

SUMMER 2017

THE MEDICAL EVANGELIST

A PUBLICATION OF ADVENTIST MEDICAL EVANGELISM NETWORK

My Jesus, My King,
My Life, My All

The Power
of a Simple Prayer

The Miraculous
in the Mundane

13TH ANNUAL AMEN CONFERENCE

ARE YOU WILLING...

Are you willing to be absolutely committed to Christ?

Are you willing and absolutely committed to sharing your faith journey with your patients?

Are you willing and absolutely committed to spending the time to motivate your patients in their faith journey and new life adventure?



"LORD IF YOU ARE WILLING, YOU CAN MAKE ME CLEAN." THEN JESUS PUT OUT HIS HAND AND TOUCHED HIM, SAYING, 'I AM WILLING; BE CLEANSED.' IMMEDIATELY HIS LEPROSY WAS CLEANSED." - MATTHEW 8:2-3

During the 2017 AMEN conference each speaker will explore how you can have a vibrant, growing Christian experience yourself and, out of the context of your own experience, share God's love with your patients. The essence of Jesus' life was a willingness to do the Father's Will and the goal of this year's conference is to inspire each one of us to do the same.

Plan now to attend and invite your colleagues.

"THE SAVIOR MADE EACH WORK OF HEALING AN OCCASION FOR IMPLANTING DIVINE PRINCIPLES IN THE MIND AND SOUL. THIS WAS THE PURPOSE OF HIS WORK. HE IMPARTED EARTHLY BLESSINGS, THAT HE MIGHT INCLINE THE HEARTS OF MEN TO RECEIVE THE GOSPEL OF HIS GRACE." - MINISTRY OF HEALING P. 20



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

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contents

4 / Editorial

5 / Timeless Health Prescriptions from the Beatitudes

10 / The Power of a Simple Prayer

13 / Sharing Christ with your LGBT Patients

16 / 2016 Conference Report/ Testimony

18 / The Miraculous in the Mundane

21 / My Jesus, My King, My Life, My All

28 / AMEN Free Clinic Report: Our Mission to Each Other

32 / Genuine medical missionary work is the gospel practiced

34 / Total Health Spokane Project – Volunteer Invitation

35 / President's Report



When the Cup's More than Half Full

As Americans, we are blessed to live in the world's wealthiest country. And, as health care professionals, many of us are highly compensated, especially compared to the average worker.

In fact, since the time of Hippocrates, physicians have earned roughly six times the average wage. As physicians and dentists, we not only enter a calling where we have immediate trust, but we also retain a high level of respect; thus we are rewarded for the discipline, effort and commitment we have made in pursuit of our calling.

Physicians and dentists are held in high esteem, earn good money, and have status. But are these, necessarily, blessings? If rightly used, maybe—but often they can lead to our downfall as well. I am reminded of the quote attributed to Voltaire/Churchill/Roosevelt and even Spider-Man: “With great privilege comes great responsibility.”

There is an expectation by society that, having been given great trust, esteem, and financial benefits—we will use them responsibly. None of us arrived at our chosen profession simply because of our own intelligence and efforts. Along the way we can all trace influences that helped

shape us. A parent or mentoring physician, the faculty of Medical and Dental schools, many of whom served voluntarily to help impart information and knowledge as we matured. Even the patients who willingly or ignorantly allowed us to practice on them, even when we didn't know much.

Yes, we have been given much. Does this trust come with responsibility on our part? Certainly that is the expectation.

Ellen White cautions us of the dangers of prosperity: “There is another danger to which the wealthy are especially exposed, and here is also a field for the medical missionary. Multitudes who are prosperous in the world, and who never stoop to the common forms of vice, are yet brought to destruction through the love of riches. *The cup most difficult to carry is not the cup that is empty, but the cup that is full to the brim.* It is this that needs to be most carefully balanced. Affliction and adversity bring disappointment and sorrow; but it is prosperity that is most dangerous to spiritual life . . . Often prayer is solicited for those who are suffering from illness or adversity; but our prayers are most needed by the men entrusted with prosperity and influence . . . In the valley of humiliation, where men feel their need and depend on God to guide their steps, there is comparative safety. But the men



BRIAN SCHWARTZ, MD

who stand, as it were, on a lofty pinnacle, and who, because of their position, are supposed to possess great wisdom—these are in greatest peril. Unless such men make God their dependence, they will surely fall.”

- *Ministry of Healing* p. 211 & 212 (*italics added for emphasis*)

As physicians and dentists, we often fall into this group. Men and women who stand on a lofty pinnacle in society, and who have been given great trust and financial blessings, are in danger. It is so easy to be distracted by the necessary things of our profession. The pressures of call, or meeting the needs of the underserved, all good and necessary things, can easily lead us to neglect our daily dependence upon God and, thus, lead us into complacency. If we allow that to happen, we will fall.

As Jesus Himself said: “From everyone who has been given much, much will be demanded; and from the one who has been entrusted with much, much more will be asked. - *Luke 12:48. NIV*”

It is, indeed, a blessing and a privilege to be in the healthcare profession, but let us see it as a calling and a ministry and, as such, realize that we need to be daily connected to the Great Physician.

Brian Schwartz, MD

“From everyone who has been given much, much will be demanded; and from the one who has been entrusted with much, much more will be asked.”

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

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

Timeless Health Prescriptions from the Beatitudes



DR. DAVID DEROSE



DR. GREG STEINKE



TRUDIE LI

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

Yes, we have been called to minister to the physical and spiritual needs of others. This is what we do as medical missionaries. But what about our own personal spiritual and physical needs? Below are eight timeless prescriptions, derived from the Beatitudes, that we, as health professionals, need in our own lives to protect us from the stresses and temptations that seek to erode our commitment to missionary-minded medicine and dentistry. And of course, they're also timeless prescriptions that each of our patients desperately need—whether or not they have high blood pressure.

Eight Timeless Prescriptions for Health and Wholeness

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

TIMELESS PRESCRIPTION #1: BE HUMBLE

"Blessed are the poor in spirit, for theirs is the kingdom of heaven." (Matthew 5:3, ESV)

What is humility? Is humility just another form of cowardice or timidity? Is it lacking a backbone and letting others walk all over you? Authors Rick Howard and Jamie Lash put it this way, "Real humility is not thinking less of ourselves but thinking of ourselves less."¹ It is "the art of self-forgetfulness" as

one blogger put it.² Expressed another way, humility involves an accurate assessment of myself, lacking conceit, with an attitude toward benefitting others no matter what their position is in life.

In the medical community, humility is now being viewed as an important characteristic of the most effective healers. Jack Coulehan, MD, MPH, recently went on record: "The new professionalism movement in medical education takes seriously the old medical virtues. Perhaps the most difficult virtue to understand and practice is humility, which seems out of place in a medical culture characterized by arrogance, assertiveness, and a sense of entitlement. Countercultural though it is, humility need not suggest weakness or lack of self-confidence. On the contrary, humility requires toughness and emotional resilience. Humility in medicine manifests itself as unflinching self-awareness; empathic openness to others; and a keen appreciation of, and gratitude for, the privilege of caring for sick persons."³

However, humility is a prerequisite not only for optimally effective health professionals. It is important for each of us as we become engaged in our own personal healing process. One of our greatest dangers is feeling we know best how to care for ourselves. Along these lines, ingrained in most healers' medical consciousness is the adage: "The doctor who treats himself has a fool for a patient and a fool for a doctor."



HUMILITY IN THE BIBLICAL WORLD

The value of humility is deeply ingrained in the biblical worldview. Under inspiration, Micah wrote: “He hath shewed thee, O man, what is good; and what doth the Lord require of thee, but to do justly, and to love mercy, and to walk humbly with thy God?” (Micah 6:8) Jesus poignantly revealed the necessity for humility when He illustrated the saving faith of the repentant publican in contrast to the self-righteous Pharisee (Luke 18:9–14). However, Scripture’s crowning example of humility is seen in Jesus Himself, who “humbled himself, and became obedient unto death, even the death of the cross.” (Philippians 2:8)

THE PRACTICAL HEALING SIGNIFICANCE OF HUMILITY

Social connectedness is essentially a person-centric tapestry which is fully woven only when humility is operative. Medical science testifies to the healing power of such social bonds. For example, in the hypertension realm, Swiss researchers studied 22 individuals with high blood pressure and compared them to 26 subjects who were normotensive. They found those with hypertension had significantly lower levels of perceived social support than those with good BP readings.⁴

Furthermore, lead author Petra Wirtz and her colleagues uncovered why social connectedness helped lower blood pressure. By actual measurement, they discovered that low social support was associated with higher adrenaline levels.

The messages are clear: It behooves us all to associate with people who value you—and value your health. The local church is an ideal place for this to occur. However, in order to have optimally healing relationships we must be humble enough to interact with our church brothers and sisters as the equals they are, disavowing culture’s ideas of social standing. Indeed, such supportive relationships among equals are among the benefits of genuine church fellowship. Perhaps this is one of the reasons why Ellen White emphasized the importance of health professionals attending Sabbath services:

“Often physicians and nurses are called upon during the Sabbath to minister to the sick, and sometimes it is impossible for them to take time for rest and for attending devotional services. The needs of suffering humanity are never to be neglected. The Saviour by His example has shown us that it is right to relieve suffering on the Sabbath. But unnecessary work, such as ordinary treatments and operations that

can be postponed, should be deferred. Let the patients understand that physicians and helpers should have one day for rest. Let them understand that the workers fear God and desire to keep holy the day that He has set apart for His followers to observe as a sign between Him and them.” – Counsels on Health 236.2

Could it be that part of the “rest” of the Sabbath comes from genuine fellowship? In view of this, don’t look for excuses to absent yourself from the hour of worship. Sure, the preacher might be boring and you have access to better devotional fare on the internet. The music at your local church might not be to your liking. However, does the message of humility speak in these situations? Paul’s oft cited counsel seems apropos:

“Let us hold fast the profession of our faith without wavering; (for he is faithful that promised;) And let us consider one another to provoke unto love and to good works: Not forsaking the assembling of ourselves together, as the manner of some is; but exhorting one another: and so much the more, as ye see the day approaching.” (Hebrews 10:23-25)

This is not a call to compromise. However,

Repentance was a key word throughout the Scripture of Jesus' day.

if we want to reap the greatest benefits in the area of social support, then we must be willing to support others in their own health, and spiritual journeys. And those healing social relationships are optimized if we come alongside others, humbly, as equals, and not with an air of superiority.

TIMELESS PRESCRIPTION #2: ACKNOWLEDGE YOUR PAIN

"Blessed are those who mourn, for they shall be comforted." (Matthew 5:4, ESV)

Many commentators believe that the mourning spotlighted in this Beatitude especially includes sorrow for sin. Consequently these words are talking about a concept—repentance—that largely has been shelved in a culture primarily focused on protecting our egos and promoting moral relativism.

MOURNING AND REPENTANCE IN THE BIBLICAL WORLD

Repentance was a key word throughout the Scriptures of Jesus' day. Dozens of times in multiple books of the Old Testament the concept recurs. In Jesus' ministry, repentance played a key role. When Mark begins his inspired biography of Jesus, he first introduces John the Baptist. John's message was founded on repentance. "John appeared, baptizing in the wilderness and proclaiming a baptism of repentance for the forgiveness of sins."⁵ Jesus' first words in the Gospel of Mark are also centered on repentance: "The time is fulfilled, and the kingdom of God is at hand; repent and believe in the gospel."⁶

Rightly understood, the concept of biblical repentance is, in reality, shining a spotlight



on our shortcomings for just one reason: so that we might ultimately overcome them. In a very real sense, the Holy Scriptures paint God as a divine physician who points out the potentially deadly diagnoses that need to be addressed if we want to maintain or regain health. Sure, sand may feel good on our feet, but if we choose to keep our head in it after learning what is best for our health, significant harm is sure to come.

However, the Bible is not a self-help book. In the biblical worldview, God as diagnostician is followed by God as divine surgeon. So long as we provide informed consent, he takes responsibility for removing the disease of sin or shortcoming from our lives. Furthermore, when it comes to God's hospital or clinic (which is not limited by time and space), finances are never an issue. He offers free diagnosis and treatment to any who come to him. From the spiritual perspective of the Bible, we approach him simply by asking (praying) for his help wherever we are. Furthermore, no matter how "bad" a person feels his or her life has been, anyone can come to God for forgiveness. Jesus himself said: "whoever comes to me I will never cast out."⁷ Of the Savior, the apostle John affirmed, "If we confess

our sins, he is faithful and just to forgive us our sins and to cleanse us from all unrighteousness."⁸

This view of God as divine surgeon, who only wounds to heal, is crystallized in the book of Job:

Behold, blessed is the one whom God reproves; therefore despise not the discipline of the Almighty.

For he wounds, but he binds up; he shatters, but his hands heal.⁹

The medical parallels do not end there. As physicians, dentists, and other Christian health professionals, we are called to be Christ's ambassadors in our practices. Part of that work involves calling our patients to repentance. Ellen White made this explicit in *The Ministry of Healing*:

"When a physician sees a patient suffering from disease caused by improper eating and drinking or other wrong habits, yet neglects to tell him of this, he is doing his fellow being an injury. Drunkards, maniacs, those who are given over to licentiousness, all appeal to the physician to declare clearly and distinctly that suffering results from sin. Those who understand the principles of life should be in earnest in striving to counteract the causes of



God never forces us to do right, but He seeks to save us from the evil and lead us to the good.

disease. Seeing the continual conflict with pain, laboring constantly to alleviate suffering, how can the physician hold his peace? Is he benevolent and merciful if he does not teach strict temperance as a remedy for disease?

Let it be made plain that the way of God's commandments is the way of life. God has established the laws of nature, but His laws are not arbitrary exactions. Every

"Thou shalt not," whether in physical or in moral law, implies a promise. If we obey it, blessing will attend our steps. God never forces us to do right, but He seeks to save us from the evil and lead us to the good.)¹⁰

THE PRACTICAL SIGNIFICANCE OF ACKNOWLEDGING PAIN AND REPENTANCE

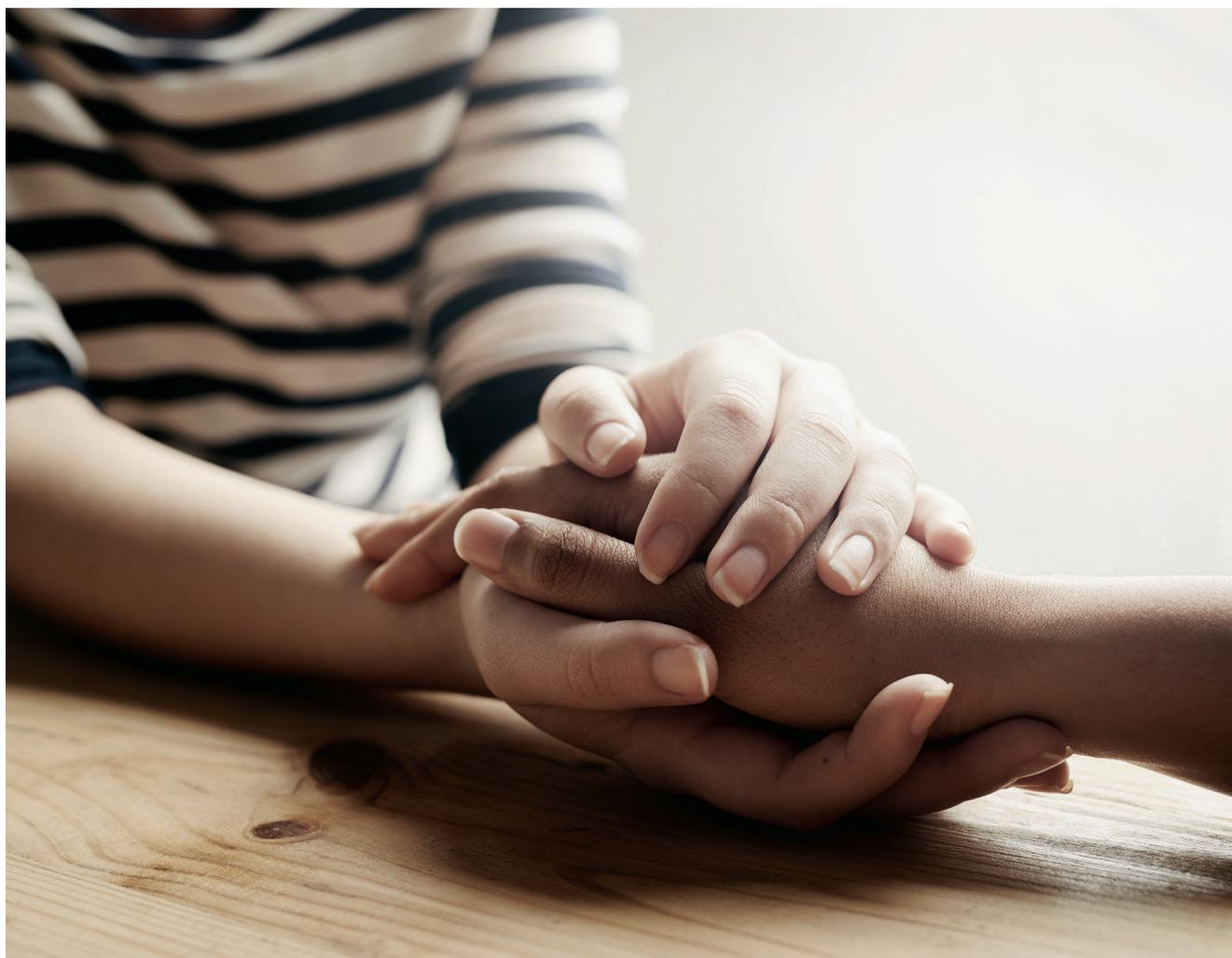
Twelve-step groups are among the most popular outpatient approaches for dealing with addiction. Some research suggests the social support afforded by such groups may be their most important asset.¹¹ However, other studies indicate "working through" the 12 steps themselves are particularly efficacious.¹²

Repentance and reformation are central to these steps. The essence of repentance is encapsulated in an admission of powerlessness (Step 1), admitting our wrongs (Step 5), turning from them (Steps 6-7), and making restitution (Steps 8-9).

If addictive behaviors are interfering with our personal lifestyle success, or that of our patients, this data prescribes a closer connection with God, in order to identify

FIGURE 14.4 TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol – that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.



areas where we may need to repent and reform. As expressed by the Psalmist: *Search me, O God, and know my heart: try me, and know my thoughts: And see if there be any wicked way in me, and lead me in the way everlasting.*¹³

Perhaps especially for busy professionals, when we allow ourselves to feel the pain—and acknowledge our wounds—then we can do something about it. Thus, this Beatitude tells us not to use busyness as a rationale for pushing under the carpet those things that are calling for change. If the Holy Spirit is convicting you to do better at prioritizing sleep, if you are under conviction to do better with physical exercise, if there are dietary changes you need to make, don't resist the gentle pleadings of the Holy Spirit. After all, "all His biddings are enablings."¹⁴

To Be Continued

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The Power of a Simple Prayer



TALISA JACKSON is a 4th year medical student at Loma Linda University. She is looking forward to starting her residency in internal medicine also at Loma Linda University. She enjoys playing classical music, cooking healthy food, and outdoor activities including hiking, downhill skiing, and enjoying the beach. She is passionate about medical ministry, especially praying with her patients, and is looking forward to following in the footsteps of Jesus as a Christian physician.

Jim* was a giant of a man, towering over me as he sat in the crowded diabetic clinic of the local county hospital. It was another busy day for me as a medical student. I grabbed his chart from the ever-growing pile, and glanced through Jim's medical record. I noticed his history of very poorly controlled diabetes and, as I walked into his room, I wondered if this visit would even make a difference.

Jim had been coming to the clinic for years, with no change in his diabetes; in fact, things were rapidly worsening. What could I possibly say that hadn't already been said? In my hurried state I was tempted to rush through the usual questions: Did he take his blood sugar levels at home? Did he write them down? What was his diet like? Was he exercising, etc., etc.?

As I went down my mental checklist of required questions, I sensed that Jim was struggling with something much deeper, and so I paused, then began asking him different questions. How are you coping with your diagnosis? Do you have support at home? Do you ever find yourself feeling down and depressed?

To my utter surprise, the big, tough guy

melted down and began to sob uncontrollably. In between the sobs he said that no one cared about him and how he felt so horribly alone. Countless times he had even contemplated ending his own life. As I listened to him pour out his pain and suffering, my heart ached for Jim. On the outside he appeared so tough, but on the inside he was racked with distress. In that moment I was overwhelmed with compassion and I set aside his chart and my notes. I gently put my hand on Jim's shoulder and asked if I could pray with him. He nodded his head, and so I proceeded with a simple prayer, asking for peace and comfort. At the end of the prayer I opened my eyes to see that the tears had stopped, a smile was on his face, and he had a new sense of peace. As I stepped out of the room, I too had a smile on my face, thankful that God had used me to make a difference in Jim's life, no matter how small. I never learned what happened to Jim after that visit, but I was grateful to be part of a tiny moment of joy in his life, and perhaps even plant a seed whose growth will only be known in Heaven.

I wholeheartedly agree with Ellen White that a Christian physician should be a praying physician. All the drugs in the world cannot cure a hurting soul, but a simple prayer can

*Due to the sensitive nature of some of the testimonies, all names have been changed to protect their privacy.

Little did I realize
the impact this
would have,
not only on my
patients' lives, but
also in my own
life as well.

change a life. She advises: "The physician should know how to pray... Prayer will give the sick an abiding confidence; and many times if their cases are borne to the Great Physician in humble trust, it will do more for them than all the drugs that can be administered." – *Testimonies for the Church, Vol. 5, p. 443*

Throughout medical school I have made it a priority to spend a few extra moments in prayer with my patients. I was first inspired to embark on this amazing journey of praying with my patients as a freshman medical student. I attended a seminar at the AMEN conference where I heard physicians share how they prayed with their patients and the difference they were able to make in their patients' lives. As I listened, I longed to be able to have the same impact on my patients someday. When my clinical years rolled around, I made a conscious effort to pray with my patients whenever I had the chance. Little did I realize the impact this would have, not only on my patients' lives, but also in my own life as well.

For instance, it was late in the afternoon; I was in the emergency room admitting a pleasant man who had the unfortunate diagnosis of cancer that had continued to spread despite the best treatment medicine could offer. I was admitting him that day because he just couldn't control his excruciating pain at home. I was touched by the man's peace and joy despite his



pain and, as I left the room after finishing our visit, he said, "God bless you for what you are doing." I smiled as I walked away, grateful for such a pleasant interaction to end my day.

The next morning I was shocked to find my patient unresponsive, and struggling to breathe. I quickly called for help and, despite our best efforts, he only worsened. The following day when I entered his room he was lying in bed, barely able to move, his breaths labored and unable to speak. I knew the end was near. As I approached his bed he reached out his arms towards me with a look of desperation in his eyes, and his mouth formed the words "Help me." The situation overwhelmed me and

I ran out of the room, struggling to fight back the tears. I wished with all my heart that I had taken the time to pray with him while he was still able to communicate and comprehend what was going on around him. I wiped away the tears and pulled myself together then returned to his room. I took his hand in mine, and prayed a simple prayer, asking for peace and comfort in his time need. I left that day with a heavy heart, and I never saw him again; he died the next day. Even now I can still see him reaching out his arms in desperation, pleading for help, help I couldn't give, so I did the only thing I knew of to help him – pray. This experience reminded me that life is so fragile, and there is never any assurance of tomorrow.



From that day forward, I have tried to take advantage of every opportunity I get to pray with my patients.

Throughout medical school I have made it a habit that every Sabbath I am scheduled to be at the hospital, I always pray that God will give me someone special to talk to; that He will use me in a special way to touch a life. When we pray, God hears our prayers and answers in beautiful ways!

One Sabbath I was running around the hospital early in the morning, making it through the long list of things that I had to do before rounds that morning. As I was heading down one of the hallways, I spotted a woman I had seen several times already that week, but this time something told me to stop and say something to her. In that split second I looked at my watch and said to myself, “Wow, I don’t really

It was with a grateful heart that I walked away, knowing that God had answered not one, but two prayers that morning, hers and mine.

have time for this,” but then I remembered the prayer I had prayed that morning, and so I paused for a minute to talk. Tears filled her eyes as I asked her how she was doing.

“My son is so sick and I just don’t know what is going to happen,” she said. “I’ve

been here all week and barely slept, I’m exhausted and discouraged and just don’t know what to do.”

I asked if I could pray with her, and she eagerly nodded her head and so, once again, I bowed my head and said a simple prayer, asking for hope and courage during this difficult time. Upon opening my eyes, I glanced down at her hand and realized she was carrying a Bible with her. She said that this very morning she had been tearfully crying out to God, asking that He would bring her some kind of encouragement. With tears in her eyes she grasped my hand and said that God had answered her prayer by bringing me to her at that moment. It was with a grateful heart that I walked away, knowing that God had answered not one, but two prayers that morning, hers and mine.

Sharing Christ with your LGBT Patients



DANIELLE HARRISON

Introduced to sexual sin at a young age, Danielle Harrison's struggle with same-sex attraction grew deep rooted and served as a conduit into other sin as she matured. Now she knows what the world has to offer and the terribly bitter crop it yields. Since she surrendered to Jesus, He has been using her story to share the message of Philippians 1:6. She is now an international speaker and an Associate Director for 'Coming Out' Ministries, uniting four testimonies of freedom from sexual sin and same-sex relationships. She and her colleagues bear messages of hope and restoration, not just for the homosexual, but for all sinners in need of a Savior. Most of all Danielle longs to encourage every soul that God truly can change ANY heart that will yield to Him.

By the time I was 25-years-old, I identified as a lesbian. I had ten years behind me of living as a bisexual, a history littered with broken relationships and heartache, which convinced me that finding a woman to commit myself to was the only way to a happy and lasting relationship. Shortly after that, however, I met Jesus Christ, and He drastically changed my life. Before Jesus, my sexuality was more than what I did in the privacy of my own bedroom, it became my identity. Indeed, it colored a lot of other aspects of my life, including how I presented myself to the world and how others viewed me.

Because the LGBT individual's sexuality is such a large part of who he or she is, it can sometimes make it challenging for Christians to know how to balance loving someone who identifies as LGBT without compromising their Christian values. How do we witness to them without condoning that aspect of their lives?

We cannot look at most people and see what their sin is. But today many LGBT people are very open, vocal, even proud of this identity. And if we, as Christians, accept the biblical definition of what God does and does not condone for our sexuality, how do we relate to someone living in open sin like this?

This is a struggle that we face whenever

we know of anyone embracing sin: thieves, alcoholics, adulterers, prostitutes, and so forth. How do we minister to them without encouraging their harmful behavior? And where do we draw the line when it comes to the professional services we offer?

For starters, if we permit our focus to settle on their sin, it will allow the enemy to build a wall between us and them. We will lose our ability to relate to them as the Lord would have us: remembering that they are a precious child of God for whom Jesus shed His blood. In reality, we are in the same desperate need as they are for Christ's forgiveness and cleansing. It is helpful to look for things we do have in common with them to help form a connection. As we look past their sin and see them as God does – a valuable, priceless child of His, Christ will build a bridge from our heart to theirs. This is the only avenue through which we can connect with them and be a good witness.

This was what the people around me did on the campus where I was converted. When they began to learn who I really was, I expected them to change how they acted toward me. Praise God that's not what happened.

I remember the morning when I was invited to a doctor's house for breakfast and he asked if I was a Christian. "These people have been really nice to me so far," I thought, "but that's over now. When they all find out I'm not a

Christian, they are all going to change.” The same thought ran through my head the first time someone mentioned to me that they had seen on Facebook that I was interested in women. But instead of stepping back, as I expected—they stepped forward. They were even more kind, loving, and helpful than before. I will never forget how much that stuck out in my mind. It was the beginning of many experiences that worked to change my prejudices about Christians.

How, then, should the medical professional deal with LGBT clientele? What did Christ do for sinners in His earthly ministry? In the Ministry of Healing, Ellen White tells us that He ministered to their needs and thereby won their confidence. All this before He bade them “Follow Me.” As long as you are not providing services that affirm them in their sexuality, gender confusion, or in the redefinition of marriage, serve them with your whole heart, as Jesus would. Don’t be afraid to extend yourself and to show sympathy for their needs. Do your best to reflect Christ in all you do, and this will have more of an impact on them than you could ever calculate.

We often think that, in order to help someone, we need to show them that what they are doing is wrong. But we cannot convict the hearts of men, nor can we reveal to them their need for change. Only the Holy Spirit can. But there is something that we can do for them: we can pray.

God, the ultimate example of a perfect gentleman, never forces Himself upon us. Instead, He waits for the invitation. So our petitions on their behalf will give God that invitation, and He will move mightily in the life and upon the heart. We cannot fathom what God sets in motion when we invite Him into their lives. Through our



DANIELLE BEFORE SHE MET CHRIST

specific, intentional prayers, we can have faith that God will work for them. My mother prayed often: “Lord, interrupt her life, convict her of her sins, and help her to see her need of You!” These prayers invited God to move mountains on my behalf. Invite the Lord to bring these individuals to your mind when they need the assistance of His angels the most. And then invite Him to open the doors and use you to speak His words to them at the right time. Prayer is our first defense, not our last resort.

“Prayer moves the arm of Omnipotence. He who marshals the stars in order in the heavens, whose word controls the waves of the great deep – the same infinite Creator will work in behalf of His people, if they will call upon Him in faith. He will restrain all the forces of darkness, until the warning is given to the world, and all who will heed it are prepared for His coming.”¹

Our primary focus should be on expressing

Christ’s love and service to a dying world. Look for solutions instead of focusing on the problems. But in doing so, we must maintain right boundaries. Therefore I want to emphasize this again: as long as you are not providing services that affirm them in their sexuality, gender confusion, or in the redefinition of marriage, then serve them with your whole heart. This will require different boundaries for different professionals. Of course, this must be bathed in prayer, also.

An example of such boundaries became apparent to me during a recent conversation I had with a fertility specialist. After I finished speaking at his church, he asked my opinion. “Part of me thinks that helping a lesbian couple conceive could potentially lead them to a relationship with God, because Enoch never really understood the love of God for him until he had his son. But the other part of me wonders if by helping them, I am helping to cement them into a relationship that will



DANIELLE AFTER SHE MET CHRIST - ON HER FIRST MISSION TRIP

only direct them away from God.” I had to agree with his latter conviction. While child-rearing does, sometimes, awaken an interest for God in parental hearts, this is often fleeting when the heart is not converted. Furthermore, any same-sex couple is much less apt to walk away from a relationship once children are involved, and understandably so. It was hard for me to give him an answer that conflicts with his career, but I personally could never condone that kind of service in this given situation.

As the issues revolving around sexuality and gender grow more convoluted, some may have to step away from certain jobs or positions that will force them to do work that compromise their convictions. But this situation reminds me of one of my favorite hymns. “Follow in His footsteps, go where He has trod. In the world’s great trouble risk yourself for God.”² Christ was always willing to lay self aside to help a soul in need! But He never once laid aside the standards of the Word, even if it meant He would face persecution in doing so. He let His ministry efforts confirm the

true definition of marriage, and in this, He confirmed God’s design for our sexuality. We can consider it our privilege to do the same as we seek to be examples of His love and acceptance to all our patients.

References:

1. *Review and Herald*, December 14, 1905.
2. *Let Your Heart Be Broken*, SDA Hymnal, #575

THE FOLLOWING ARE A FEW POINTS SUMMARIZING WAYS YOU CAN MINISTER TO LGBT PATIENTS.

1. Look past the way they present themselves, and see the child of God inside.
2. Give 110% of what is in your capability to serve them with a Christ-like heart.
3. Become prayer warriors for them, inviting God to remind you to pray when they need it most.
4. While you may serve them, do not do so in a way that will encourage, condone, or lock them into their sexual identity.
5. Never compromise your standards or beliefs, in word or in deed.

Radical Practice

How the 2016 AMEN Conference impacted me



DR. JAMES TARIN is a graduate of the University of Texas Southwestern Medical School in Dallas, Texas. He is currently completing his Family Medicine Residency at John Peter Smith Hospital in Fort Worth, Texas. He is married to his childhood sweetheart and best friend JoGina. Together they have a 2-year old daughter Camila, and are expecting their second child in August.

Last October, I had the privilege of attending my first AMEN conference in Indian Wells, California. Joined by over one hundred first-time attendees, it was clear to me why AMEN is growing. It was definitely a very enriching experience.

The group was diverse. Students, residents, practitioners, and retirees all joined together for inspiring messages that centered on the theme: Radical Practice: Healing in the Eleventh Hour. With 561 total attendees, including over one hundred sponsored medical and dental students; the 12th Annual Conference was a testament of AMEN's expanding impact both on a national and international level. Attendees included guests from Australia, Austria, Belgium, Bermuda, Canada, Germany, the Philippines, and Romania.

I can still hear the words, "Let your faith be a stimulant, and not an opioid," uttered in a suave Australian accent as Dr. Daryl Cheng recounted lessons he learned in his journey of faith through the medical field. Through this message and others, I was led to reflect on my own story. I pondered on the pages still to be written as I patiently wait for the completion of my residency training.

I am currently a third year family medicine resident at John Peter Smith Hospital in Fort Worth, Texas. While I am happy to enter this field, I did not start residency with family medicine in mind. Although I was interested in primary care when I started medical school, this rapidly changed during my clinical rotations. I quickly became

impatient with the seemingly endless counseling sessions on chronic disease, which did not appear to have demonstrable effects on patient outcomes.

The surgery field became much more appealing to me, as it afforded the satisfaction of rapid surgical cures. After much deliberation, I decided to pursue obstetrics and gynecology, a field that seemed to be the perfect combination of surgery and primary care. I was thrilled to start my intern year in the largest OB/Gyn program in the country. Yet to my surprise, God was preparing to teach me a valuable lesson that applies to both medicine and ministry. The greatest results are not usually accomplished quickly, but come from a perseverant, diligent labor of love.

As my residency started, I enjoyed welcoming new life into the world, but I also encountered the opposite end of the spectrum. I was required to do a month of Medical ICU and internal medicine, which I later realized was divinely orchestrated. I saw patients clinging to dear life through tubes and lines as I made my rounds in the ICU. No matter how many procedures and medications I prescribed for my sickest patients, most eventually succumbed to the seemingly irreversible ravages of chronic disease. These experiences left an unsettling feeling in my heart. I realized I was learning to palliate disease, but was not healing people as Jesus had done.

The question continued to grow in my mind. "How can I continue to celebrate the joy of new life being born, knowing that in a



matter of years these same lives may end in a way not much different than my ICU patients?” The vigorous cries for the first breath of life seemed drowned out by the ringing alarms that often hailed another breath gone forever. When my off-service rotations ended and I started a month of labor & delivery night shifts, I found myself confused and discouraged.

My disordered sleep schedule made for restless nights on my off days. Sitting in my apartment one night, my eye caught sight of *The Ministry of Healing* on our bookshelf. Surprisingly, despite being a Seventh-day Adventist physician, I had never heard of this book. As I read the first chapter, the wisdom I had so desperately searched for when considering a specialty became glaringly obvious to me. As I contemplated the character of the Divine Physician, my heart found peace. Yet with this peace also came the awareness that my current training would never equip me to engage in the type of medical ministry I felt the Holy Spirit leading me to.

After much thought and prayer, I was convinced that I should quit my residency and reapply for family medicine—a field better tailored to the new medical ministry goals the Lord had placed on my heart. Although I faced considerable opposition from my colleagues and program director, I ultimately reapplied and was blessed to match to my first-choice program the very next year.

Before starting family residency, I read

The *Ministry of Healing* voraciously. I learned many lessons about true healing. I saw like never before how the Adventist health message lays the framework for the gospel and healing to intersect in modern times. I saw that the message centers on Christ’s sacrifice, empowering those who believe to be made whole again. I realized the potential of the health message as the “great entering wedge...the door through which the truth for this time is to find entrance to many homes...” - *Evangelism*, p. 513-514.

As I read, I was convicted that I, as an emissary of Christ’s healing, had been “a despiser of good,” by ignoring or rejecting many of the truths found in the health message. Through the power of the Holy Spirit, I became passionate about following the light God had given. The wisdom gained as I read these writings has empowered me, my family, and many of my patients with practical ways to cooperate with the Divine Physician in being healed if we “are willing to be made whole.”

Attending the AMEN conference encouraged me to continue sharing the health message with my patients. I was inspired by the stories of providers who are not ashamed of spreading the gospel through healthcare ministry. I listened with amazement as doctors Aysha Inankur and Neeta Hillman dialogued on the root causes of metabolic syndrome, showing how modern scientific literature supports the validity of the Adventist health message

for chronic disease reversal. I learned how even our gut microbiome is altered in our favor when we feed our bodies properly—a testament that even on the microscopic level we are “fearfully and wonderfully made.” Psalm 139:14.

Attending the AMEN conference inspired me to speak about the Adventist health message for my senior resident presentation. Since my talk, several colleagues have asked for guidance on better nutritional choices. Even more importantly, many have expressed interest in learning more about my faith and what Seventh-day Adventists believe. My colleagues’ curiosity serves as a constant reminder that we are surrounded daily with opportunities to witness. Often it simply means being willing to share our own personal testimony, reminding me that, “Truth that is not lived, that is not imparted, loses its life-giving power, its healing virtue. Its blessing can be retained only as it is shared.” - *Ministry of Healing*, p. 149.

The same loving Savior that asked the paralytic: “Are you willing to be made whole?” asks us today, “Are you willing to help make others whole?” I’m grateful for the privilege of joining in this work and am looking forward to learning more practical ways to put this into practice on a daily basis at the next AMEN Conference. This year’s conference ‘Are You Willing?’ will be held October 26-29, 2017 in Hilton Head Island, South Carolina. I invite you to join me.

The Miraculous in the Mundane



ROBERT MISKIMEN is a resident in Oral & Maxillofacial Surgery at the University of Buffalo, NY. He first felt called to the dental field on a medical mission trip to the Brazilian Amazon in 2006. He completed his studies at the Indiana University School of Dentistry in 2014. Also a concert pianist, Robert continues to direct these two passions for music and medical missions to the glory and ministry of God. More information about Robert's ministry may be found at www.lovestriumph.com.

Scripture frequently entralls us with awesome demonstrations of God's power: Joshua splitting the waters of the Jordan (Joshua 3:15-17); Elijah calling stone-vaporizing fire down from heaven (1 Kings 18:37-39); the three Hebrews walking fire-proof in the midst of searing heat (Daniel 3:20-26). These stories, and others, enchant our imaginations as we picture the jaw-dropped faces as they behold God's wonders first hand. Yet the divine intervention of the Lord is not always manifest in powerful plagues or sensational signs but even in comparatively mundane and unobtrusive ways. Silent moments of providence, shaped by the Father of Lights Himself, may be often overlooked unless we are attuned to His ways and united to His heart. Only the lens of faith can showcase these moments in the vibrant colors of the miraculous.

Recall how the widow at Zarephath and her son were rewarded for choosing to forgo their last dying meal in deference to God's prophet (1 Kings 17:7-16). No manna rained from the skies; no angels delivered ambrosia from heaven; the mechanics of the miracle are not even explained. We are simply told, "The bin of flour was not used up, nor did the jar of oil run dry, according to the word of

the Lord..." Perhaps any further explanation would have overshadowed the inspiring act of self-sacrificing love. Nevertheless, the undertone rings clear: for those who trust Him at His word, God will provide in miraculous ways.

MIRACLES

The same tone echoed true, again, but this time in the hills of Departamento de Santa Bárbara, Honduras, one of the 18 territorial divisions of Honduras, itself the 6th poorest country in Latin America. Over the next two weeks, our small dental team was scheduled to provide oral surgery services to several remote communities, as well as a prison and orphanage. But, as we set up the make-shift clinic on our first day of work, our eager faces turned to ones of horror, as we realized that an essential item was missing. The needles! The local anesthesia needles, necessary for extractions, could not be located anywhere. Whether neglected in packing or simply lost in transit was, at this point, irrelevant. Our ministry would be severely inhibited unless replacements could be found.

Our minds began grasping at possible solutions. Could we go into town? No, all the stores would be closed on Sunday. What about tomorrow? Even if we found

Within a span of 15 minutes, a mistake, which could have been a disaster to the dental mission, turned into a triumph of prayer and faith.

a pharmacy or medical supply store, they likely would carry only ordinary hypodermic needles, which—due to their larger gauges—are useless for dental work.

After several more frantic minutes of checking and rechecking the luggage, we gathered as a group, knowing that only divine power could carry us further. There, at the extremity of human devising, we knelt as one, earnestly praying for God's intervention, praising Him in advance for His providence, claiming His promise, "Call upon me in the day of trouble: I will deliver thee, and thou shalt glorify me." (Psalm 50:15)

As on so many other occasions, God came through for us with stunning precision: not one, but two boxes of needles were found among miscellaneous supplies at the Hogar de Niños. What are the chances that a small orphanage in a remote town in Honduras would have two boxes of exactly the right brand of dental needles to fit our syringes? Within a span of 15 minutes, a mistake, which could have been a disaster to the dental mission, turned into a triumph of prayer and faith. By the omnipotent grace of God, we went on to treat 43 patients that day, along with many more in the week and a half to follow. Just



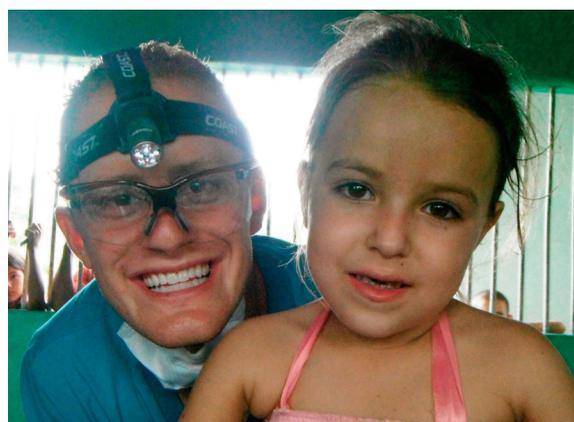
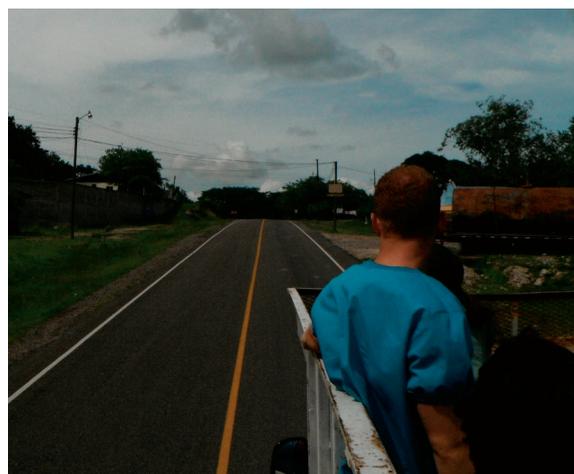
like the widow's bin of flour and jar of oil, those needles never ran out.

But one question hovered in the back of our minds: How long had those needles been in that back closet? Had God instructed an angel to deliver them straight from the parcel post of heaven in our exact hour of need? As we discovered from talking with the locals, a dental team had previously come to this same orphanage about 5 years ago and had presumably left the two boxes behind. Whether intentionally or by accident, who knows? We'll never know until heaven what actually transpired, but through eyes of faith we still marvel at the incredible providence on display for God's glory that day.

In your daily spiritual life, do you recognize the miraculous in the mundane? Do you identify the extraordinary behind the curtain of ordinary routine? God's wonder can be seen in a chance patient encounter in the emergency department yielding a

life transformed, as did Philip's encounter with the Ethiopian eunuch (Acts 8:26-40). A word of encouragement spoken in due season can have miraculous timing, such as Esther's request before King Ahasuerus (Esther 4-7). In short, do we see God in the simple things?

Once, in my outpatient oral surgery clinic, I was struggling with an especially difficult case. My patient and I had spoken previously of my faith and, as she sensed my frustration, she suggested that I pray. After that brief moment of reflection, every step became clear, every movement became efficient, and the case seemed to speed along effortlessly to the end. I never saw that patient again, and have no idea of the fruit of that experience in her heart, but I know my own faith was strengthened as I chose to see the miraculous in the mundane. Integrating the following small steps into my daily routine has helped me recognize such miracles in commonplace situations.



STEPS TO RECOGNIZE THE DIVINE IN THE MUNDANE

1. Make divine appointments. You will miss 100% of all appointments that you don't first schedule, so if we expect to recognize the omniscient hand of God in the timing of chance encounters, then we must daily allow Him the authority to organize our schedule around His agenda. The supernaturally orchestrated meeting between Rebekah and Abraham's servant (Genesis 24:14-15) would not have happened unless the faithful servant had first made the appointment. Not that it's necessarily a good idea to base life decisions on who first gives us a drink, or by the water content of a wool fleece (Judges 6:38-40), but giving God authority over our appointment book before the start of each day demonstrates our preemptive willingness to follow Him, just as Moses did when crossing the Red Sea (Exodus 14:15-16).

2. Walk with a posture of prayer. Viewing patients vicariously, through the eyes of the Redeemer, is not a skill acquired naturally, especially with how often they act non-compliant, rude or even onerous. But as we walk, we must walk in faith, as if Christ is walking at our side; and when we see, we must see with new eyes the potential that is vested in every child of God. I once heard a missionary say, 'the variables with God are people and opportunities'. Appraising individuals by their present social utility, as we are apt to do, inexorably discredits their future eternal destiny. We must appraise people as Christ appraised sinners, tax-collectors, and Roman centurions. Ask the Lord to open your eyes to see the miraculous in each person you encounter.

3. Titrate your conversations with the Gospel of Peace. Few people are ready for a biblical exposition of the 28 Fundamental Beliefs. Rather, the gospel should diffuse

from our conversation drop by drop, like titrant diffuses through analyte. "Let your speech be always with grace, seasoned with salt, that ye may know how ye ought to answer every man." (Colossians 4:6) As you sense a heart responsive to the salt, gradually add a little more, letting intuition and the Spirit of Truth guide the dialog towards an eternal purpose and glory.

As I look back, not just on the miracles of the needle, but even in the small, mundane miracles of a life dedicated to ministry, I can only marvel at the providences and power of our Lord, who has said: "Before they call I will answer, and while they are still speaking, I will hear." (Isaiah 65:24)

I pray that God's caring hand will go before you each day, prepare the soil of each patient's heart, guide you into fertile conversations, and bless you with a glimpse of the miraculous!

My Jesus, My King, My Life, My All



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 Brian Schwartz (for over 27 years). Together they are active in several supporting ministries and have spoken nationally and internationally on topics of both health and theology.

“**A**nd this gospel of the kingdom will be preached in all the world as a witness to all the nations, and then the end will come.”
– Matthew 24:14

This text is very familiar to Seventh-day Adventists. In fact, we have staked our purpose and mission on it. But notice: it's not just any gospel that is going to be preached to the world. The Bible says that 'this gospel' – that is, this particular gospel, which must be powerful enough and complete enough to bring on the end of the world.

The focus of this article will be: What, then, is “this gospel?”

A CHARACTER OF LOVE

“After these things I saw another angel coming down from heaven having great authority, and the earth was illuminated with its glory.” – Revelation 18:1

This text is speaking of a message so powerful that it lightens the earth with its glory. This is the fourth angel, who comes down from heaven with a loud voice to emphasize and highlight the message that had been given by the other three angels, who came before. In fact, this message is so important that, in the face of this message, from Revelation 2 and onward, every false religion falls.

Let me emphasize this point: 'this gospel' –

this message – is so powerful that every false religion falls in the light of this illuminating message. Listen to this quote from Ellen White.

“It is the darkness of misapprehension of God that is enshrouding the world. Men are losing their knowledge of His character. It has been misunderstood and misinterpreted. At this time a message from God is to be proclaimed, a message illuminating in its influence and saving in its power. His character is to be made known. Into the darkness of the world is to be shed the light of His glory, the light of His goodness, mercy, and truth.”
- *Christ's Object Lessons*, p. 415

The last message of mercy to be given to the world is a revelation of His character of love. The children of God are to manifest His glory in their own life and character. They are to reveal what the grace of God has done for them. As we saw in Matthew 24, “this gospel” would be preached to all the world as a witness – as a witness – to all the world, and then the end will come.

A witness to the world. Here is where, as Seventh-day Adventists, we come in.

ONE CENTRAL TRUTH

The Seventh-day Adventist Church was born out of prophecy. The Seventh-day Adventist church was born to be a prophetic movement, not a denomination. We act as if

we were born to occupy until He comes. But we are a movement – a church that was born on the move, with a prophetic voice. That’s what the Bible tells us. And what is a prophet? A prophet is one who is raised up from amongst God’s people with something unique to say.

Think of John the Baptist. He had something unique to say. He was dressed in a peculiar fashion. You knew he was the prophet. Seventh-day Adventists have the same role. As we look back on our early history, Ellen White, JN Andrews, Joseph Bates, Uriah Smith, each began to appreciate the calling of Seventh-day Adventists. And they began to understand a system of truth. Multiple doctrines were coming in. They were beginning to understand the cosmic nature of these things. The great controversy theme began to emerge and to develop in Seventh-day Adventism. A doctrinal system was emerging and maturing. Yet, as Ellen White said, there was one central truth to it all.

“There is one great central truth to be kept ever before the mind in the searching of the Scriptures—Christ and Him crucified. Every other truth is invested with influence and power corresponding to its relation to this theme. It is only in the light of the cross that we can discern the exalted character of the law of God. The soul palsied by sin can be endowed with life only through the work wrought out upon the cross by the Author of our salvation. The love of Christ constrains man to unite with Him in His labor and sacrifice. The revelation of Divine Love awakens in them a sense of their neglected obligation to be light-bearers to the world, and inspires them with the missionary spirit.”
- *That I May Know Him* p. 208

What, then, inspires the healthcare provider with a missionary spirit? Only the



uplifted Savior can. He alone can inspire the missionary spirit. It is not done from a sense of obligation. The truth enlightens the mind. It sanctifies the soul. Which truth? That central truth – Christ and Him crucified, which enlightens the mind and sanctifies the soul.

THE TRUTH FOR THIS TIME

When Christ in His work of Redemption is seen to be the great central truth of the system of truth, new light is shed upon events (all the events) of the past and the future. They are seen in a new relation and possess a new and deeper significance. Ellen White also says, “The truth for this time.” Not just any truth. The truth that is particularly relevant to this time “is broad in its outlines, far-reaching, embracing many doctrines. But these doctrines are not detached items which mean little. They are united by golden threads forming a complete whole with Christ as the living Center.” (Ibid.)

There’s more from her pen:

“The time of test is just upon us. For the loud cry of the third angel has already begun in the revelation of the righteousness of Christ, the sin-pardoning Redeemer.” - RH November 22, 1892, par. 7

“Had Adventists after the great disappointment in 1844 held fast their faith and followed on unitedly in the opening providence of God, receiving the message of the third angel and in the power of the Holy Spirit proclaiming it to the world, they would have seen the salvation of God, the Lord would have wrought mightily with their efforts, the work would have been completed, and Christ would have come ere this to receive His people to their reward.... It was not the will of God that the coming of Christ should be thus delayed”
- *Last Day Events* p. 37, 38

“The Lord in His great mercy sent a most precious message to His people through Elders Waggoner and Jones. This



message was to bring more prominently before the world the uplifted Savior. The sacrifice for the sins of the whole world. It presented justification through faith in the Surety. It invited the people to receive the righteousness of Christ which is made manifest in obedience to all the commandments of God. Many had lost sight of Jesus. They needed to have their eyes directed to His divine Person, His merits, His changeless love for the human family. All power is given into His hands that He may dispense rich gifts unto men. Imparting the priceless gift of His own righteousness to the helpless human agent. This is the message that God commanded to be given to the world.”
 - *Testimonies to Ministers and Gospel Workers* p. 91, 92

Again, as Matthew 24:14 says, “this gospel” must be preached to the world. Not just any gospel. This is the message of Christ’s righteousness – the uplifted Savior. This

is the message that God commanded to be given to the world. It is the third angel’s message, which is to be proclaimed with a loud voice attended with the outpouring of the Spirit in large measure.

“The message of Christ’s righteousness is to sound from one end of the earth to the other to prepare the way of the Lord. This is the glory of God which closes the work of the third angel.”
 – *Testimonies for the Church, Vol. 6 p. 19*

At least twice, Ellen White said that the Lord should have come before now. The question is, why are we discussing this particular topic with special regard to medical/dental/healthcare workers? Why are we talking about this? I want to share parts of something that was penned by Percy Magan in a letter to the officers of the General Conference, written in 1932. He caught the vision of God’s last-day church making a world-wide demonstration of

Christ-like service embracing both the body and the soul.

“Soon there will be no work done in ministerial lines but medical missionary work’ (GC Bulletin 1901). It must be very clear from this that the medical work to which we are called is in its nature ministerial, spiritual, and soul-saving”

How important that we understand our calling. “The medical work to which we are called is in its nature ministerial, spiritual, and soul-saving. Therefore, it is most essential that the training in the medical school be of a ministerial and missionary nature. It must be spiritual as well as scientific.” Please note that this is not just talking about a Bible class here and there. It must be spiritual as well as scientific. The ultimate aim of our effort must be to equip and send forth into the harvest field an army of medical ministers of the Word of God.

“And yet, as the divine Master gazes upon the different throngs who in the ages that have come and gone have born the message of the hour, each in his own appointed time and generation, methinks I hear the divine Master say, ‘One thing thou lackest.’ Of ministerial bands there have been many who have nobly trod the hard and narrow way. But mine eye beholdeth that not anywhere in time’s long day as much as one company (save that one which I did train for a pattern) who have made it their role on earth to blend two ministries in one; even as I, their Master did, and concerning which I commanded, as ye go, preach, saying, the kingdom of heaven is at hand. Heal the sick, cleanse the lepers, raise the dead, cast out devils, freely ye have received, freely give.”
 - *PT Magan’s Letter to the Officer’s of the GC 1932*



When reading this, my heart was touched, and I was greatly moved. The Lord raised up the medical work, not just to train physicians, but at the same time to train evangelists.

JUMP OR FRY

Some time ago in the North Sea of Scotland an oil rig platform exploded. One of the supervisors was in his sleeping shed when the explosion happened. He came out of his room and realized that the platform was engulfed in fire. He stood on the platform and looked down into the water below; the oil had bubbled up and caught fire on the surface of the water. In addition to that, debris had spilled all over the face of the water. He looked around at the platform where he stood. To his right side there was a wall of fire. Behind him was a wall of fire. To his left there was a wall of fire. He looked down again—fifteen stories down to the icy, frigid water. He knew that he could survive only twenty minutes in that water, even if he managed to escape injury in the jump. If he stayed

on the platform, it was going to be certain death. If he jumped off, it would be probable death. He said it was “jump or fry,” and so he jumped. Someone managed to pull him from the water and get him to emergency care. When the rescuers caught up to him in the hospital they said, “Why did you jump?”

He replied, “I didn’t want to die.”

To parallel the analogy: What is going to be the burning platform that will motivate us to jump in and do something about our identity as medical people?

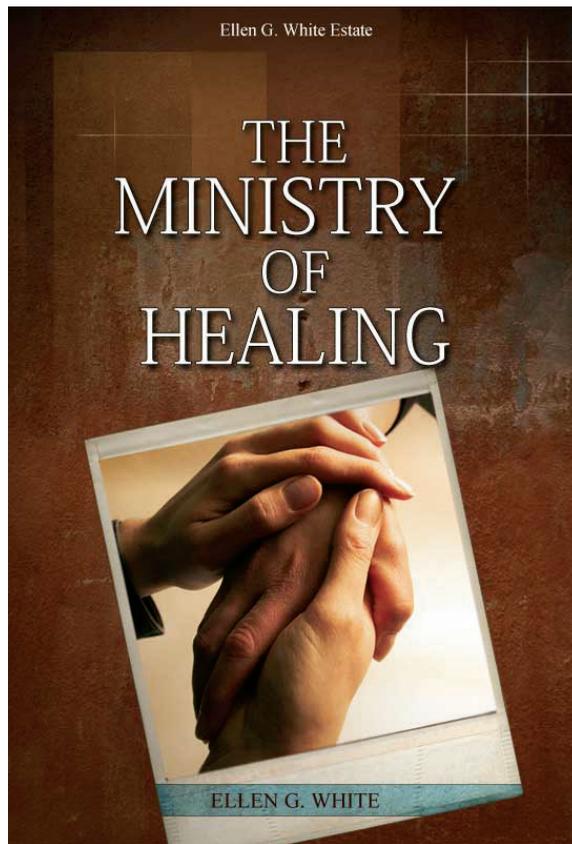
First of all the good news. This is the last church. This church is going forward. God has promised us that He will take us forward.

Now the bad news. I believe that as Seventh-day Adventists we have lost our identity and our mission. We are to be a prophetic movement, not a denomination. I also believe that we have failed to pass

along our identity and mission to our children, at least to a large degree.

If you ask the average Seventh-day Adventist young person to tell you about the Sanctuary truth, you will see their eyes glaze over. We have failed to teach our children the most important aspects of our end-time message. Our own generation has failed to accept the Lord’s diagnosis. One of the most difficult passages of Scripture for Seventh-day Adventists is Revelation 3, where it says that we are miserable, poor, blind, and naked. We have a difficult time appreciating that message. We are preoccupied with lesser things. We need to think about what those lesser things could be.

Yes, we have a problem but we also have a remedy, the Lord’s remedy, as found in Revelation 3. We must buy the gold that is the faith of Jesus Christ. We must appropriate the righteousness of Jesus Christ, and get the divine eye-salve so that we may see things from His standpoint.



We must learn to see as He sees. We must make a firm commitment to live and to preach the whole gospel for this time.

“MICHAEL”

As Program Director for the residency in Internal Medicine at Kettering Medical Center, I interview applicants. Two interview seasons ago, I reviewed a file on “Michael.” This applicant had gone to the Adventist academy in our town, but he chose secular institutions for college and medical school. Thinking that this was a little unusual I asked him a question when he came in to my office. I said, “How did it come that you entered this academy in our town?”

He said, “I’m a Seventh-day Adventist.”

“How did it happen then,” I asked, “that you went to a secular undergraduate university?”

He said, “Well, I got a full ride scholarship.”

“OK, how did it come, then, that you went to this secular university for medical school?”

He said, “Well, I looked around and I saw that I wanted to get the best education I could, so I went to this university.”

At that point the Holy Spirit said to me, Lyndi, put down your pen and just talk to this young man honestly. So I said to him, “I’m going to tell you something. You have two choices for residency. One is Kettering Medical Center, and the other is Loma Linda University. I say this because you are a medical missionary. It’s not going to be a job. You’re not just a doctor who is here to practice and to make money. You are here to be a medical missionary.”

The look on his face was quite hilarious. His eyes were as big as saucers.

I continued: “Moreover, I want you to go home and read the first hundred pages of *The Ministry of Healing*. He told me he had no such book. I said, “Well, you can buy this book,” and I encouraged him to do so.

Michael is actually one of our residents at Kettering now. One day he came to my office and said, “Do you know why I am here at Kettering for my residency?” I didn’t respond, so he went on, “You were the nicest person I met on the interview trail.” I was praising the Lord, because it could have turned out much differently.

We need to let our children recognize

that the greatest education on this planet is Seventh-day Adventist education. Our children need to be in our schools. Too many don’t have a clue what’s going on in Adventism.

DAVID LIVINGSTON

The final point is understanding the physician/dentist/healthcare worker’s opportunity:

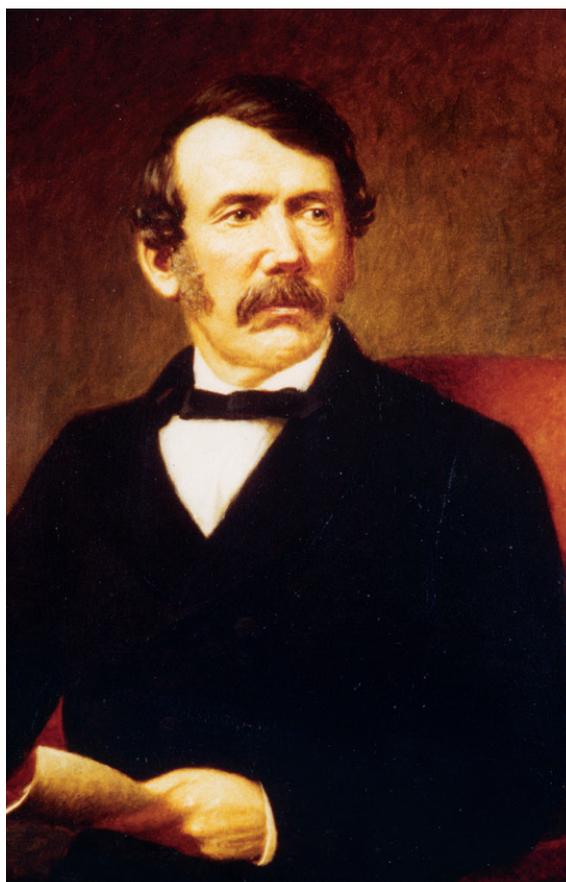
We have a calling at this point to join ourselves to our pastors in medical missionary work. This is what God expects of us.

One of the greatest examples of a faithful medical missionary was David Livingstone. He was born in Blantyre, Scotland, in 1813. His father used to put young David on his knees and read him stories of great missionary exploits, particularly those of Carl Gutschlav, the Dutch missionary who doubled as a medical missionary. Young David used to look into his father’s eyes and say, “You know, Daddy, one day I will be a man like that. I want to be a missionary. I want to be a doctor. I want to serve God.”

Years later, David Livingstone got on his knees and prayed, “Lord, send me anywhere, only go with me. Lay any burden on me, only sustain me. Sever any ties but the ties that bind me to Your service, and to Your heart.”

And the word of God came to him, “Lo, I am with you always, even to the very end of the age.”

He packed his bags and went off to Africa. When he got his first real glimpse of Africa from a distance, he penned in his journal these words: “The haunting specter of the smoke of a thousand villages in the morning sun has burned within my heart.”



He married a woman from the famous Moffat family. Mary was her name. Her father was a great missionary. They went to Africa. But David Livingstone's life was that of an explorer. He moved from place to place, and his only goal was Jesus in the hearts and lives of men and women. Thousands of them.

Finally his wife and his young children couldn't keep up with him anymore. Some of his children were dying from tropical diseases. So he said to his wife, "Why don't you take them home, and I will see you shortly. It's too dangerous for us to go on like this." So he sent his dear wife, Mary, back home.

Letters took months to exchange. Some of the fondest letters of love and romance you could ever read were sent between David and Mary. The next time David Livingstone saw his wife was not five weeks later – nor five months – but five years. Five years later, when he set eyes

upon his wife, she could not recognize him because at one stage in his jungle travels, hiking out to preach, he walked into a branch of a tree that completely blinded him in one eye and marred the other. His face had been burned under the Africa sun to a leathery crisp, and his skin, which had not been pigmented for the African sun, had been roasted to the point that his body could not take it any longer. His face was terribly marred and scarred, and his eye blinded, and at one time he had even been attacked by a lion that had torn one of his shoulders apart. He miraculously escaped death, but not disfigurement.

Imagine the shock Livingstone's wife felt to see her husband in such a state.

Biographical sketches tell us that, after he returned home, when David Livingstone walked into any university in the British Isles, students and faculty would rise to a standing ovation because they knew they were standing in the presence of a giant of a man.

David Livingstone couldn't settle down to "civilized life." The needs of Africa haunted him. Finally he said to his wife, "Mary, the haunting specter of the smoke of a thousand villages in the morning sun is still burning within my heart. We need to go back." Mary decided that he should go, and she should stay. She had to be with the children. She said, "When they are old enough, I will join you again."

Livingstone set off on his lonely journey to preach to the African people, whose needs pressed upon his heart. Finally, after a

long time, Mary joined him. The day she set foot on African soil, she contracted a dreaded disease, and a few days later David Livingstone buried his beloved wife. An eye witness to the burial said, "David Livingstone knelt beside the grave weeping his heart out, and they overheard him saying, 'My Jesus, my King, my Life, my All! I again consecrate my life to Thee. I shall place no value on anything I possess or anything I may do except in relation to Thy Kingdom and to Thy Service.'"

Livingstone later said, "Through it all came the words of God to my heart, and He said, "Lo, I am with you always, even unto the end of the age."

After committing his wife's body to its lonely grave in the African soil, Livingstone picked up his belongings and walked back to his home village of Ugigi. When he arrived and went into his little hut there, he found that someone had played a cruel joke on him, and had stolen his medication, which he so needed because his body was wracked with untold pain. He walked in constant agony, even with the medication. Witnesses said that this was one of the very few moments in his life that he prayed for himself. He got on his knees and said, "God, you promised you would always be with me. I need that medication if I am to continue preaching the gospel."

As he prayed, he heard steps, and as the story goes, he saw a pair of feet planted in front of him. He lifted his face for the first time in a long while. There before him was a white man who didn't live in Africa. The missionary said, "Who are you, sir?"

The man replied with the now-famous words, "Dr. Livingstone, I presume?"

Henry Stanley said, "Mr. Livingstone, I am a press reporter. I have been assigned to



do a story on your life. I want you to know two things about me. Number one: I am the biggest, swaggering atheist on the face of this planet. Please don't try and convert me. Number two: Somebody sent some medication for you."

David said, "Give me the medication, please."

So, Mr. Henry M. Stanley started to travel with David Livingstone. Four months later, "the biggest swaggering atheist on the face of this planet" knelt down on African soil and gave his heart to Jesus Christ.

One of the best biographies you'll ever read on David Livingstone is in two volumes entitled, "Livingstone of Africa" by Henry M. Stanley. Stanley said, "The power of the Christ-life was awesome, and I had to buckle in. I could not hold out any longer."

Finally Livingstone's body began to shrivel with high temperatures and pain. They used to carry him from village to village on a stretcher. One day, preaching from

a stretcher, literally trembling, he finally looked at two of his national brothers and said, "Please take me back home. I am very ill. I am very tired. I need some sleep."

They brought him back to his home and were about to put him onto the bed when he said, "No, please help me onto my knees." Livingstone buckled down to his knees by the side of his bed, and clasped his hands and started to pray. His prayers were so profound, his sanctuary was so unique, that his African brothers felt it blasphemy to infringe upon his communion with God. They stepped out of the little room. While they waited, somebody came running and said, "I need to see Mr. Livingstone for a moment!" They said, "Shhhh, please be quiet! He's praying!"

Five minutes later they looked in. He was still on his knees. Several more minutes went by. They looked in. He was still on his knees. After a protracted period of time went by, they looked in, and he was still on

his knees. One of them thought that the man was too tired to continue to pray. He needed to get some sleep. He went in and gently shook him by the shoulders saying, "Bwana! – Bwana?"

Livingstone fell over. He was dead. He died exactly the way he had lived – in the presence of his Lord. He did not run from God's voice. He did not wave a lamp that had no light in it. He did not sell his soul for some earthly treasure. But the haunting specter of the smoke of a thousand villages had burned itself within his heart, so he could say, "My Jesus, My King, My Life, My ALL, I again consecrate my life to You."

How is it with your life? What is your commitment to the medical missionary work and the preaching of "this gospel"? What will be your life's record when the King comes to enquire about the talents He has given you?

Our Mission to Each Other



DR. BEN LEE graduated from the University of Michigan School of Dentistry in 2000. He currently works as a dentist for the California Correctional Healthcare Services / CA State Prison System.

He resides in Valencia, California with his amazing wife Karen, and their awesome daughters Lauren and Megan.

It's all too easy, too instinctual, and sometimes strangely satisfying to create divisions that separate me from you, this from that, here from there, and us from them. Especially in recent years, one of those divisions has been the Muslim population.

About 50 years ago, Ralph S. Watts, then Vice President of the General Conference, wrote the following in Ministry Magazine:

"If we are to reach Muslims we must be divested of our settled prejudices and preconceived erroneous concepts and take a different look at Islam as a religion. We must...strive to establish more firmly the points of agreement between our religions, and thus avoid making prominent the points on which we differ.

[...] We must show them that they are to be equally benefited with us in accepting salvation in Christ" - Ministry Magazine, June 1964

Watts urges us to set aside our predispositions, and to do so for the sake of the gospel. We believe this in theory, but how often do we truly live day to day without thinking about the differences between ourselves and every person we cross paths with? And how much more would this happen in a country so far away, and especially among such a displaced and typecast people group?

When AMEN and about 70 volunteers flew to Greece this past November 2016, we went with the intention of providing dental, optical, and medical relief to Afghan, Syrian, Pakistani, Iraqi, and Iranian refugees living in refugee camps in Greece.

We didn't go with the urgency felt in Watts' words. We didn't expect to find brothers and sisters among the refugees. They were "the others", the people who needed our help. We didn't expect to fly home with hearts deeply touched by those who we'd traveled so far to serve.

We were met with surprise.

But first, a little background on the clinic. AMEN was invited by Adventist Help, a project of ASI Europe, to hold a clinic at Oinofyta refugee camp, a small ex-factory in an industrial area of Greece, about an hour from Athens. The clinic was set up anywhere possible: registration in the warehouse, dental in the sewing room, vision in a spare room towards the back of the camp.

On day one of the clinic, every department of the clinic (vision, dental, medical, registration, crowd control, etc.) met their team of translators who were resident refugees. As the week progressed with hundreds of men, women, and children passing through their turn in the dental

Realizing where we resemble one another in life and goals is where it all changed.

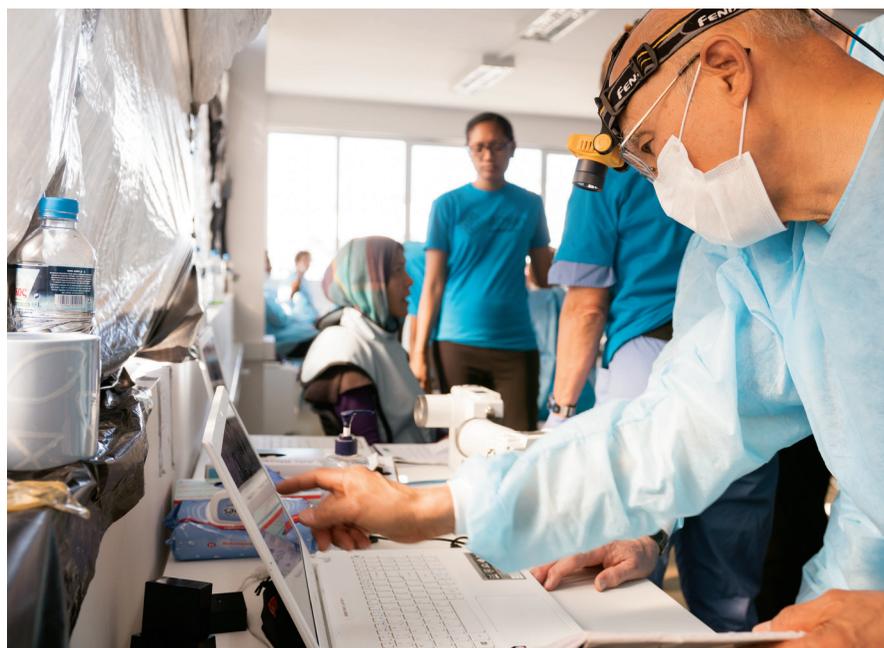
chair or vision exam, we found ourselves developing meaningful relationships with the translators. How did this occur? Simple: it happened with the realization that they're just like us.

Before having to escape their homes due to one unspeakably tragic story after another, they weren't known by the umbrella label: "the refugees". Rather, they were referred to by titles similar to ours: doctor, professor, engineer, business owner, student, father, mother, son, and daughter. They loved their country for the most part and were happy there.

Realizing where we resemble one another in life and goals is where it all changed. That's where the story became different and the mission to them became our mission to each other.

I decided to join the AMEN team in Greece just a few weeks prior to the trip. Promised only a couch to sleep on in the AMEN clinic team's rented house, I took the plunge and flew the long hours to arrive in the Athens airport. At the camp, I was introduced to my translator and partner for the week: a 25-year old former graphic designer by the name of Salim*.

From the get-go, Salim was clearly the leader of the group of translators in the dental area, as he was always joking and laughing with them from across the room. The room, loud and intimidating to patients with so many drills and medical equipment, was lightened considerably due to his cheerfulness. Being the



affable type myself, he and I got along immediately.

On the evening of the third clinic day, I shared the following story with a few members of the AMEN team over dinner:

That day during lunch, I had asked Salim how he had come to Greece. Salim shared his story with me, explaining how he and his family were captured twice on their way to Greece before finally arriving on a tiny boat that carried 69 people from Turkey to Greece.

I also shared with Salim how I had ended up in Greece. We were both there at that time and place for a reason, and God had planned it to happen in this way. You see, God had to change my heart in order for me to come to Greece. My old heart wouldn't have given this kind of unpaid work a chance.

I explained to Salim about what I believe: the fall of man, Satan's dominion over the world, why God allows Satan to exist, God's plan for salvation—all of it. Salim listened because by that point, we had become brothers.

Salim told me that he and his family were planning to leave the camp soon to look for

other opportunities in a different country, as Greece is extremely cash-poor and has minimal opportunities for its own citizens, much less the refugee population.

I asked if I could pray for Salim and his family's safe travels. Salim said yes, and we bowed our heads and prayed right there in the lunchroom.

Later that afternoon, Salim brought his brother to me for dental treatment. His brother has Down Syndrome and recently developed cataracts for an unknown reason. He needed multiple fillings and was somewhat difficult to handle, but I did the best that I could.

When the treatment was finished, Salim and his father stopped me and told me "thank you" for helping their brother/son. Salim's father had heard from Salim that I was a doctor who cared and tried hard to take care of my patients.

Salim's father went on to share that he and his entire family were well educated and had well-to-do jobs, from civil engineer to biology professor. In Afghanistan, their life had seemed blissful until it was all stripped away by the wars in their country. I listened, hoping Salim would remember what I told him about God's perfect plan-



-even in bringing them to the refugee camp.

After the conversation, I went back to my dental station, where Salim told me thank you, again and again. He told me that the prayer we'd shared during lunch was special to him. And then he told me something I'll never forget: he said, "my opinion of who Christians are has now changed forever."

On the last day of the clinic, the AMEN team filmed an interview with Salim for a future video project. One question that was asked was, "If you could tell the world one truth about the situation in Afghanistan, what would it be?"

His answer was tear-jerking. It was so simple:

"I loved my country. I loved my job. I didn't want to leave. I didn't want my wife to give birth to our son inside of a canvas tent in Greece with winter fast approaching. I didn't want this, but it is what I had to do for my family. Look at me. I am only 25 years old, but I already look like an old man. I smile and make jokes because, what else can I do? I wasn't always a refugee. I was like you.

The only thing I can ask from you is this: Remember that I am a human too, please, think kindly of us."

The experience I had with Salim is only one of several stories of divinely touched

hearts inside that refugee camp, moments we'd never even expected because of, in Watts' words, our initial "preconceived erroneous concepts" that separated us in the beginning. And it's due to the kindness that Salim called for—true, God-led kindness shared with our new brothers and sisters, that caused doors to swing open, changing hearts for eternity.

Yes, hearts were changed in that refugee camp! That is to be expected if it's true that, "love to Christ will be the spring of action." - *Steps to Christ p. 45*

The AMEN team and I weren't there just to provide medical and dental care. We were there to pray with patients and share the Bible and Spirit of Prophecy in simple, practical ways.

Every morning before we opened the clinic, we all gathered in a large room in the camp to share a worship thought and prayer. A few days in, we added songs to the agenda. By Thursday and Friday, this is what we—all of us—experienced:

90 or so people (doctors, dentists, students, and refugees) who had so quickly become a family standing in a circle, singing the following words in unison:

*Amazing grace, how sweet the sound
That saved a wretch like me.
I once was lost, but now am found
Was blind, but now I see.*

*Through many dangers, toils and snares,
I have already come;
'Tis grace hath brought me safe thus far,
And grace will lead me home...*

Our family has widened to include these precious people in Greece. May we unite in praying that the grace we experienced will bring us all home one day soon.

*Name has been changed to protect the privacy of the individual.

Postscript: In November of 2016, AMEN took their mobile clinic overseas to serve the refugees who fled their homes because of the wars that had forced them out. Within five days, AMEN treated refugees from three different camps: 315 dental patients and 206 vision patients, resulting in more than 1,100 procedures in all (most patients required multiple procedures, as they hadn't received treatment in years). One of the camp directors told the team that the amount of medical care that was provided in one day was more than what the hospital could have done in over 4 months. AMEN seeks to go beyond providing temporary care, so two dental stations remained at the camp for other aid groups and local dentists to be able to provide further treatment to the residents. For more information and/or to volunteer at upcoming AMEN clinics, go to amensda.org.

¹ <https://www.ministrymagazine.org/archive/1964/06/the-attitude-of-seventh-day-adventists-toward-islam>

AMEN Luncheon

ASI CONVENTION - HOUSTON, TX

Friday August 4, 2017 / 12-2pm

Theme: When He Saw the Multitudes: Entering in to the Joy of Service

"But when He saw the multitudes, He was moved with compassion for them..." Matthew 9:36

Physicians, dentists, and their families are invited to attend the AMEN luncheon at the national ASI Convention.

You will be inspired by the amazing ways God is using AMEN to follow Jesus' example of ministering with compassion to the multitudes. We invite you, not only to attend the luncheon, but also to get involved in AMEN's ministry of spreading the gospel through medical evangelism.

RSVP ONLINE: <https://amensda.org/conferences/amen-lunch-at-asi-rsvp/>



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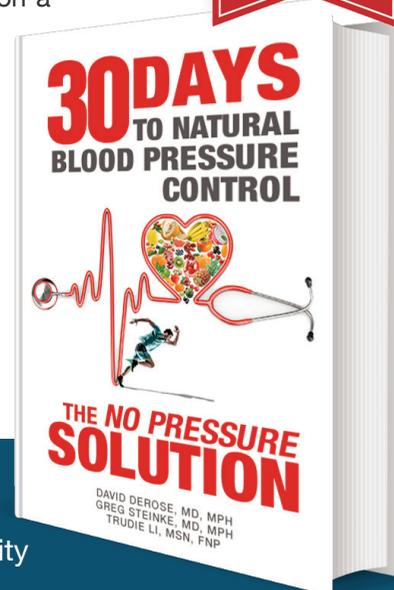
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Genuine medical missionary work is the gospel practiced



LEASA HODGES, RN, currently serves as Vice President of Eden Valley Institute of Wellness. She is passionate about sharing Christ and mentoring young people. In addition to her role at Eden Valley, Leasa also serves as the leader for ASI's Youth for Jesus program, an annual residential evangelism experience for youth aged 15 - 25.

In the fall of 1961, two couples from Colorado attended a supporting ministries convention at Oak Haven in Pullman, Michigan. Harold and Effie Grosboll, with Pete and Ann Borris, were deeply impressed that they should become involved in the establishment of a self-supporting institution. They went back to Colorado in search of a suitable site. Twelve miles west of Loveland, they located 600 acres of land for sale. It was in a lovely, secluded valley, in the foothills of the Rocky Mountains, already known as Eden Valley.

More than 50 years later the influence of Eden Valley progressed far beyond the local community. Answering God's call to sacrificial service, staff and students began to serve around the world. Supporting ministries were established in South and Central America, Korea, Japan, India, Africa, Mexico, Canada, Poland, and China. Today, many of these ministries still bring the gospel to a lost and dying world.

Currently, two of the main ministries at Eden Valley include a lifestyle center and a medical missionary training program. We serve hundreds of guests from around the world. Our mission is to improve the lives of guests through Bible and Spirit of Prophecy based counsel, focusing on using natural remedies. The students are equipped with practical experience as well as solid spiritual

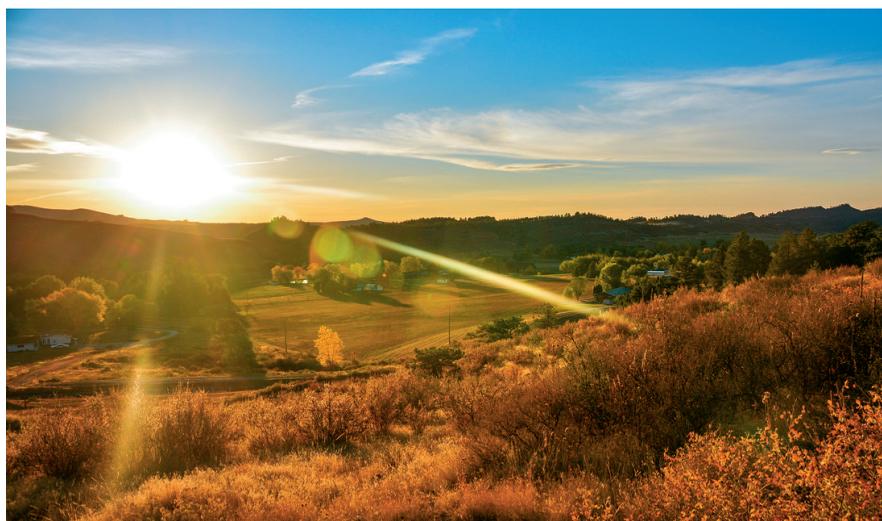
nourishment to go forth, ready to minister around the world.

The medical missionary training is for those who want a basic, hands-on, three-month course, which introduces the principles of NEWSTART. Students have included: lay members wanting to be more effective in their church health ministry outreach; missionary pilots who want to learn simple natural remedies; health professionals interested in gaining experience in natural treatments for lifestyle diseases; and others wanting to learn how to live with optimum health.

At Eden Valley we are witnesses to the reality of these words:

"...the medical missionary work shall prepare the way for the presentation of the saving truth for this time, the proclamation of the third angel's message. If this design is met, the message will not be eclipsed nor its progress hindered."
– *Testimonies for the Church, Vol 6, p. 293*

Below are a few testimonials (amongst hundreds) from people of all walks of life, who attest to the healing they received through Christ at Eden Valley. We believe that by following the example of Jesus, using His method of healing, then bidding individuals to follow Him, brings healing



not only physically, but more importantly, spiritually.

Jim Rowe: In June of 2006, I was diagnosed with 4th stage pancreatic cancer. This type of cancer is almost always not diagnosed until it is developed well into later stages. By August I couldn't work, drive, walk, or even sit up for more than 10 minutes. The doctors sent me home from the hospital to get my "affairs in order" as they could not do any more to help. I told my wife to drive me to Eden Valley. After two months there, the tumors in my colon and liver were gone and the tumors in my pancreas had shrunk to about the size of a pea. Almost 11 years later, I am doing well, still working, and thanking God and Eden Valley for a life that was given back to me.

Shawn Boonstra: When I first got the invitation to visit Eden Valley, I wasn't sure what to think. I'd never been there, but back when Jean and I first became believers, I'd heard of such places: cardboard and twigs for lunch, unforgiving task masters waiting to catch you in the slightest of dietary transgressions – even righteousness by diet. And yet I felt compelled to go.

I will forever be glad I did; I am now convinced that the compulsion to go was heaven sent. Jean and I had been battling the worst year of our lives, and Eden Valley proved to be God's prescription for us. The

moment we drove onto the spectacular campus, long-harbored tensions started to evaporate. I think I actually took a deep breath as we left the highway and pulled onto the property. The team, anything but unforgiving task masters, made us feel immediately at home. Not in the "our house is your house" sense, but actually at home.

It's hard to find words to describe just how good our stay at Eden Valley was. I think the closest thing I've been able to find was the warmth and fellowship we felt when we first were baptized nearly 20 years ago. The team at Eden Valley works hard to help people heal physically, but their approach is so Christ-like that they're helping people heal spiritually, too. They're Christ-like and they're kind. I know that after months off work in a state of sheer exhaustion, I needed to find a place where it felt as if God had taken me and cradled me in His arms Himself. I found it – or, more accurately, it found me.

I watched the faces of other guests over the course of a couple of weeks, and I noticed they sensed it too. They felt as if they had come into close contact with their Creator. Not only did color return to a lot of faces, but smiles did, too. People relaxed and let go of the things that had worried them the most in recent months. Some who were hesitant to let themselves get close to others let their guards down. Everyone

felt the distinct presence of Christ on that campus – and everyone started down the road to healing.

Bruce S: I came to Eden Valley taking 110 units of insulin a day, over 150 lbs overweight, on meds to go to sleep, meds to wake up, meds to keep my high blood pressure and cholesterol under control, and meds for depression. Even though I am a nurse anesthetist and should have known the right choices to keep healthy, my health and my life was out of control. I set my mind to put 110% into the program and do everything they asked me to do. Within a week, working with the doctor and responding to a quickly dropping blood sugar level, I was able to stop the insulin injections. In another week, I was able to sleep and wake up without meds, pounds started melting off even though I was eating very well, I walked 5 miles a day, and just felt much better overall.

I left Eden Valley, feeling better than I have for over 25 years, with hope and a desire to turn back to God and find in Him strength to lead my life.

More than 50 years after those two families felt a call to start this ministry, we here at Eden Valley are still seeing the results of that call. If you think you Eden Valley has something to offer you, one of your patients, or a loved one, or if you have something that you believe you can offer us in our outreach and ministry, we'd love to hear from you.

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Total Health Spokane Project – Volunteer Invitation



DR. JOHN TORQUATO is a graduate of LLU School of Medicine, practicing Family Medicine in Hayden, Idaho and Spokane Valley, Washington.

Dr. Torquato's personal goal is to use medical ministry to complete the gospel commission. To that end, he has spent the last 17 years working in self-supporting medical offices with ministry as the primary focus. He believes in teamwork, working closely with pastors, local church members, and an amazing group of office staff. Together he and his team are honored to offer complete healing to their local community.

Dr. Torquato's and his wife Cherie, have four children: Heather, Luke, Caleb and Carissa.

If Jesus were on earth today, how would He reach the people? Seventh-day Adventists have a unique history that speaks to this question. In 1910, Ellen G. White wrote the following:

“For months the situation has been impressed on my mind, and I urged that companies be organized and diligently trained to labor in our important cities.” - Manuscript 21, 1910

In that same year John Tindall was commissioned to pioneer this work. Teams of dedicated Adventists provided practical help in the homes of the people whom they were helping. In love they ministered to their needs by teaching health principles and cooking skills, among other things. Ultimately they conducted public reaping evangelistic meetings, with hundreds committing their lives to the Lord in baptism. Many years later, amazingly, the average retention rate was an astounding 75% – 90%! But, sadly, with time, the directive given by the Lord's messenger faded away and was nearly forgotten.

Fast-forward to 2014. By faith, six young people traveled to the small town of Hayden, Idaho to revive the work of Tindall. Without knowing how their needs would be supplied, they spent an intense seven weeks pouring out their service in house-to-house work with twenty-four patients of a local physician. They labored in love with these patients. The work was centered around patient needs, whether it was teaching healthy cooking, helping them shop for food, teaching them how to exercise, or opening the Word of God. Not only were the hearts of these patients touched, but 25% of them committed to follow Christ and keep the Sabbath.

If such results could be seen in two months with six people, what kind of outcomes would we see laboring for two years with twenty people? This is our vision.

In Tindall's footsteps, between September 2017 and August 2019, we seek to trail-blaze this lost ministry again in the region around Spokane,

Washington. Imagine pastors and physicians working side by side as a team with church members, coming close to the people, giving practical help combined with spiritual food for the uplifting of the community.

The diseases, heartaches, and spiritual longings that we will meet in Spokane are but a sampling of the needs in thousands of other cities. We want to revive a model for comprehensive health evangelism that will be reproducible in the cities near you. This church planting project illustrates the General Conference's "Mission to the Cities" initiative. It seeks to mobilize pastors and physicians to use "Christ's Method Alone" by meeting the needs of people, and making disciples ready for Christ's soon return.

We want to give providers of medicine and dentistry an opportunity to participate in our mission as rotating health educators and evangelists. We want you to experience firsthand the power of sacrificial love poured out in a "virtual sanitarium," the homes of patients. For a week, a few weeks, or a month, rotating physicians, dentists, nurse practitioners, and physician assistants could participate. They would be working side by side with experienced local physicians, pastors, church members, and volunteer young people. Using these inspired methods of evangelism, they will bring the Gospel to the homes of patients. Will you join us in sacrifice? Will you help us revive Christ's method of evangelism by working with us? Go to www.totalhealthspokane.com to find out more about this unique project and to learn how you can be part of the team. Rotations will be available throughout the project between September 2017 and August 2019.

The pen of inspiration tells us, "It will be seen that the glory shining in the face of Jesus is the glory of self-sacrificing love." – *Desire of Ages* p. 19

God bless you as we labor together to "let the whole earth be filled with His glory." – *Psalms* 72:19

by Todd Guthrie, MD

The Value Proposition and Quality Improvement



DR. TODD GUTHRIE is a board certified orthopedic surgeon, practicing in Mt. Shasta, California. Dr. Guthrie sees AMEN as a catalyst to further facilitate the bringing together of the everlasting gospel of Revelation 14:6-12 and the Adventist health message. He firmly believes that medical missionary evangelism will open hearts in preparation for and in conjunction with the outpouring of God's Spirit in the final days of earth's history. Dr. Guthrie, his wife Patti, and their four children have a passion for ministry and are active in their local church and abroad.

Both medicine and dentistry strive for the best quality and value in patient care. But this effort often fails to incorporate the most basic essentials of lifestyle improvement. Unless the foundation of health is restored, good outcomes are unlikely.

Medical missionary work restores this foundation - the powerful motivation of God's love and the healthy lifestyle it inspires.

As we practice Christ's method in our outreach, what defines value and quality in our work?

"We shall forfeit the favor of God if we lose the meek and lowly spirit which in his sight is of great price. Love to Jesus must be the motive which impels us to action. He places the highest value upon even the most trivial acts done from love to him." - RH, November 18, 1884 par. 16

"All the work done, however excellent it may appear to be, is worthless if not done in the love of Jesus. One may go through the whole round of religious activity, and yet, unless Christ is woven into all that he says and does, he will work for his own glory." - Letter 48, 1903

"The work done for Christ in the world is not made of great deeds and wonderful achievements. These will come in as needed. But the most successful work is that which keeps self as much as possible out of sight..."

The labor of love for Christ's sake, if treasured by the giver ends there, for he has all the reward he will ever have. But if he does this work for Christ's sake, thinking not of the matter afterward, angels of God gather up these incidents and cherish them as precious pearls.

The gentleness of Christ that is revealed in laboring for souls while self takes no credit, will be rewarded. With God the deeds of all are counted for just what heaven values them, not

as they are estimated by the worker. It becomes us to do no more than we can do with order, with thoroughness and exactitude.

If our active temperament gathers in a large amount of work that we have not strength nor the grace of Christ to do understandingly and with order and exactitude, everything we undertake shows imperfection, and the work is constantly marred. God is not glorified, however good the motive...

The worker complains of constantly having too heavy burdens to bear, when God is not pleased with his taking these burdens; and he makes his own life one of worry and anxiety and weariness, because he will not learn the lessons Christ has given him, to wear His yoke and bear His burdens rather than the yoke and burdens of his own creating. Christ says, 'My yoke is easy, . . . My burden is light.' Then let every extra burden be left for Jesus, and all the necessary burdens He will also take, and bear them, and us too." - Letter 48, 1886

So let us remember that the measure of value in Heaven's economy is the degree to which our ministry is motivated by God's love toward us and carried out in self-forgetful love for Jesus and others. The faith that trusts God to direct our lives, and lets Him carry us and our burdens, as it did for Jesus (the Faith of Jesus), will assure the quality of work that is needed and the energy to carry it out. This is the experience we need to regain as effective medical ministry is restored.

"The counsel of Christ to the Laodicean Church was being acted upon, and all who were feeling their poverty were buying gold (faith and love), white raiment (the righteousness of Christ), and eye salve (true spiritual discernment)." - Manuscript Releases, Vol 1, p. 350

May the Master Physician give His measure of value and quality to our medical ministry!



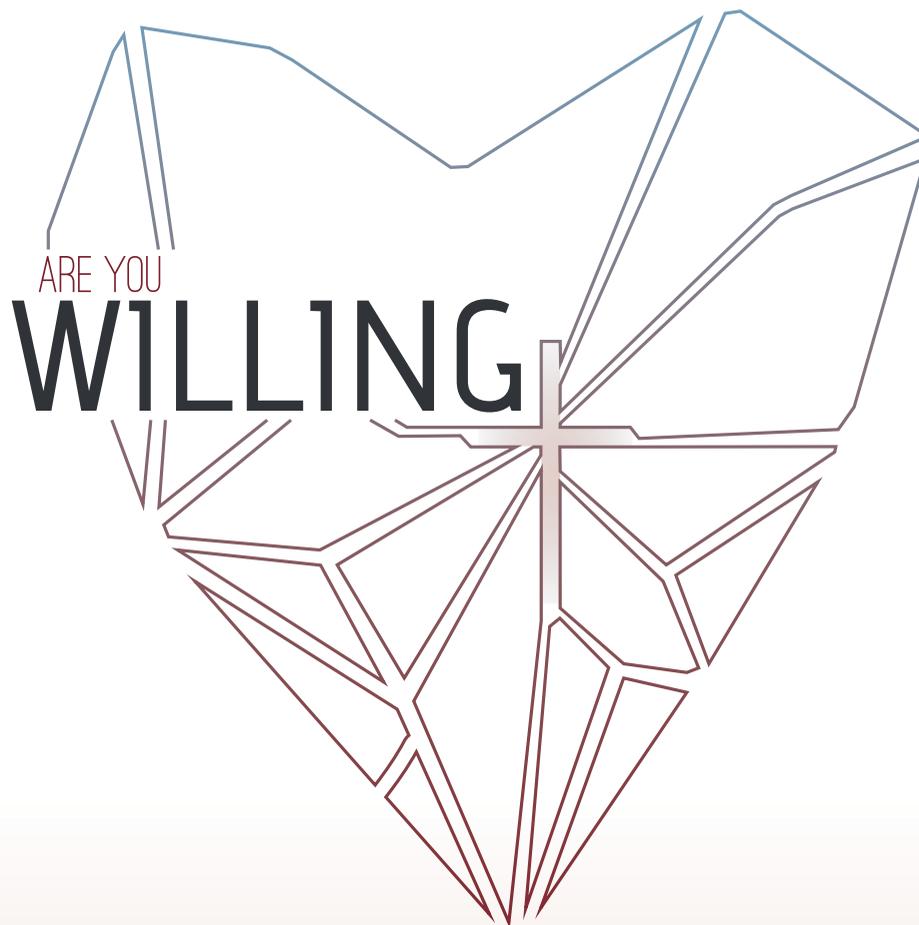
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