. I was surprised because I had never heard of anyone interviewing twice at a medical school before. I quickly scheduled my interview and flew out to Loma Linda as my AFCOE classmates prayed for me. When I arrived, LLU had me scheduled to meet with two physicians back to back. It became obvious early on why I had been asked to interview a second time. The majority of the questions were directed to my philosophy of medicine. For almost three hours I was asked about my views



I do not believe it was a coincidence that God opened the door to medicine for me on the exact day that I finally surrendered my own desires to Him.

regarding the role of natural remedies and lifestyle changes vs. traditional medicine. I prayed for the wisdom to answer with skill and tact while standing up for the truths I had learned through my father's experience and from reading *The Ministry of Healing*. During that interview I made a conscious decision, if I was rejected for upholding the principles that Loma Linda University was founded upon, I was not meant to be a student there.

Weeks went by after that second interview, and I did not hear back from Loma Linda. Although I had told God I would accept any outcome as His will for me, I knew in my heart I wanted to go into medicine and I began to fear God would lead me in a different way. Then on February 18, 2010, an event occurred that changed my thinking forever. We had our first day of outreach at AFCOE during which our class of fifty students descended on the streets of Sacramento and went door-to-door asking for Bible studies. We were all very nervous, but what we lacked in ability we made up for in prayer, and in just three hours we obtained 164 Bible studies. That night,

we stayed up late sharing testimonies and singing praises to God because we were all so deeply moved by the unmistakable evidence of His faithfulness in our lives.

The next morning, I woke up and spent a long time in prayer. I asked God to forgive me for wanting medicine despite my claim to desire only His will for my life. I realized that as long as God used me to touch lives for Him like He had the previous day, it did not matter what I did for a profession. For the first time, I truly turned over to God my desire to have a career in medicine. Instead, I simply prayed that He would use me as an instrument to add souls to His kingdom. I was filled with a wonderful sense of peace following my prayer. After lunch that day, as was our custom, my friends and I joined hands in a circle to pray. In the middle of the prayer, my phone rang. I quickly silenced it and wondered who could be calling at such an inopportune moment. Then the thought hit me: "What if that was Loma Linda?" I quickly dismissed the idea and refocused my attention on the group prayer. After the prayer ended, I checked my phone

and discovered to my amazement that it was indeed Loma Linda. When I called back, the associate dean for admissions informed me that I had been accepted to the Loma Linda University School of Medicine.

I do not believe it was a coincidence that God opened the door to medicine for me on the exact day that I finally surrendered my own desires to Him, the day that I made a conscious choice to fully trust God's plan for my life by simply asking Him to use me to win souls. It was as if God had been waiting for me to learn this final lesson before He could allow me to enter medical school. And now, four years later, I find myself a senior medical student applying this lesson all over again as I prepare to interview for residency programs and graduate. As I continue to progress in my medical training, 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.

Loma Linda University AMEN Student Chapter Update

As President of the AMEN student chapter at Loma Linda University, it has been my privilege over the last two years to see the amazing ways God has been leading our student ministries. He has brought together a leadership team of like-minded students who have dedicated themselves to prayer and service, and the results have been incredibly inspiring and faith-building. What follows is a quick summary of our plans for the upcoming year and the different ways God has been moving on our campus.

For the past two years, we have been organizing monthly vespers in the school of medicine with the goal of inspiring students to dedicate their future medical careers to the Lord. This year, we have chosen several themes for these vespers with topics ranging from 'Living a Life of Sacrifice' to 'Balancing Work, Family, and Ministry Life'. Our first vespers of the school year featured Pastor Don Mackintosh and Dr. Phil Mills. They spoke on the importance of combining ministry with medicine. They gave examples from their own personal experience of how effectively physicians and pastors can work together. At the end of the vespers, many students made a commitment to turn their practice of medicine into a ministry. In addition, several non-Adventist students

have asked how they can learn more about the Seventh-day Adventist faith.

Every year, a significant number of students in each incoming freshmen class are not Seventh-day Adventists. In an effort to reach out to this group, we have started a series of noon-time, student-led Bible studies. The goal of these studies is to provide a student's perspective on what it means to be a Seventh-day Adventist and to showcase how students' lives have been enriched by their uniquely Adventist faith. So far, these talks have been tremendously successful with upwards of 135 students in attendance. Many Adventist and non-Adventist students alike have expressed interest in personal Bible studies, and we are excited to see lives being transformed as a result of this renewed interest in studying God's Word.

With the help of AMEN, we are currently in the process of putting together a mentorship program for students. We realize students need role models to help us hold onto the vision of what it means to be a true Christian physician or dentist. Therefore we are working on pairing students with AMEN members for spiritual guidance and encouragement. Many students, especially within the freshmen class, have expressed a desire to have an AMEN mentor, and we are praying that the

Lord will supply the necessary physicians and dentists to be an influence for good in the lives of these young doctors. If you are interested in becoming a mentor or would like more information about what it means to be a mentor, please visit the AMEN website: amensda.org

As the new school year commences, we are humbled by God's faithfulness, and the incredible privilege He has given us to reach out to our classmates. We take the responsibility God has granted us seriously, the student leadership team and I made a promise to each other several years ago that, regardless of how busy we become, we will always begin our meetings with an hour of prayer. By God's grace we have kept that promise, and it has made all the difference. We are excited by the fruit we are already seeing in the lives of countless students who have attended our ministry events, but we know that this is not the result of our efforts. It is our fervent belief that as long as we continue to empty ourselves of our own pride and ambition and allow the Lord to set our agenda, He will grow His student ministry at Loma Linda University, and He will use us to raise up an army of medical missionaries that will carry His gospel to the ends of the earth.

by Mark Ranzinger, MD

When The Impossible is Not



AMEN PRESIDENT, DR. MARK RANZINGER is a minimally invasive surgeon in Goshen, Indiana.

Some things seem impossible, such as the four-minute mile. For years, the four-minute mile was considered not merely unreachable, but (according to physiologists of the time) dangerous to the health of any athlete who attempted it.

On a cold English morning on May 6, 1954, a 25 year old medical student at Oxford was awaiting a run on the university's field at Iffley Road before a small crowd of 1,000, mostly students.

Two years of disappointments rose up before Roger Bannister. He was running with the 2 year old memory of disappointment still burning within him. He had hoped and had been expected to win the 1,500 meters, at the 1952 Olympics. Even the Duke of Edinburgh had planned his visit to Helsinki to coincide with the final run. But, instead, Bannister finished a very disappointing fourth. Only a remarkable performance down the road could efface that terrible failure.

In the weeks leading up to this event, he approached the task with scientific vigor; setting a fierce training schedule for himself, with workouts conducted each day during his lunch break.

The world record was 4:01.4. But Bannister wasn't running against anyone, only against the clock. He was paced by a pair of "rabbits": fellow Oxonian Chris Chataway, and former Cambridge University steeplechaser Chris Brasher. These two led the way.

The run was all the more remarkable considering that he was running, the New York Times said, in a 15 mph crosswind that gusted to 25 mph. Bannister stayed close to Brasher for the first two laps around the quarter mile track, clocking 1:58.2. When Chataway rushed to the lead for the third lap, Bannister was on his heels. His three-quarter mile time was 3:00.5.

Bannister "bided his time until about 300 yards from the tape," the AP reported, "when he urged himself to a supreme effort. With a machine like, seemingly effortless stride he drew away steadily from Chataway and, head thrown back slightly, he breasted the cool, stiff wind on the last turn to come driving down the homestretch to climax his spectacular performance." 1

That four-minute mile just seemed impossible. But Bannister did the "impossible," and he did it in 3 minutes 59.4 seconds!

Let me tell you something else that seems impossible: gospel medical evangelism to the world as part of the last great gospel call and cry. But it will happen, even if not with the ease of tweeting, texting or the Internet. No, it will be with hands of pained grace, with minds willing to engage in brutal spiritual warfare, and a calling out to God in love and in suffering intercession as never before seen.

As I contemplate this whole mission to the world I, like Sara, laugh. Why, it's so absurd, so impractical, so futile, so unreasonable, so impossible. Yet "impossible" things happen - in dreams, in storybooks, in fairy tails - and in the Bible. Babies are born when the mothers are way past childbearing age; slaves walk between a split sea; water comes from granite, and bread comes from Heaven. Most amazing of all, God becomes man who dies in our stead, and through Him men and women become new creations in Christ.

"Go into all the world and preach (this gospel medical evangelism message that I have lived and shown you)." Verse 26 tells us who Jesus was talking to: just 11 flawed human beings much like each of us.

Impossible? That's what they told Roger Bannister. And if Bannister can do the "impossible," what can we do with a God for whom "nothing is impossible" (Luke 1:37)?



amen

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