

SPRING 2019

THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

What About Spiritual Care?

Always On Call

Why the Picture of God Matters

15TH ANNUAL CONFERENCE



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Adventist Medical
Evangelism Network

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A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

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

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PHIL MILLS, MD

Change and Changeless

The original Medical Evangelist journal was first published June 1908. It was edited by John Burden, one of the early administrators of the Loma Linda Sanitarium and its affiliate, The College of Evangelists (which was very soon renamed The College of Medical Evangelists).

Some things have changed

I had the opportunity to review the very first issue of The Medical Evangelist. In the 110 years that have passed, some things have changed. The first issue of the journal advertised the three courses that Loma Linda offered at that time. Here's the journal's description of these courses:

- "A medical-evangelistic course of three years for medical and foreign missionaries, evangelists and ministers."
- "A nurses' training course of three years educates evangelistic nurses for both home and foreign fields."
- "A gospel workers' course of one year, designed for canvassers, ministers, Bible workers and others who wish to combine medical evangelistic work with their gospel ministry."

The fees and costs for any of these courses was as follows:

- Yearly Matriculation Fee: \$1
- Yearly Library Fee: \$0.50
- Tuition and room (in advance):
\$2.50/week
\$10.00/month of four weeks (with one hour work/day)
- Board on the European plan: \$2/week
- Tuition alone: \$6/four weeks

Yes, some things indeed have changed!

But some things have not changed

1. The need for information and instruction on medical evangelism remains.

In that first issue Ellen White wrote, "Medical missionary work is yet in its infancy. The meaning of genuine medical missionary work is known by but few. Why? Because the Saviour's plan of work has not been followed.... From the instruction that the Lord has given me from time to time, I know that there should be workers who make medical evangelistic tours among the towns and villages. Those who do this Work will gather a rich harvest, of

souls, both from the higher and the lower classes."

2. The purpose of The Medical Evangelist is unchanged.

The first issue stated the following:

"A name amounts to but little unless it names the thing designated. The reason for choosing the name ... Medical Evangelist for the journal [is] to represent its principles, ... to emphasize the importance of training for evangelistic work, rather than mere professional work or general philanthropy."

This remains the guiding philosophy of the editorial committee for our journal, even today.

I am privileged to follow Brian Schwartz as editor. Because this is a journal of the Adventist Medical Evangelism Network, and Brian is now president, I will continue to work closely with him. Building on his foundational work, the purpose and message of this journal will continue unchanged. We will address the difficult challenges that face medical evangelists today.

In this age of instant access, we want to have our journal available online.

We solicit your articles, news stories, and reports about medical evangelism at home and abroad. Give us your suggestions and criticisms.

Your input is essential. We will be asking every AMEN member and Medical Evangelist reader to complete a short survey to help us keep the journal fresh and relevant. We want to know what you would like to read and what would be helpful in your medical evangelistic endeavors. We will learn and grow and change together.

Though editors for this journal will come and go, one thing will never change: Christ's promise, "...lo, I am with you always, even unto the end of the world." - Matthew 28:20

That promise is for every medical evangelist.

Phil Mills, MD

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

by Robert Hunsaker, MD

Attunement, Empathy, and Beholding



Dr. Robert Hunsaker is a graduate of Loma Linda University specializing in cardiac anesthesiology. He is active in overseas short-term medical missions, and enjoys sharing the gospel as an elder in his local church and with the 1888 Message Study Committee.

Dr. Hunsaker and his wife Andi live in the Boston area.

Attunement. No, not “atonement” (for all of us armchair theologians); and no, not “a tune-up” (for all of us armchair auto mechanics)—but just plain attunement.¹

Scientifically speaking, attunement is the process by which infants and children perceive in adults, usually their parents, that their own emotions are being discerned, understood, and validated. For example, when a baby shakes a rattle and squeals with delight, most parents will smile and squeal in response. The infant perceives this response as validating what they are feeling or experiencing; therefore, they are more likely to express those same emotions in the future.

Dr. Daniel Stern, an early development researcher and psychiatrist (then at Cornell University), in “The Interpersonal Worlds of Infants”² describes one typical situation of a mother with her twins. This mother, as is common, began to perceive that one of the twin boys was more similar to her, and the other twin boy was similar to his father. Perhaps this led to her relating to them in slightly different ways. The twin more like his father would not maintain eye contact with her but would avert his gaze when she looked him in the eye. She would try to “catch” his eye, but he would always avert. The twin

more similar to her, however, would maintain his gaze when she looked him in the eye. As they grew older, the twin that averted his gaze grew up fearful and dependent, and he rarely maintained eye contact with other people as well; his twin, the one who maintained eye contact, grew up more independent and with more stable social relationships than did his brother.

Dr. Stern’s conclusion from this case and multiple similar observations over time through hours of videotape observations, was that these frequently repeated interactions between infants and their parents shape emotional expectations that babies, as adults, will bring to their close relationships. He coined the term, “attunement” to describe these multitudinous interactions that parents and infants have between each other, where the infant or child’s emotions are reciprocated back to them in an affirmative manner, in contrast to being dismissed or not mirrored back in a positive way.

Attunement occurs between infants also. With rare exceptions, from infancy, babies are upset and experience distress when they hear another baby crying.³ Typically when an infant sees another infant shedding tears, that infant will begin crying in response. When one infant views a fall (or other mishap) happening to another infant, the observing

Modern science is only now supporting and reinforcing what inspired writings have been communicating to us all along.

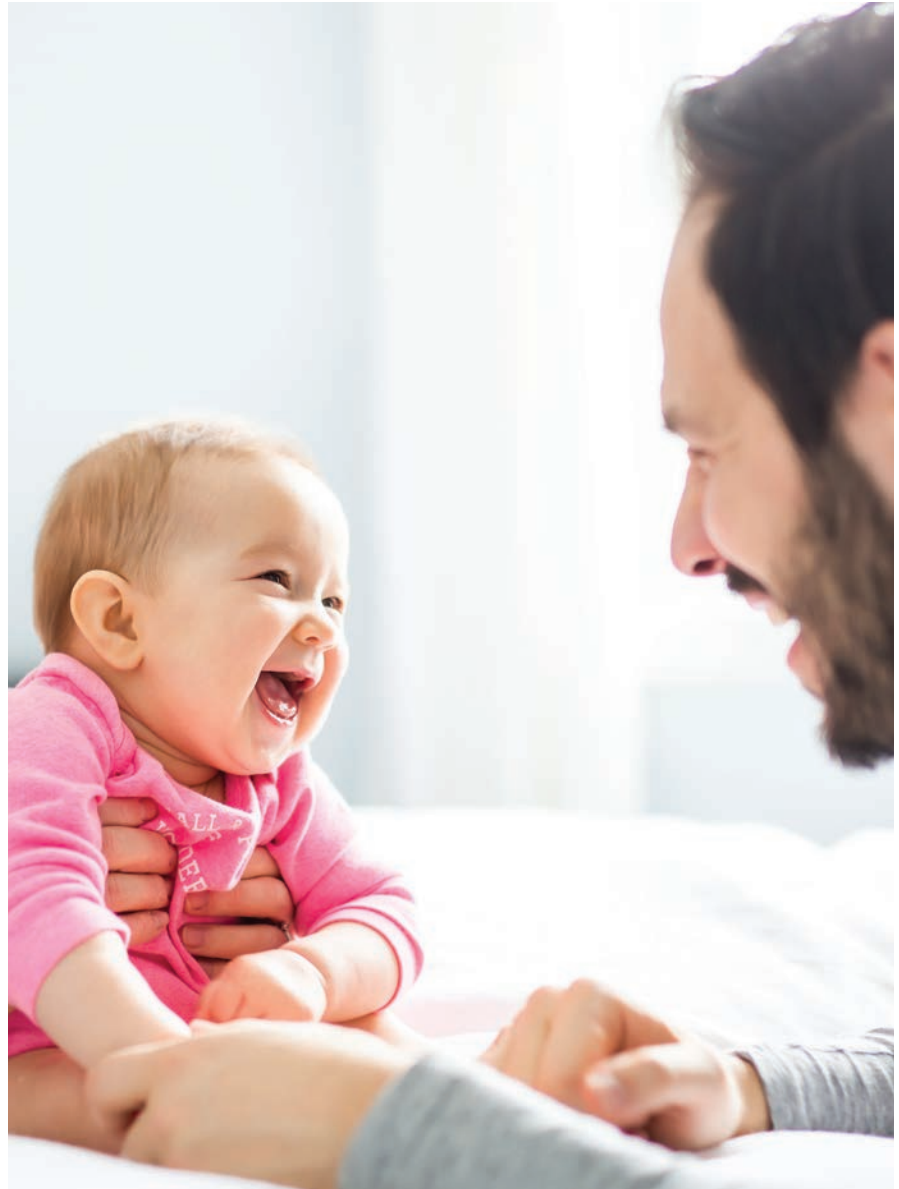
infant will look to its own mother for comfort or at times offer its own teddy bear to comfort the misfortunate infant.

Empathy

This process of attunement is believed to be one of the primary ways of developing empathy. Empathy was a term originally used in the early 20th century as a synonym for “motor mimicry” – e.g., a baby crying in response to another baby crying, etc.

The neurological and anatomical bases for empathy began to be sorted out in the 1970s, when several different types of neurological lesions were reported. Some patients with lesions in their right frontal lobes could understand emotional words but couldn't process the tone of voice or facial expressions that gave a different meaning to the words. For example, they couldn't differentiate a grateful “thanks” from a sarcastic “thanks” or from an angry “thanks”.⁴ Others, with a slightly different lesion, couldn't express their emotions in tone of voice or facial expression. They had the emotion but couldn't express it.

It was discovered that connections between the limbic system and visual cortex underlie these important skills. You need to be able not to just understand the definition of the words that someone else is saying, but to also visually observe their “body language” and hear the tone of



voice in order to understand what is being communicated.

Attunement is the process that we were meant to go through as infants and children in order to discern these relational realities. And empathy is the character trait that attunement is meant to produce. Empathy is the ability to discern and mirror, or enter in to, the emotions of another.

Jesus as our Model

As we've repeatedly discovered in our “Science and Inspiration” series, modern science is only now supporting and

reinforcing what inspired writings have been communicating to us all along.

Notice Jesus' development and how He came to know and understand the emotions of others: “And Jesus increased in wisdom and stature, and in favor with God and men.” - Luke 2:52

Jesus increased in wisdom (mental), stature (physical), and favor with God (spiritual) and humanity (social). Christ's social growth (favor with men) came as a result of His seeing, understanding, and entering into the experiences of those He came in contact with. Notice in John 2



God in Christ has been “attuning” to us.

As we reflect on God’s sensitivity to our circumstances, may we be led to be more ‘attuned’ to those calling out for God’s love all around us.

“Not a sigh is breathed, not a pain felt, not a grief pierces the soul, but the throb vibrates to the Father’s heart.” - *Desire of Ages* p. 356

“Our world is a vast lazar house, a scene of misery that we dare not allow even our thoughts to dwell upon. Did we realize it as it is, the burden would be too terrible. Yet God feels it all. In order to destroy sin and its results He gave His best Beloved, and He has put in our power, through co-operation with Him, to bring this scene of misery to an end.” - *Education* p. 263

As we grasp the “attuning” that God has for us, and “as we are changed into His glorious image” - 2 Corinthians 3:18 — may we be “attuned” to our families, church members, co-workers, and the strangers within our gates so that, through cooperation with Him, we may “bring this scene of misery to an end.” - *Education* p. 263

that Jesus “knows” us. “He knew all men, and had no need that anyone should testify of man, for He knew what was in man.” - John 2:24-25 Also, Jesus knew how to speak a “word in season to him who was weary.” - Isaiah 50:4

How did Jesus “know what was in man”? How did Jesus know what the “word in season” would be? Because His mother, Mary, under influence of the Holy Spirit, had done a superb job of “attuning” Jesus so that He would grow up with a character of empathy.

God’s purpose is that the church will

mirror this attuning and empathic reality to a callous world. “If one member suffers, all the members suffer with it; or if one member is honored, all the members rejoice with it.” - 1 Corinthians 12:26

We must not fake empathy so that we can appear understanding in order to manipulate people into joining our denomination. But, as we have been “attuned” by Jesus, we will actually be able to enter into the feelings, emotions, and circumstances of a dying world.

Just as a mother or father mirrors or “attunes” the emotions of their child, God in Christ has been “attuning” to us.

1. Attunement is also a term used to describe a “new age” form of “energy medicine”. I am definitely not referring to that form of attunement.
2. Daniel Stern. *The Interpersonal World of Infants*. (New York, Basic Books, 1987). p.30
3. Daniel Goleman. *New York Times*, Mar 28, 1989. “Empathy, Neurology, and Developmental Roots.”
4. Daniel Goleman. *Emotional Intelligence*. p.102

Always on Call



Katie Sloop is a third year medical student at LLUSM. She spent five weeks at Kanye Adventist Hospital in Botswana between her first and second year of medical school. Katie wants to do long-term medical mission work and is passionate about reaching out to those who have never heard the gospel. Most of all, she longs to serve God in her day-to-day activities and follow His plan for her life.

Where am I? And what am I doing here? These were my thoughts as I looked around the stifling hot and completely dark airplane. Airport terminal lights twinkled at me through the blurry windows; tarmac noise filled the plane through the wide-open exit doors. In front a drunken “talent show” was in full swing, complete with the likes of ‘Twinkle Twinkle Little Star’, rap vocals, and African love songs. Next to me, the young Ethiopian flight attendant was vainly trying to convince the latest drunk that he did not need another beer, while simultaneously keeping the six toddlers careening up and down the aisle from falling out of the open exit doors to the pavement below.

I was on Ethiopian Airlines in Dublin. We had all been stuck on this plane for 17 hours, of which the last five were sitting stationary amidst the rising frustration of both crew and passengers. We were en route to Addis Ababa, Ethiopia, when an electrical malfunction turned a routine fuel stop into a five-hour ordeal.

My final destination was Botswana. However, this electrical malfunction began a cascade of unanticipated and seemingly

fortuitous events. The refueling turned into 24 hours in Ireland. My two-hour layover in Addis Ababa turned into 26 hours; my total traveling time came to 95 hours. Throughout it all, I wondered why God had allowed the plane to breakdown and me to miss the biweekly connecting flight to Botswana.

Part of the answer to “Why?” was found, I believe, in new friendships with fellow passengers. One was an American girl headed to Ethiopia and then to Madagascar. We were both single girls stranded in Dublin and Addis Ababa. The challenges of our travel delay, and her new staph infection, gave us a sense of camaraderie and a chance to discuss deeper topics such as impaired human relationships, God, and our faith. In addition, we struck up an unlikely friendship with a devout Muslim young man quite surprised to find a Christian who did not drink alcohol or eat meat. This also led to deeper discussions about God, Christianity, and Seventh-day Adventists.

However, it was not until I was actually sitting on that elusive flight from Addis Ababa to Botswana on Saturday morning, reluctantly sharing the last of my American trail mix with the two people sitting next to me, that I really got annoyed. Why is God

As Christians we must be open to all opportunities that we have to witness.

having me fly on Sabbath? I had planned so carefully to make sure this would not happen! I was supposed to have arrived two full days ago. And, why does this guy have to sit next to me and eat my trail mix? The young Ethiopian man next to me was not so keen about being there either. There were plenty of open seats on the plane, but he had been kicked out of his Cloud Nine (first class) seat, and told to sit in a middle seat in Economy class.

His name was Ermias. He had studied biology in college and now ran a tourism company in Addis Ababa. Remarkably, we started talking about what the Bible says regarding the power of our words. I pulled out my Bible, thinking I could share a little bit with him. I quickly became very thankful for every Bible study that I had ever learned, for every verse I had ever memorized, and most of all for the promise of the Holy Spirit. Ermias was one of the most sincere and seeking Christians I have ever had the privilege of meeting. We discussed faith, grace, tithing, the state of the dead, the second coming, and even the Sabbath. As we neared landing, I told him that I normally go to church on Saturday mornings and was annoyed that I was flying right then. He turned to me and said, "We are having church right here!" He then told me that his brother, Elias, was the head manager of Ethiopian Airlines in Botswana and was on our flight. Though annoyed that his brother had not upgraded his seat, he now knew why: God had wanted him to sit next to me. At that moment, the reason I was on that particular Sabbath morning flight became



clear to me. I was humbled, inspired, and challenged.

This account was just one example of a crucial spiritual principle that I have learned: as Christians we must be open to all opportunities that we have to witness. To use medical parlance—we are always on call, as experiences later in Botswana showed me too.

For instance, we had just finished an emergency D&C on Sabbath. I went by the surgery ward on my way out and the nurse there asked me to see a badly burned patient. The unfortunate woman's family was all there and one of her sons spoke enough English to translate. I tried to explain her condition to the family, mostly repeating what I had overheard the surgeon saying to the nurse earlier. When I finished, the son looked at me and earnestly asked, "Will you pray for my mother?" I answered, "Yes, of course." We did have prayer together, asking for Jesus to provide His presence and healing. I did not realize the significance of that interaction until, two days later, one of

the other doctors was discussing the same patient and said, "You know, she is a traditional witch doctor, don't you?" It hit me forcefully. What I had thought was "just a prayer" had been so much more in the battle between good and evil. It turned out that the only spiritual contact we were able to have with her was on that Sabbath afternoon. I realized, again, that in times we don't expect, God needs us to be ready to share Him with the suffering souls of this world, and He does not give us weekends off either.

We are always on call for Him: days, nights, and weekends, even (perhaps especially) Sabbath.

A few days later, I was in the maternity ward at midnight. The general practitioner there told me to go look at a patient in the emergency room. I found an elderly Motswana man with a deep snake bite. His wife was with him, and both mistook me for a specialist. I explained that I was not the "big doctor" but asked if there was anything I could do. The elderly man caught my hand, looked me straight in

We are always on call for Him: days, nights, and weekends, even (perhaps especially) Sabbath.

the eye, and asked, “Will you pray for me?” I was able to not only pray with this dear couple, but to talk to them about God, His leading and protection. I encouraged them to trust Him no matter what. Miraculously, the man dramatically improved and was able to be discharged from the hospital a few hours later.

Yes—on call, even late at night.

One weekend I took a few days off to be with the Loma Linda University nursing students also in Botswana. Early Sabbath morning, I slipped out of my room, looking for some quiet time to read. As I walked up to a little rock pool, I met a worker cleaning the pool. We started talking and, eventually, I felt bad that he was cleaning and I was only talking. I asked him if I could help, expecting to get the usual no. I was surprised when he gave me his cleaning pole and took my Bible and water bottle. As I started cleaning, he asked me why my water bottle was full of warm water. This opened the way to talk about health, which led to a spiritual conversation. We talked about the Sabbath, Jesus’ life and death, faith, grace, forgiveness, and how God has transformed my life. He told me about his broken family, financial struggles, alcohol abuse, and how empty and guilty he felt. I explained to him that God forgives him, loves him, and wants to lead in his life. He struggled to understand, partially due to the language barrier. As breakfast time



drew near and I needed to go, he looked at me and said, “Ngaka (doctor), I wish you could take me to church with you. I want Jesus to change my life.” This sentence will be forever seared in my memory. “I want Jesus to change my life.” Oh, the cry of the heart expressed in those seven words!

Always, yes, always on call.

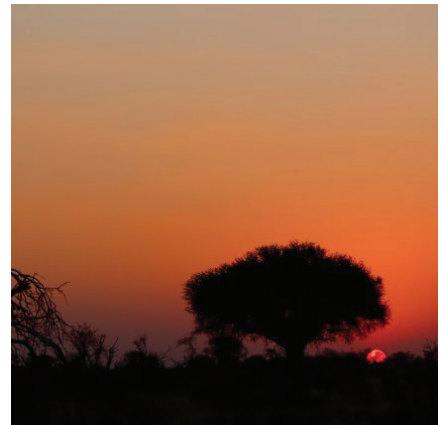
My final morning was consumed with packing and last-minute, teary goodbyes. I was anxious about getting to the airport with plenty of time to spare, a concern, unfortunately, not shared by my driver. We were already an hour late when he decided



in the Congo weeks before but had been delayed and were leaving that day when Elias had been called into the airport. They had arrived only 20 minutes earlier.

Elias was the only person in all Botswana who could help me, and he did, getting me through security, customs, and handing me a ticket to Addis Ababa and the promise of fixing the remaining segments of my trip while I was in the air. When I landed in Ethiopia, I was met by airport personnel and rushed to my next gate and immediately boarded an already extensively overbooked flight. Elias had managed to get my baggage through to my final destination, even though I was switching airlines. I do not know how Elias did any of this, but I do know that God was watching out for me.

The lesson? God is always on call for us and He is calling us to be on call for others as well. Through this trip, I realized that God is calling each of us to minister to those who are desperately seeking. Like the gentleman at the game lodge, thousands earnestly want God to change their lives but don't know how to take the first step.



to stop for food. I had less than an hour before my international flight when we finally arrived at the Ethiopian Airlines ticket counter. It was then that I found out I did not have a ticket home. My entire return ticket had been inadvertently voided by airport personnel during the chaos in Dublin. Now the flight to Addis Ababa was full and the flight to LAX was overbooked. I wondered what God would do now. I didn't speak Setswana, I didn't have the money to book another flight home, and my phone had just died.

Suddenly Ermias and Elias walked in! I was shocked. They were supposed to have been

In addition, I realized God is not asking us to only be looking for opportunities to share Him and encourage others when we are at work 9-5, studying 6-10, or on Sabbath afternoons. We need to be open to His timing. Most of the experiences I shared happened when I was not supposed to be at the hospital.

God is calling us to always be ready to share Him; He is entreating us to make saving souls our top priority. He wants our whole lives to be oriented toward this work; He wants us to always be "on call" for Him.

Studying by Faith: My Dental School Journey



Dr. Adrien Charles-Marcel graduated from Loma Linda University School of Dentistry in 2018. Currently he is completing a 1-year internship in Oral and Maxillofacial Surgery (OMS) at the University of Maryland, Baltimore prior to returning to Loma Linda for another 6 years of OMS residency. His desire is to one day soon be an overseas missionary surgeon, spreading the gospel and helping to change lives.

The time had finally come. It was the summer of 2014, and after seven years of searching for the career God had planned for me, I finally stepped foot on the campus of Loma Linda University for the culmination of a 16-year-long academic journey. Kindergarten as a homeschooler was far in my past; I was now in dental school. Armed with idealism, optimism, and a dose of realism, I set out with the firm determination to leave dental school as a missionary general dentist, ready to go to the far reaches of the earth with the gospel. Yet, at the same time, May 2018 seemed a long way away, and I wasn't sure that it would find me a graduating senior, let alone that the world would still be around as I knew it. But I chose to trust that God had led me to dental school, and so I plunged right in.

Little did I know the journey that lay ahead.

Dental school wasn't easy. There was a whole set of skills that I needed in order to be a dentist that I wasn't aware of until actually in dental school. There were countless exams to pass and skills to master. Many late nights and early mornings I spent studying, or in lab. Inadequacy, fear, and (sometimes) desperation hit me when my abilities were

not what I felt they needed to be. Though stretched and pushed I was also encouraged along by friends, professors, and family who told me that I could succeed. Prayers ascended to Heaven for success, and God often answered in amazing ways.

I remember one of the biggest miracles occurred at the end of third year. It had been a rough semester for me. I missed a week of school due to an outpatient surgical procedure, and I was not doing well in Pharmacology. To complicate matters, I had to fly across the country the weekend before finals for a funeral. When I arrived back in Loma Linda on Sunday afternoon, the week promised to be grueling. I had two final exams, a final paper, and clinic. Yet God blew me away! That week, I got the highest scores I had received all semester in Pharmacology and passed my other final exam and paper with flying colors. Experiences like this strengthened my faith by reminding me that the same God who had called me to dental school was with me as I pushed on through.

As I journeyed through dental school, AMEN touched my life at regular intervals. The spiritual VP for my class, Elaine Bersaba, was a big fan of AMEN, and early on in our first year she helped set a solid



spiritual tone for our class. I attended two AMEN conferences and two AMESA (Adventist Medical Evangelism Student Association) retreats, which helped to fan the flame of ministry through dentistry. But one of the most influential aspects of AMEN was the mentorship I received from an AMEN member, an oral and maxillofacial surgeon, who, before I was even in dental school, encouraged me to attend the 2013 AMEN conference. Then throughout dental school, he encouraged and inspired me to keep pushing through the difficulties because the end goal was worth it – having skills that could be used to relieve suffering and point people to Jesus.

Indeed, it was the joy of service, and the glaring needs of the less fortunate, that

changed my educational course during my fourth year of dental school. In November 2017 I had the opportunity to be a dental provider for an AMEN Free Clinic in San Bernardino organized by two local Adventist churches. Over those two days, I treated patients (under the supervision of my faculty) who, in some instances, had not been to the dentist in over 10 years! I found joy in performing cleanings, fillings and extractions for patients who could not afford them otherwise. It struck me that in only an hour or two, I could help them with problems that they had been living with for years. It came at a time when I was contemplating the trajectory of my career, and I was again inspired to make decisions that would enable me to help the less fortunate. I had a long-time fascination with surgery, and it was around

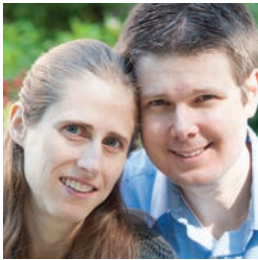
this time that a Mercy Ships YouTube video about maxillofacial conditions overseas spurred me to meld my two interests of missions and surgery into one. I began to seriously consider specializing in oral and maxillofacial surgery (OMS). But first, I spoke with my mentor, who, although hesitant about my going into his field said, “Adrien, if there’s any doubt in your mind about whether God is leading you in this direction, consider this: God can’t do anything with an application you don’t submit, or with an exam you don’t take.”

I took that to heart, and during one of the busiest times in dental school studied for and took the Comprehensive Basic Science Examination, which is a required board-style examination for OMS applicants. My score was far from stellar, but I knew that God helped me get the score that I did. God helped me finish my clinical graduation requirements on time as well, and miraculously, a week before graduation, I was accepted into a 1-year internship in Oral and Maxillofacial Surgery at University of Maryland, Baltimore.

Transitioning from dental school in California to a hospital on the East Coast was anything but smooth. Work was hectic, and I still had to apply for a full residency program. Things didn’t go how I had planned, and at times it seemed humanly impossible for me to match. But through God’s providence I did match; to Loma Linda University’s combined OMS/MD program! Truly, as Paul says, “O the depth of the riches both of the wisdom and knowledge of God! how unsearchable are his judgments, and his ways past finding out!” – Romans 11:33 (KJV)

By God’s grace, one day I will be a missionary surgeon, healing bodies and bringing hope to those who otherwise would not meet Jesus.

What about Spiritual Care?



Drs. Eric and Rachel Nelson met studying for the MCAT, got married at LLU after their first year of medical school, and pursued surgery and pediatric careers respectively. After completing residencies at UC Davis, they relocated to Chattanooga, Tennessee where Eric completed a colorectal surgery fellowship. Both Eric and Rachel are Assistant Professors with University of Tennessee and enjoy training residents and fellows. They are both active in health ministry at South Bay SDA church along with their children, Amy (8) and Michael (6).

Sure, we're physicians, and we are trained to give physical care to our patients. But any doctor, even atheist doctors, do that.

But what about spiritual care? How do we minister to the spiritual needs of our patients and even of our staff? This task is not always easy, but we'd like to share what we have learned over the years in attempting to use our practices as healers to reach people's spiritual needs, just as Jesus did.

Hospitals

Hospitalists face a unique challenge for witnessing. Shifts can vary from four to seven hours a day. Most of the time your patients are with you for less than a week; most patients you never see again. Therefore, you need to make the best you can of the little time you have with them.

If you are at a teaching hospital, you may work with residents, which will further decrease your patient interaction. Still, as a hospitalist you have a lot more contact with floor nurses. You have face time with consultants from other specialties that you don't get in the outpatient world. You also have an opportunity to interact more closely with hospital administration. These people

are often neglected in our evangelism. They need Christ just as much as our patients do. Therefore, make the best of your time both with patients, and with fellow workers.

Surgeons also face similar time challenges. Before many surgeries, especially big abdominal operations, the patient receives a sheet about optimizing the outcomes, including information about diet, exercise, and trying to decrease risk of nosocomial pneumonias. Then we talk about stress reduction. Of course, prayer is helpful for stress reduction! So that leads me perfectly into offering to pray with my patients before surgery. Because most of my patients in Tennessee are Christians, they are very happy to have me pray with them.

The operating room is a great time to have spiritual discussions with staff. Once we were studying in Sabbath School about the book of James and we were reading about letting patience have her perfect work. I was just sharing with the scrub tech and the circulator. I shared the Bible text, and I said, "I want to be a more patient person." The tech got this funny look on her face and said, "Really, Dr. Nelson? We can help you with that!"



At the Office

If you work in an office, I'm sure most of you have magazines in the waiting room with spiritual topics, and some of you probably even have art on the walls. We recommend you consider using artwork that combine spiritual themes with medical care in order to get patients thinking along those lines. Music and programs like Life and Health Network are also an excellent opportunity to put on a television in your waiting area and get patients thinking about spiritual dimensions.

That's all easy and basic. But what we need to do is take it to the next level. Rather than randomly putting out some nice spiritual magazines in the waiting area, think about what interventions you have available in your community for your patients. I have several different journals from Wildwood, and any patient who picks up one of those journals gets information about Wildwood Lifestyle Center, especially if they have any sort of lifestyle concerns. Any patient who picks up a stop-smoking magazine goes down a pathway of care designed for patients who are smoking. There are also several magazines about debt, fighting cancer, and losing weight.

Training our nurses and medical assistants to inquire about spiritual matters is beneficial so they can give us useful background information such as, "This patient is suffering from depression because they just lost their child a year ago and this is the anniversary of their death. They wonder if God exists, and they've been to these different churches over the last few months."

We all develop pathways of care for any common disease that we see in our clinic. We develop a short, thirty-second to one-minute spiel that we give that goes through briefly, in a simple manner, the pathophysiology of the disease, the treatment, and finally ends with "Do you have any questions?" We need to think about how we can use these pathways of care to steer patients into spiritual discussions.

Stop Smoking

Another opportunity to provide spiritual care can arise with stop smoking programs. I ask every patient if they want to quit smoking if they are smokers. They all want to quit. So I say, "Great! Give me your cigarettes!" And, then, you find out who really wants to quit.

Not all of them, for sure, really want to, but for those who are willing to give me their cigarettes and lighter, I have a specific pathway of care. All I do is print off the PDF of the 5-Day Plan to Quit Smoking. Then we go over it with the patient. I also have a secret weapon. I take the cigarettes and lighter home to my kids, and we alternate who gets to throw them away. And then we pray that Jesus will help that person quit smoking. I film them throwing the stuff away and then send the video to the patient. One patient thought it was such a good idea that she had her three kids make videos as well, and all throughout the first several days she was just watching videos all day long of "Mom! Quit smoking!" "Mom! Quit smoking!" It works really well.

Real Life

On another note, I have two different nurses. One of them loves our prayer time before clinic, and she's excited when I get there and reminds me right away about prayer. The other one didn't seem to care. She was polite but didn't seem interested in prayer. One night that nurse came to work and she looked completely stressed out. She has three children. She and her husband just foreclosed on their house. They now live with her in-laws; financially things are getting so tight they will be declaring bankruptcy. So she came to my room and said, "Dr. Nelson, I am so stressed. And I've got to get an outlet. What do you think about journaling?"

I said, "Journaling's great!" And for the next 15 minutes I talked and talked about how wonderful journaling is. And then we got busy with patients. That night, as I was praying, it suddenly hit me that I'd missed this opportunity to meet her needs and witness! Instead I'd blown it by just talking about journaling. I argued with God. I said, "God, I don't want to turn

her off! If I had talked about praying she probably wouldn't be interested because she's told me she's not a Christian, so I wouldn't want to offend her..."

A few days later this nurse came again when there was a lull in patients, and she tells me, "You know, Dr. Nelson, I just wanted to tell you I actually really appreciate our prayers before clinic. I didn't grow up praying. My parents never attended church. I'd really kind of like to learn how to pray. In fact, Dr. Nelson, do you remember the night I came to you and I was completely stressed out and we talked about journaling? Well, on my way to work that night, I was so stressed and I remembered how you prayed before clinic, and I always feel a little better after you

pray, so I actually said my very first prayer on my way to work that night." I felt about an inch tall. I am thankful God gave me an opportunity to redeem the time. But I realized that I needed to carry the goal to the next level and make another goal. So I was able to share Bible story CDs with this nurse and she's anxious to learn about the Bible. In addition, with the rest of my staff, I've discovered crises on the news have been opportunities to share. We've been reading Psalm 91. We've discussed Bible prophecy. I've shared links with them so they can learn about Bible prophecy for themselves. We will see where it goes from there.

The Sum of the Matter

No question, as physicians, we tend to the

physical. But, again, what about spiritual care? There are thousands upon thousands dead in trespasses and sins. Who will render an account for these souls? God calls for workers who will labor for those who know not the truth. Who will rescue those who are out of the fold? Thousands pass through our offices every day who are unwarned and unconverted. What are we going to do to help reach them?

Put as much time and effort into spiritual care as you do into medical care. The stakes are higher – as much higher as heaven is higher than the earth. And the rewards are much greater – as much greater as an eternal reward is compared to anything that this earth has to offer.

Exceptional Family Medicine opportunities in Idaho and Washington.

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The rolling hills of the beautiful Palouse region are rich in culture and art. Moscow, Idaho, dubbed "Home of the Arts" is also home to the University of Idaho, with an internationally diverse and thriving community. Agriculturally strong, there is an active farm to table culture. Pullman, WA is less than 10 miles west and home to Washington State University. There are three local Adventist churches, an Adventist elementary school in Moscow, and a boarding academy located within 60 miles. Walla Walla University is a short 2.5 hour drive away. Surrounded by wonderful opportunities for education, campus ministries and church fellowship, our communities support a full and meaningful lifestyle.

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Total Health
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The Human Touch



Jenifer Jesson is a fourth year dental student at Loma Linda University (LLU) and has a Master's in Public Health. She currently serves as the LLU Student Association Religious Vice President. She has a passion to grow in Christ and to help others. She enjoys spending time with family and friends, creating new recipes, setting and then reaching challenging goals, and exploring the great outdoors. In December, she completed her first half-Ironman triathlon; she has also finished two marathons during dental school. After graduation, she hopes to make a difference in her community through being involved in the local church, in her dental practice serving her patients, and doing outreach/mission trips.

Mr. Ron¹ strolled into the office. I grabbed his arm as he struggled to sit in my dental chair. It was my first time seeing him as a patient, but after scanning his chart, I knew that he had an array of medical problems.

We chatted, but he did not seem in the sharing mood. When done with the treatment, I walked him out and as with any other patient, we said goodbye. A few appointments later, he returned for a simple procedure, but this time he seemed discouraged and weighed down with a sad expression showing on his face. He usually doesn't talk much but this time he hardly said a word. When we chatted, he kept his eyes fixed ahead, barely looking at me. After taking routine vitals, I always asked the follow-up question, "Are there any changes in your health history since your last visit?"

Without changing his gaze, he slowly muttered that he has been diagnosed with a very advanced stage of cancer, and the doctor told him he had only six months to live. He looked over to me after getting out what had been on his mind.

I was in shock. What does one say or do in a

moment like this? We sat in silence for what seemed like many minutes.

Usually, after greeting the patient and chatting for a few minutes, I busily get their required treatment done. There is so much to do and very little time. Between frequent visits to the clinic supply window for instruments and equipment, and searching and waiting for the attending to give a start check and to approve treatment steps, students have little time to do their task properly.

My attending walked by a few times, most likely waiting to get me started but suddenly the procedure planned that day seemed trivial and irreverent compared to what he just shared. I told Ron how sorry I was to hear the terrible news. After a few moments of silence, I asked if I could pray with him. He agreed.

After my praying, he had tears coming from his eyes; he quickly wiped them away. I was surprised at his reaction. There was a peace that came over him. He seemed hopeful, at least enough to continue with our treatment planned for the day in an eager manner. For the next few weeks I prayed for him.



Although I never saw him again, I called weeks later and his partner picked up the phone, notifying me that Ron was not doing well and that he would not be returning for more treatment. I sent my regards. My hope and prayer is that he had peace in knowing that Christ is His Comforter.

I'm not alone with this kind of experience. A classmate shared with me her interaction with a patient she prayed with before a procedure. A bond was formed by that prayer and she strived to put the patient at ease throughout the procedure. My classmate describes how meaningful it was for her to simply smile at this patient when they were done and have the patient smile back. This was a big deal because the patient had kept her smile repressed, embarrassed at her imperfect dentition. Together, both celebrated with big smiles.

While it is very satisfying to have days when goals are met or exceeded, and everything is running smoothly, the most meaningful and remembered moments are the interactions that we have, and the impact we leave behind in our relationships with patients, faculty, staff, and colleagues.

Our "cup" needs to be filled with the love of God before we can share with others. This comes through spending intentional meaningful time with the Author of love.

This became clearer to be after attending the AMEN conference two years ago in Indian Wells. It was inspiring to hear how dentists are praying with their patients and incorporating prayer boxes or spiritual messages throughout their office setting. It gave me so many ideas of how I can be the best Christian in my role as a future healthcare provider. I am excited

to continue to be involved with AMEN, especially as graduation approaches. As my last year of dental school concludes, my desire is to prioritize seeking strength and guidance from above and sharing His love with others. Sometimes we may never know what a kind word, listening ears, or offering a word of encouragement or prayer may do. The human touch can do wonders.

Let's take those extra moments and look for opportunities to be used daily in our interactions with those we work with. Let our prayer be "Take me, O Lord, as wholly Thine. I lay all my plans at Thy feet. Use me today in Thy service." - Steps to Christ, p. 70.

¹ Pseudonym

These Buildings Have Names



Dr. Lyndi Schwartz is a graduate of Loma Linda University's School of Medicine. She currently serves as the Program Director for the Internal Medicine Residency at Kettering Medical Center. While she is a physician, her first love is theology. She teaches the Word every opportunity she gets including teaching a large Sabbath School class at her church in Centerville, Ohio. She is married to Dr. Brian Schwartz (for over 29 years). Together they are active in several supporting ministries and have spoken nationally and internationally on health and theology.

As I recently wandered through the campus of Loma Linda University, I was inspired as I read the names on the buildings, names that I saw 30-plus years ago, but on that day, I admired. Magan Hall, Burden Hall, Evans Hall - names which as a student had little significance to me. To be honest however, just because I don't remember an intentional lecture on these men does not mean that there was no lecture. The difference between the late 70s/early 80s and now was that I decided to study the history of my alma mater. It turns out, this history is vital to who we are as Seventh-day Adventist physicians. But what does it take to get one's name on a building?

Percy Tilson Magan was born Nov. 13, 1867 at Marfield House in Ireland. His mother loved him and his father was austere. Percy would be shipped off to boarding school by his father at the tender age of 10 and then to Nebraska in the United States at 16 years of age. The man of the house there was a drunk and after one year Magan was granted permission to move to another home which was providential. He attended a "tent meeting" with a couple who befriended him in this new town and on July 4, 1886, Magan decided to keep the Sabbath and become a

preacher. His father disinherited him and vowed that he would never see his son again. In late October of 1888 Magan attended the General Conference session in Minneapolis where he got to know Ellen White, a woman he would later call "Mother White." The bashful Magan was awed by Mrs. White and her love won his heart. She taught him much about the Adventist movement. Two things were prominent in his mind, two things that would serve him well for the future and the future of Loma Linda University Medical School. First, he understood in a profound way the place of the spirit of prophecy among Seventh-day Adventist believers, and secondly, he caught a vision of the work the church must accomplish in order to fulfill the commission of Jesus Christ. He was involved starting many of our Adventist institutions including Walla Walla University, Emmanuel Missionary College, and Madison. He was a trailblazer for Seventh-day Adventist Christian education.

In the summer of 1910, Magan felt that his work could best be aided by earning a medical degree and he enrolled at the University of Tennessee School of Medicine, from which he would graduate June 6, 1914. Of importance, Dr. Newton Evans was a faculty member there and taught pathology.

On a parallel track, in May 1905, John Burden was urged by Ellen White to search for property near San Bernardino and Redlands which could be used for sanitarium work. While those who led out in initiating the work at Loma Linda had in mind the operating of only a sanitarium and a nurses' training school, Ellen White declared early on, "This place will become an important educational center." Then in December 1905, she wrote further: "In regard to the school, I would say, make it all you possibly can in the education of nurses and physicians." In 1908, the College of Evangelists was offering three courses: evangelistic medical, nursing, and ministerial. Trustee Burden, upon requesting the state requirements for a medical school, was told by officials that it "must conform to the requirement of the Association of American Medical Colleges (AAMC), and that its buildings, laboratories, equipment, and faculty must meet rigid inspection." Discouraged by the accreditation requirements for a Class "A" Medical School, the GC committee in June 1909 passed a resolution restricting Loma Linda to "a special training school for medical missionary workers." Elder Burden, unflinching in his determination urged the board to apply for a state charter authorizing a full-fledged medical college. The GC at its autumn council recommended that the Loma Linda board apply for such a charter and on December 9, 1909, such a charter from the state of California was signed. This authorized the new school to grant degrees in medicine and dentistry. Conservative church leaders however, aware of the financial and scholastic demands of operating a medical school, were opposed to any course of study except a practical training without the granting of a recognized degree. Ellen White was asked by three churchmen to express her



views on the topic at the Pacific Union Conference (PUC) held January 1910. She wrote: "The light given me, We must provide that which is essential to qualify our youth who desire to be physicians, so that they may intelligently fit themselves to

be able to stand the examinations required to prove their efficiency as physicians... The medical school at Loma Linda is to be of the highest order, because those who are in that school have the privilege of maintaining a living connection with the

“The place
will become
an important
educational
center.”

wisest of all Physicians, from whom there is communicated knowledge of a superior order. And for the special preparation of those youth who have clear convictions of their duty to obtain a medical education that will enable them to pass the examinations required by law of all who practice as regularly qualified physicians, we are to supply whatever may be required so that the youth need not be compelled to go to medical schools conducted by men not of our faith.”

On May 11, 1910, the Articles of Corporation were drawn up which consolidated the sanitarium and medical school under the legal name, “The College of Medical Evangelists” (C.M.E.). On Sept. 29, 1910, exactly 10 days after Magan started the medical course at the University of Tennessee, the College of Medical Evangelists was officially opened as the denominational medical school. But trouble was brewing.

During the first decade of the 20th century, medical education was deemed inadequate and inferior in most American medical colleges. In 1908, Dr. Abraham Flexner was requested by organized medicine and the Carnegie Foundation for the Advancement of Teaching to investigate American medical education. Further complicating the Flexner headwinds, in 1910, few Seventh-day Adventists comprehended what was happening in medical education and felt that investing in laboratories and hospitals was unwise. Church leaders knew of physicians who took a short course and received an MD



degree. Besides anyone could train under a preceptor and become an MD. Therefore, when high standards of training were suddenly imperative and when adequate laboratories and hospitals became non-negotiables for C.M.E., leaders in the North American Division balked at getting funds for a medical college. The Flexner Report of 1910 is famous among medical educators nationwide today, as it would set the standard of medical education for the future. In fact, the report was said to be “the birth of medical education”. Nearly 70-percent of medical schools in the United States and Canada were “condemned” and closed within two to three decades.

C.M.E. had its site visit and the school received a “C” rating. If C.M.E. was to serve the international church, it must receive the highest accreditation in America. A class “C” rating was a handicap and was the mark of an unrecognized college. Such colleges could not even take the necessary examinations. Space does not permit all the developments at C.M.E. as it tried to raise its rating. To cite just a few: in 1913, a new hospital was constructed at Loma

Linda and by September of the same year the dispensary was opened in Los Angeles, as well as changes made in faculty and student selection. But the church leaders from the GC to the Unions still had grave doubts.

A change in administration took place in August 1914 when Dr. Newton Evans left the University of Tennessee to become president of C.M.E., and a new site visit was performed. Dr. Evans thought of his friend Dr. Magan back in Tennessee. He felt that the Irishman had winning ways in public relations, that he was an astute educator and that he was undivided in his loyalty to the church. Dr. Magan was to go to the Council to help in increasing the school’s rating. The request was denied. Amongst the concerns of the Council on Medical Education was that the anatomy laboratory “was an insult to the college.” Dr. Magan was undeterred and very optimistic. Significantly Magan noted, that “It would be one of the worst things in the world if Loma Linda should be able to get into the legal ‘A’ grade and at the same time not be in the spiritual ‘A’ grade.”



They call us to that service to which our Lord Jesus Christ committed Himself.

felt that if the church turned back from establishing a medical college in harmony with the counsel of Ellen White, the youth of the denomination would lose faith in that counsel.

The years of struggle for accreditation were full of mountainous challenges and miracles including the Musgrave Report and events surrounding WWII and the draft, but seven years later, on Nov. 16, 1922 the Council on Medical Education and Hospitals granted the College of Medical Evangelists a class "A" rating!

Dr. Magan, guided by the spirit of prophecy, was humble in this hour of victory and gave God the glory. He said, "Surely the hand of God has been over this place...I can never feel thankful enough to our heavenly Father for all of His kindness, and I am praying daily that the experiences through which we have passed may ever have an influence to keep the hearts of our dear young men and women turned toward the great God who needs their service in this world's lazar house of sorrow."

Magan Hall, Burden Hall, Evans Hall. What do these buildings with names mean? They stand as witnesses for us to the power of God and the vision of the spirit of prophecy and belief in the same. They call us to that service to which our Lord Jesus Christ committed Himself. What is our response?

He attended the 1915 Autumn council of the GC Committee at Loma Linda. The medical school had at that time a \$400,000 debt and came under immense scrutiny. Certain brethren were determined to close the institution. Speeches were made. PT Magan's response was pivotal. He said, "We have just passed through one of the biggest battles in the history of the denomination, nominally over Loma Linda, but in reality, involving the integrity of the spirit of prophecy and our belief in the same." His relationship with Ellen G. White in his younger days cemented in his mind that she was an inspired prophet. Several years later, in describing the speeches that were made to save the medical school, Dr. Magan paid tribute to Elder Daniels. The GC president arose and addressed the council saying, "My brethren. I am astounded and I must speak. If I do not say my mind I will be a coward and unworthy of your confidence. Brethren, listen to me. We all profess faith in the spirit of prophecy, but we forget that one of the last things the prophet ever wrote was that our young men and women, should be given their full training in our

own school and should not be forced to go to worldly schools. And here we are, before the prophet is hardly cold in her grave, proposing that our young men and women should have only half their education from us and then shall be turned loose in these worldly schools. Now, I protest against it. That is all I can do, but I do most earnestly protest it. We can build up this school. We can support it. We can do anything that God wants us to do." Those who were present said that stirring speeches by Elder W. C. White, Elder George I. Butler, and Dr. Magan were strong influences in turning the vote in favor of a fully accredited medical school. Dr. Percy told exactly what Adventist youth would face in a typical medical school. "His words were so pointed and took such a deep hold that men who strongly opposed the continuance of the school were practically unable to answer Magan's arguments and those who were battling for the school took a new grip." The full four-year medical school was maintained and the College of Medical Evangelists was saved. The leaders of the denomination were on board. As Dr. Magan began his work as dean, he

AMEN Philippines: The Medical Arm Further and Higher



Dr. John Chung is a dermatologist who practices in North Georgia and around Chattanooga, Tennessee. While he practices dermatology, his passion and mission are to lead people to Christ.

I hate snorkeling. Due to very poor eyesight and severe astigmatism, I can't see under water. Contact lenses don't fit me, and goggles are useless, so I have never seen fish under water clearly.

Therefore, when organizers from the Philippines AMEN Conference invited me as a speaker, I likened it to someone asking me to go snorkeling: I couldn't see my going there.

I had doubts and questions. How many people will come? Will it be well organized? Will it be fruitful? How would I deal with a 12-hour time difference or flying almost 18-hours one-way? And what will it be like to be jet-lagged, both in the Philippines and upon my return to the United States?

Despite all the questions, I said, "Yes." And I'm so glad that I did. The conference was held in Taal Vista Hotel in the city of Tagaytay; it was on top of a mountain overlooking a beautiful lake, an active volcano, and a quaint village surrounded by hills. What a magnificent setting.

Well-organized, the conference was a great success. The roster of great speakers included, from the USA—Dr. Brian

Schwartz, Dr. Lyndi Schwartz, Dr. Elizabeth Chung, Dr. Carlos Moretta, Dr. Hedrick Edwards, and Dr. Zeno Charles-Marcel. Also there was Dr. Linda Varona from the Philippines, and Dr. Raymond Tah from Malaysia. Other presenters, including some powerful testimonies from attendees, were all very inspiring as well.

The presentations were woven together in such perfect harmony that it appeared as if we had all talked together ahead of time to assure continuity. From plenary sessions to workshops to testimonies, all presented a biblical picture of God's inspired plan for medical missionary work.

About 200 delegates from several countries (Philippines, Malaysia, USA, Guam, Zimbabwe, and Hong Kong), plus their families, were in attendance. Delegates included doctors, dentists, optometrists, medical and dental students, nurse practitioners, physician assistants, nurses, pastors, conference officials, hospital administrators, and others.

It was truly a Spirit-filled conference. Without a doubt, I believe everyone who attended was greatly blessed. One such physician is Dr. John Vic Caagbay from Bacolod City in



the Philippines. When asked about his experience at the AMEN conference, Dr. Caagbay shared his experience.

“Long before knowing anything about AMEN, my wife and I had been consistently praying for God to show us how we could get more involved in medical ministry”, Caagbay said. “I have been employed as a government physician for the last 12 years, meeting the physical needs of those who are less privileged and needy, yet I felt my purpose as a doctor was incomplete.”

“When a friend, Dr. Elvin Tecson, invited me to the AMEN Philippines Conference, I felt a great urge to attend. I had no idea what AMEN was or what it stood for, but a constant and consistent urging told me ‘you must attend!’

“After listening to the inspiring messages and testimonies, my wife and I agreed that we were incredibly blessed. We are so grateful we heeded the voice that prompted

us to attend the AMEN Conference. Now we understand that our purpose is not limited only to alleviating the physical needs of our patients, but we must go further and higher by sharing with them the grace of Jesus that brings the greatest healing to the body and soul!”

Like Dr. Caagbay, I was personally blessed. As I attended the conference, our mission became clearer to me. The Great Physician’s work of temporal healing on this earth was and is for eternal purposes. Therefore our work must be as well. As we seek to extend God’s re-creating, transforming power over both the physical and spiritual aspects of humanity, we are commissioned to unify medical and pastoral lines, just as the Good Teacher commanded His disciples. In the sacred privilege of ministering to our neighbor, we accept the call of the Divine Missionary to work as He worked, blending both gospel and medical evangelism.

I came home energized, ready to lead more people to Christ and definitely more dedicated to serve our Savior. I may have been physically jet-lagged, but Jesus gave me true rest and peace.

Prior to going to the conference, two of my colleagues and I went to the Philippine island of Palawan, one of the most beautiful places to visit in the world. We went snorkeling, and for the first time in my life, I clearly saw that there are fish in the ocean; my goggles had prescription lenses!

At first, I couldn’t see the usefulness of going to the AMEN Philippines conference, but now I clearly see that there are millions of fish to be caught there. I praise God that I heeded His call and played a small part as a fisher of men.

Why the Picture of God Matters



Dr. Andrew Roquiz is a family practice doctor living in Coeur d'Alene, Idaho, with his wife Melanie and son Joshua. His blog thechristiandoctor.com helps hurried Christian medical providers understand principles of spiritual care so they can cooperate with God in the transformation of a patient's life.

Every patient has a picture of God. And this picture of God shapes how they relate to Him. Particularly, one's response to suffering reveals a glimpse of that picture.

One patient of mine, Sean¹, came in for mood problems. He talked about how difficult it was to remain calm. Little things, usually not bothersome, were very irritating. Eventually he disclosed the source of his stress. His daughter had been diagnosed with a neurodevelopmental disorder. After initial normal development, she failed to reach milestones in her speech and movement. Furthermore, she was subjected to frequent seizures and breath-holding spells.

Sean wasn't dealing very well with his daughter's condition. He would be walking through Walmart and then notice a young daughter arguing with her father. Everything would zone out around him; he would focus squarely on this scene for several minutes. In fact, it took someone almost shaking his arm to snap out of the trance.

Sean carried an incredible amount of guilt. He couldn't sit on the couch longer than 20 minutes before feeling obligated to be doing something for his daughter, such as

earning more money to care for her needs. After playing catch with his son outside, he would quickly feel the need to go back into the house and attend to his daughter.

I told Sean that he was carrying too much on his shoulders. If he continued like this, he would be crushed underneath the weight of it. Somehow he needed to take this weight and turn it over to God. We were now going into more of a spiritual realm, and so I asked about his religious background. He identified with the Catholic faith.

Sean explained the following: "I have a relationship with God. But how can I turn this problem over to someone that caused this to her? I know I love God, but I feel like he has broken my heart by causing this to happen to my daughter."

Now there were tears streaming down his eyes. I could see the struggle on his face as he elaborated and then seemed to come to a conclusion: "I know you're right. I need to surrender. But I'm just not there yet."

The Main Question

One question that is particularly at the forefront when someone is going through suffering is this: Is God for me or against

me? Is He someone who will bless, help and prosper me? Or is He a different sort of God, one who withholds, abandons or even harms me? How a person responds to this question reveals their picture of God.

One view of God leads toward deeper trust, more gratitude, and a greater capacity for love. The other leads one toward anger, resentment, and less capacity for love.

Suffering is not optional. We all face it. But our response is a choice. I can choose to be bitter or better. I can open up my heart to what God is revealing to me in the suffering. Or I can close myself off to Him and harden my heart.

Our Duty

The duty of a Christian medical provider is to gently lead the patient down a path that will help them become more open to God. This is done less by actively defending God and more by engaging in words or acts that seek to bless someone in the name of God.

The view of God as harsh or demanding, exacting or punishing doesn't come from a flawed theology (though it could). Primarily this view is born out of experience. It is born out of a hard life. These people's hearts have hardened after a time of suffering – an unexpected diagnosis of cancer, an early death of a spouse, an unfair loss of a job, the surprising illness of a child. Or it can be something intensely personal. They were bullied or sexually abused or treated badly by parents.

Another patient, Susan, wrote me an email about her financial difficulties as a barrier for why it was difficult for her to follow up at our office. At the end of her long email she wrote, "Thanks for the good wishes, but I am totally convinced that God hates me. When I prayed for help I lost my



job, acquired massive medical bills and was dealt additional medical conditions, adding to the peril I was already trying to resolve. Job's life was easy compared to what I have been through and am going through."

How We Can Change the Picture of God

A few intellectual tweaks don't change the patient's past. Theological or intellectual arguments aren't going to make the difference. The only hope I think is for us to perform these two actions:

1. Carry the Name of God

When we carry the name of God we become His representatives. Communicate to your patients that you live and act on His behalf. This can be done through pictures in our office, through quotes we hang on our wall, through a cross we can put on our desk. We represent God and, therefore, become an extension of God's hands and feet.

2. Love in the Name of God

These people don't feel the love of God. But we can love them. And by our so doing, they will one day attribute that love to God. I remember listening to my patient Susan and letting her get out her frustrations. I left her with the following, "No matter what you're going through, even if you

feel like the world is against you, we are for you in this office. We are on your side. We will treat you with the respect and care you need."

If one day she opens up her heart to God, she will remember how an office who represented God treated her well.

The Rest of the Story

It was time to wrap things up with my patient, Sean: "Let me tell you something, Sean, every day we pray that God will bring us a patient we can minister to. Today, I think that patient is you."

Sean nodded his head and replied, "You know, it's interesting because I don't know how I ended up in this particular clinic. I was looking down the list and I just chose you guys. But I think you're right. God led me here."

Sean still has a skewed picture of God. But in that moment God was present. And through our interaction, I hope his picture of God straightened out just a little bit.

¹ Pseudonym

Call To Service



Dr. Paul Chung is a cataract surgeon and glaucoma specialist at Pacific Cataract and Laser Institute in Chehalis, Washington. Even though his work involves giving sight to the blind, his greatest desire is to give people insight into God's love for us. He and his wife, Iris, have five children that are growing up very fast. Two are at Southern Adventist University and three are at home.

The 14th annual AMEN conference was the fourth one I've attended. I love AMEN's mission of sharing the gospel in the context of healthcare and the conference is an excellent way to "recharge my spiritual batteries". I try to attend each year to gain new perspectives on witnessing to my patients and colleagues (and to reconnect with old friends, as well). No doubt the hundreds of attendees from America—as well as from the Philippines, Guam, Germany, Bermuda, Australia, New Zealand, India, Bolivia, and Argentina—feel something similar as well.

Over 550 attended the Sabbath morning worship service. Pastor John Bradshaw's sermon, *The Power of One*, was inspiring and powerful, and it provided a great transition for the sessions that followed.

The initial morning and evening sessions were followed by various CME and CDE breakout sessions. As an ophthalmologist, I was happy to see optometrists having their own meetings. I learned that the Association of SDA Optometrists has been around for over 60 years and because there is no Adventist optometry school, it's hard for the group to find other Adventist optometrists.*

Another group I was excited to see at the conference was the medical and dental students. What a joy it is to see young people on fire for the Lord! AMEN has a passion for training young people to be intentional about making ministry a part of their practice.

Therefore they commit significant funds to sponsor students to attend this conference. This year, over 100 dental and medical students (with about 30 spouses) attended. Following the conference many of the students expressed a desire to help create an AMEN mentoring program so that they can receive encouragement from experienced professionals who have learned how to make ministry an integral part of their careers. I am so inspired by their desire, and hope you will consider being a part of the mentorship program when it comes to fruition.

The theme of this conference was Call to Service. Each speaker talked about different ways to serve, but for me, Don Mackintosh gave the most inspiring talk. He explained what Weimar Institute is doing with their Total Community Involvement program.

One day every week, the whole campus (students, faculty, and administration) go into the community to help their neighbors. They clean the interiors and exteriors of people's homes or anything else requested as a means to serve and witness to their neighbors. Weimar is having a significant impact on their community and many neighbors are coming to visit the campus and church as a result.

Their actions make me think of Jesus, whose life was wholly dedicated to service. Yet too often, we are guilty of being the people Ellen White talks about in *Desire of Ages*. "While you were feasting at your bountifully



spread table, I was famishing in the hovel or the empty street. While you were at ease in your luxurious home, I had not where to lay My head. While you crowded your wardrobe with rich apparel, I was destitute. While you pursued your pleasures, I languished in prison. When you doled out the pittance of bread to the starving poor, when you gave those flimsy garments to shield them from the biting frost, did you remember that you were giving to the Lord of Glory?" - Desire of Ages p.. 639 & 640

Just as Jesus ministered to the sick, the poor, and the downtrodden, we also are called to follow in His footsteps by wholeheartedly serving those in need. "When we love the world as He has loved it, then for us His mission is accomplished. We are fitted for heaven: for we have heaven in our hearts." - Desire of Ages p. 641

The purpose of this AMEN conference was to inspire us to feel a Call to Service that goes beyond our comfort level. To challenge us to examine the significance of what Christ did for us and to share that gift with those around us on a daily basis.

Amanda Codling, a medical student who attended this year's gathering commented, "The conference was amazing! A big part of

why I went to medical school was to serve God. Now I feel I've been given practical ways to do so with each interaction. I believe my focus was redirected and I really needed that."

Our daily work as physicians, dentists, optometrists, and other healthcare professionals takes on a much deeper meaning when we consider our Call to Service. "Work with a heart filled with an earnest longing for souls. Do medical missionary work. Thus you will gain access to the hearts of people. The way will be prepared for more decided proclamation of the truth. You will find that relieving their physical suffering gives an opportunity to minister to their spiritual needs." - CME 7.2

A divine invitation is extended to each of you to join us in St. Augustine, Florida Oct. 31 - Nov. 3, 2019, as healthcare professionals from across America and around the world gather to discuss how we can more effectively witness to our patients and colleagues. The theme for this conference is Christ In You and will call each of us to a deeper level of service with a longing for the salvation of souls that only Christ can give. "Never be lacking in zeal, but keep your spiritual fervor, serving the Lord." - Romans 12:11

Testimonies

The AMEN Conference was a wonderful experience! I met so many people from other disciplines and connected with my classmates on a deeper spiritual level. Several people told me how one of the books given out at the event had changed their life, and everyone was eager to involve us in their projects. I think that just being around people whose focus is on Christ gives the conference a special warmth and connection. I'm excited to continue attending AMEN events with my classmates and making connections with such inspiring people. - Alyson Drew, Dental Student

This past AMEN conference at Indian Wells was my first time attending the seminar, and I found each and every lecture and presentation extremely beneficial to myself and my future practice. To be able to fellowship together with fellow believers in the medical field and work together to empower and enhance our practices to reach each and every kind of patient is a unique, yet vital, opportunity in today's busy and impersonal environment. During the short weekend, I was able to rediscover my passion for ministry within medicine and learn from doctors and dentists alike about both their struggles and success with their practices. I would strongly recommend to any future and current medical professional to attend this spiritual weekend to better themselves and their practices as we all seek to enact whole person care. I am greatly looking forward to attending the next AMEN conference, and I hope to see and learn from each of you during the time there. - Paul Miller MS3

You can find most of the talks from this year's conference on AudioVerse at the link below.
<https://www.audioverse.org/english/sermons/conferences/331/amen-2018-call-to-service.html>

*If you know of any Adventist optometrists, please email me at paul.chung@pcli.com so I can help them connect with this group.

by Ivonne Betancourt, Health Outreach Coordinator, Hartland College

AMEN Free Clinics: Planting Seeds and Bringing in the Harvest

With a vision to spread the gospel to the world, Hartland College in Northern Virginia held its first AMEN free clinic, on Sept. 30, 2018. It was a life-changing experience to meet people's needs and to see hearts touched by this outreach.

"I had not had my teeth cleaned for 20 years and they did a marvelous job," says Arthur Peyton, a dental patient. "My gratitude to all the volunteers I met here. I've never been so comfortable in my life around total strangers."

Through partnership with Germanna Community College, the University of Virginia (UVA) Ophthalmology Department, local Seventh-day Adventist church members, and AMEN, 200 volunteers ministered to the community.

"We are here today because there is a tremendous unmet need for vision, medical, and dental services in the community," said Dr. Rebecca Sieburth from UVA. "We see people for their eye health, but often people have many other things going on in their lives. They have bills to pay, children to feed, and they may put their own vision health behind. So today, we can provide these things to those people."

Through our combined efforts, 340

patients received clinical services worth \$65,000. In all, 187 people got free dental care, ranging from cleanings, to fillings, to extractions. In the vision department, over 100 people had free eye exams and received glasses. Patients at the clinic were also offered a private medical consultation with physicians. Unfortunately, the lines were so long that, later in the afternoon, people had to be turned away, but those that received care were very grateful.

This AMEN Free Clinic was particularly successful due to collaborative work and intense preparation. It was the integrated involvement of Hartland College, local Seventh-day Adventist churches, willing volunteers, and the Adventist Medical Evangelism Network team that made the difference.

One volunteer, Oliver Filutowski, a medical student from UVA, said, "It's a step in the right direction. This service gives people who may not have access to healthcare a chance to have problems identified now before it becomes something major later on. This free clinic made me want to see more of this from different communities."

Evangelistic Training

This AMEN clinic was different from other agencies that just do 'humanitarian work'. The goal from the onset was to make the AMEN Clinic an outreach opportunity

connecting community members with local Seventh-day Adventist churches and provide more than just physical healing. The primary objective was to share Christ and build relationships. To make that a reality, clinic leaders arranged for training before the clinic in how to do follow up after the clinic.

As part of the training, Pastor Jim Howard, Sabbath School and Personal Ministries Associate director of the General Conference, gave a seminar called "The Evangelism Cycle" that helped members understand the processes involved in evangelism and why follow up can be so important.

Pastor Mark Finley, and his wife, Teenie, provided health ministry training for the sponsoring churches at their Living Hope School of Evangelism. Pastor Finley helped the churches do logistic work on demographics, exploring the type of communities, church capacity, etc.

Teenie Finley explained, in a practical way, how to do cooking schools and health community programs. Mrs. Finley shared her personal experience about getting started in health evangelism outreach more than 40 years ago – and yes she was scared and intimidated just like many of the volunteers. However, God blessed her first humble breadmaking class which resulted in baptisms.



The free clinic also served as an inspiration to students thinking of a career in the medical field.

Norbert Restrepo, President of Hartland College, reports, "This was an opportunity to share with others why we are here." Besides the medical, dental, and vision services, approximately 300 books were distributed: Steps to Christ, Christ's Object Lessons, Ministry of Healing, Desire of Ages, and Great Controversy. Restrepo excitedly continues, "We offered Bible studies and 13 people signed up right then and there!" Twenty-one people also signed up for follow-up events at local Seventh-day Adventist churches.



The free clinic also served as an inspiration to students thinking of a career in the medical field; it fueled their passion for serving people. We praise God and greatly appreciate every effort directed towards making this clinic possible. Seeing the great needs of the community, and the greater impact of this free clinic in meeting those needs, has made Hartland committed to continuing this ministry.

Church members from Calvary SDA church were especially inspired by Finley's training. The next day, three church members approached the clinic director and said that they had been hesitant to do follow-up work. They had simply planned to support the AMEN clinic as volunteers. However, after hearing Mrs. Finley's testimony, they were inspired to do a four-

week follow-up program, teaching people how to make bread and present lectures on the eight natural remedies.

Training the local church members for Total Member Involvement was a vital element to the success of the first AMEN clinic at Hartland College.

The AMEN clinic confirmed what we at Hartland already believed - medical evangelism really works! Here's one simple example. A young woman came to the AMEN clinic for dental services. As she was waiting, a Bible worker witnessed to her and before sending the patient to her dental services, the Bible worker invited her to attend follow-up health seminars at the local SDA church. The very next Sunday, after the clinic, the young



woman attended the follow-up program at Orange SDA church. Following the presentation, the Bible worker found the young woman and they continued their spiritual conversation. The patient was moved by the experience and asked, "Why do you guys do this for us? Why are you different from other churches?" Then, without even waiting for answers, in her excitement, the patient continued, "I am reading one of the books that I received at the clinic, it's by Ellen White – that author is amazing! Is Ellen White an Adventist as you are?"

To date, the young woman is still coming to the follow-up programs and keeps in touch with the Bible worker. God

No question
– medical
missionary work
plants seeds.

alone knows where it will lead but what a privilege to be part of the process that could end with her in the Kingdom!

No question - medical missionary work plants seeds. Christ will bring the harvest as we continue to minister to these patients through follow-up programs and building relationships with them.

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From Tragedy to Triumph: One Physician's Journey with Cancer



Dr. Naren James was one of the founders of AMEN and served as its first president. He is a board certified family physician with over 25 years of experience in rural family medicine. Since recovering from a serious health challenge last year, Dr. James has committed himself to the practical implementation of AMEN's mission through a nonprofit ministry he launched, the Center for Optimal Health.

As of this writing, I find myself in a hospital infusion center and receiving standard chemotherapy. I'm also thinking about the upcoming funeral services for Jim, a cancer patient whom I met during my treatments here. Nothing stemmed his bladder cancer, and during the Christmas holidays I found out that he was at home under the care of local hospice. Jim was only 60-years old, having battled the disease for over three years.

My own journey began in the spring of 2007, during my third and final year as the first AMEN president. Earlier that year I found myself reflecting on the amazing journey of AMEN's inception. It all started with a luncheon at ASI in Cincinnati, Ohio, in August 2004 and was followed by a conversation with Pastor Mark Finley at the It Is Written partnership in Gatlinburg, Tennessee, in December of that year. Pastor Finley expanded my limited vision of restoring the "Right Arm" to the larger vision of a self-supporting ministry owned and operated by SDA physicians and dentists.

The vision caught hold, and in the spring of 2005, at the Cohutta Springs Conference Center in Crandall, Georgia, after some powerful messages by Mark Finley about "Reviving the Right Arm" the Adventist

Medical Evangelism Network (AMEN) was born.

As this was happening, I was experiencing my own spiritual revival. As I caught a vivid vision of God's love for me, I was moved to make an offering to Him, and it became clear to me that everything I desired to give was already a gift from Him to begin with, and therefore not truly mine, anyway. I then realized that the only item in my life that is truly mine, still a gift from the Creator but the only irrevocable one, is my free will. So I handed Him my will to do with me as He desired. I also prayed for an expanded ministry and in reviewing the Scriptures I realized that many of the characters who had an expanded ministry invariably had an encounter with their own mortality, such as Joseph in Egypt, the Hebrew boys before the furnace, Daniel in the lions' den, and Esther before the Persian king.

Then, about two weeks after my prayer, I had a bout of rectal bleeding followed by a colonoscopy, which confirmed Stage I colon cancer. This was followed by major surgery and a bout of standard chemotherapy. I was only 45-years-old with no lifestyle risk factors and no family history of colon cancer. How am I to understand why this happened? I know that God does not want us to suffer, but yes, sometimes He allows it to achieve the

This was a true encounter with mortality.

spiritual objective of a refined character and greater effectiveness in ministry now. The author of Hebrews speaks to this well:

“And you have forgotten the exhortation which speaks to you as to sons: My son, do not despise the chastening of the LORD, Nor be discouraged when you are rebuked by Him; For whom the LORD loves He chastens, And scourges every son whom He receives.” - Hebrews 12:5-6

My recovery went well, and after about six weeks I resumed practice part-time. Within three to six months I was working full-time. My surgeon reassured me that if my CEA levels remained normal after two years, then the possibility of a cancer recurrence was very low. Amazingly, right at the two year mark my CEA was slightly elevated. A subsequent PET/CT revealed metabolic activity in my left lung base. The surgeon wanted me to biopsy the area and see an oncologist but I declined due to my poor experience with chemotherapy earlier. I sought treatment with an integrative physician and engaged in aggressive lifestyle intervention. Nevertheless, my CEA level continued to creep up, although I remained functional and active.

This was a true encounter with mortality. I knew I was likely going to die from this disease. My only recourse was to embrace the relationship with my Savior in preparation for eternity. So, I cut back on my work and expanded my devotional time in an active quest to know my Savior better and to entrust my future to Him.

Almost 10 years after my initial prayers in January 2007, followed by my initial diagnosis, in the summer of 2016, I found



myself in a deep spiritual journey. This time I was reflecting on the message to the Laodicean church:

“Because you say, ‘I am rich, have become wealthy, and have need of nothing’—and do not know that you are wretched, miserable, poor, blind, and naked—I counsel you to buy from Me gold refined in the fire, that you may be rich; and white garments, that you may be clothed, that the shame of your nakedness may not be revealed; and anoint your eyes with eye salve, that you may see.” - Revelation 3:17-18

I have always thought of this message as being for the church as a body. But now I became acutely aware that the message was for me, personally, the Laodicean. After much wrestling, I accepted the diagnosis of the Divine Physician and prayed for Him to implement His clinical recommendations in my life. I prayed for the gold refined by fire and the eye salve to see my true condition, as well as to see God as He is. Most importantly, I accepted His offer of the white raiment, which is His righteousness, to cover the filthy rags of my own righteousness.

A few months later I developed low back pain that worsened over time. A PET/CT scan confirmed advanced metastatic disease in the L2 paraspinal area and the left lung base. This resulted in a lengthy clinical journey of cyberknife radiation, immunotherapy, and spine surgery with insertion of hardware to stabilize my spine. All of this happened in 2017 while I was still trying to hold on to my practice.

Meanwhile, I was facing advanced, terminal Stage 4 cancer that manifested itself by worsening imaging and lab values, as well as a deterioration in my clinical condition, all with extreme suffering and pain. In a short time, I divested myself of my two rural health clinics and gave an option to the buyers to acquire my medical building. My entire life appeared to be crumbling before my very eyes. I became depressed, even suicidal, the only restraining factor was my knowledge that God was sovereign and still in control.

After everything else failed, I reluctantly accepted my oncologist’s recommendation to submit to standard chemotherapy—

the last resort. After many infusions of very a toxic regimen with many horrific side effects, I experienced a clinical improvement reflected in my symptoms and validated by normalization of my CEA level and marked improvement in my PET/CT scans.

My oncologist called it “an above average response.” I call it a miracle!

As I reflect on my personal spiritual journey, which is so intertwined with the history of AMEN, I remain optimistic

that our greatest achievements, both individually and as an organization, are still ahead. As free beings created in the image of God and after His likeness, we are endowed with the ability to envision how the prophetic Word is implemented, particularly the Three Angels’ messages of Revelation 14. We are called to revive the “Right Arm” so that it finds its rightful place in the proclamation of the Gospel. Until the synergy of the pastoral ministry with the medical ministry is established, the end time message will not have the full force needed to fulfill the prophetic

injunction before us. And if we do not move forward with it then even the stones will cry out!

My sincere hope and prayer is that we come together and sincerely seek the power of the Holy Spirit to fulfill this Divine mandate given to us by the Great Physician.

Lessons learned from my journey

1. Do not look around you. Your journey is uniquely yours. Just follow the Master.
2. Search the Scriptures for the scriptural narrative for your circumstance and embrace it. By doing this you align yourself with truth.
3. Embrace the example of the Master and rejoice in expectation for the reward the Lord has in store for you now and for eternity.
4. Embrace eternal realities as being the only reality that matters in the end.
5. You are not the center of the universe. God is engaged in a much more far reaching work than you and your very limited life.
6. Give Him your will and He will fit you in that ideal spot in His overarching plan for His universe.
7. In the end you are at your best, and most fulfilled, when you embrace His plan for you in the accomplishment of His overarching universal objective.
8. Integrate the “Because You say so” principle into your perspective. Accept the word of God as the final arbitrator of truth.
9. Be ever cognizant of your need to stay connected to the Master because we all have the potential to descend quickly from the spiritual high to the spiritual low.
10. Life is not fair, so don't agonize over that. Just look at Calvary. How fair is that? When we have accepted Christ, we have also joined Him in His overarching plan to vindicate His character and to restore for eternity the government of God.

by Brian Schwartz, MD

Our High Calling



Dr. Brian Schwartz is an interventional cardiologist practicing in Kettering, Ohio. As a medical student, he struggled with his faith but was reclaimed when he gained a deeper understanding of Christ's sacrifice and its implications for his personal life.

As a physician, Dr. Schwartz was convicted that medicine should be more than just a job. He longed to make practicing medicine a healing ministry. His association with AMEN has helped him to do exactly that. He now naturally integrates prayer and sharing Christ into his practice transforming it into a ministry.

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

This past year was an up-and-down one—for sure. We started with multiple clinics booked and, apparently, strong financials. But, by May, our cash reserve was gone, many clinics had cancelled, and we didn't have enough money for payroll. Our clinics and operations were losing money; so much so that AMEN itself, including our annual conference, was in jeopardy. Fortunately, and in God's providence, friends at ASI stepped up to help AMEN. Some donated money, while another friend purchased one of our clinic trucks (fully loaded with supplies), which gave us a much-needed infusion of cash.

This situation caused us to ask some hard questions. What is AMEN's primary mission? Are we fulfilling it effectively? In reflecting on how our AMEN free clinics fit into the overall mission of AMEN, we saw that our whole clinic operation needed to be restructured. We wanted to put more emphasis on the spiritual component, which is why AMEN is involved in free clinics in the first place. Our goal for free clinics is to connect the community with the local SDA church, and to be the "entering wedge" between church members and the community. This is still our mission. Therefore, we have purchased a van that will facilitate smaller clinics at church facilities. We are committed to working with local team leaders to ensure that they have the needed tools to make the clinics spiritually focused and to conduct follow-up programs through the church.

By the grace of God, AMEN gained enough financial footing that by last fall we were able to have a wonderful annual conference. Our mission to mentor medical and dental students was not thwarted; we sponsored nearly 100 students, many who reported it as a "life changing experience". To top it off, we ended the year with a cash reserve that exceeded the prior year's reserve.

We believe God has called AMEN to assist churches and small communities with health ministry as a means of outreach and

evangelism. Because of these hard lessons, we see God opening numerous doors for church-based ministry that puts evangelism front and center.

As we have been told: "We have nothing to fear for the future, except as we shall forget the way the Lord has led us, and his teaching in our past history." - Testimonies for the Church, Vol 9, 10.3

This year caused me to reflect on what is most important for AMEN. I believe God raised up AMEN to restore a vital and missing aspect of health evangelism to be used in the final struggle.

"The gospel of health has able advocates, but their work has been made very hard because so many ministers, presidents of conferences, and others in positions of influence, have failed to give the question of health reform its proper attention. They have not recognized it in its relation to the work of the message as the right arm of the body." - Counsels on Diet and Food 73.1

Our calling is to restore the withered right arm by cooperating with churches and pastors who will come to appreciate our important role in both preparing a people for translation and in giving the Three Angels' Messages to the world. Our calling includes mentoring students and residents to help them catch the vision for how the gospel, combined with health evangelism, can turn their office, church, and home into a powerful force for evangelism.

As Paul wrote in Philippians 3:14: "I press on toward the goal unto the prize of the high calling of God in Christ Jesus." Indeed this is a high calling, one that we must be careful to preserve as we carry on the ministry of Christ to our world today.

Thank you for continuing to support AMEN and pressing together with us to fulfill the gospel commission.



amen

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