

DYNAMIC Steward



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**REACHING THE
WORLD THROUGH**

*Wholeness
& grace!*

**AN OPPORTUNITY
TO SERVE—
CONTEMPORARY
MISSIONARY
LANDSCAPES**

**THE MAKINGS OF
A MISSIONARY FAMILY**



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FIRST AND FOREMOST...

Over the past two quarters, we've turned our focus to the relationship between Stewardship Ministries and Adventist Mission. In the last edition, we looked at some of the needs and opportunities for mission among our educational institutions around the world. This quarter, we turn to our medical missionary work. I am certain that you will be at least as inspired as I have been while collecting interviews and articles from doctors and medical missionary leaders around the world.

Our current iconoclastic global environment is beginning to render concepts such as “emergency field hospitals” and “careers in volunteer work” as familiar to the Adventist Church and its members as our long-established hospitals and medical schools are in terms of serving contemporary communities. Ellen White's teaching about the medical missionary work being the right hand of the gospel (*Evangelism*, p. 513) is the starting block for any evangelistic endeavor these days. So many have dedicated their skills, their training, their entire lives to this important work.

I want to be sure that we don't forget our Adventist medical professionals, care workers, and others who may not be officially employed by the church but are missionaries in their own right, bringing hope to those they care for in their private and professional environments and witnessing to Jesus' healing grace.

Most important, we want to affirm that God has given each and every one of us gifts that we can use to bless the medical missionary work, whether it be in a hands-on fashion, financial support, consistent prayers, or the witness of healthful life choices. Let us make those Promises to the Lord (see the Resources page), and may He help us be faithful.

Penny Brink
EDITOR



A FAITHFUL FOOL

By Marcos Bomfim

As she left for work that morning, my wife, Mari, stopped to inform me that we had run out of fresh groceries. I knew she expected that I would buy some things later that day, but what she didn't know was that not only had our food run out but also our money. What does one do when food and money run out at the same time, one has no savings, and the next paycheck isn't due for two weeks? I felt very foolish.

As a district pastor, I would often stay home in the mornings to study and to prepare for my visits in the afternoons and evenings. That day, however, instead of studying, my mind flashed to my parents, my financial stronghold—at least until now—who at the time were living only five miles from us. Immediately I shrank back, recalling how my father had kindly warned me to postpone our marriage until my financial situation was more stable and we would have some savings. I had assumed, however, that love itself would be able to solve everything, and so we were married anyway.

Putting tithe and our *Promise*¹ (cf. p. 4) as the first items in our budget was a principle for both of us, as was our goal of not falling into debt for any reason. We had planned adequately to pay for regular living expenses and for the many bills related to the wedding, but, foolishly, we had failed to plan for savings and for unexpected expenses! This time, the unpredicted expense came in the form of a seized-up motor in our old vehicle. I've heard it said that "many families are only a paycheck from bankruptcy; if they fail to receive their next income, they are financially dead." This was our situation.

As I recognized my imprudence and lack of wisdom, I was too ashamed to share it with anyone! Kneeling before the Lord and confessing my sin, I recalled a sermon I had heard when I was a young teenager, about the time I became a *Promisor*²: "How big is your God? Is He able to fulfill His promises? Do we understand them correctly? Are they only tales to fool naïve believers? Are they merely tools in the hands of prosperity theology advocates or used by crafty and greedy leaders to deceive their unwary members?"

I decided to test God's promises. "Is it true," I wondered, "that He is able to open wide 'the windows of heaven, and pour

¹ Percentage-based offering, given by principle, as God's Word suggests, every time there is an income.

² Person committed to putting the Lord first in everything, including the returning of tithe and the giving of percentage-based offerings any time there is an income.

out [for us] such blessing that there will not be room enough to receive it?" (Mal. 3:10, NKJV). Could it become *my* reality? Would it happen even today? As a pastor I'm supposed to preach about these things, so I decided to find out for myself.

Moments later I was at the wardrobe, searching pocket by pocket for any money they might contain. The result was a few small bills, enough, I thought, to buy only some very cheap bananas. Surprisingly, it turned out to be enough for me to also purchase 12 oranges and three zucchinis at the street market.

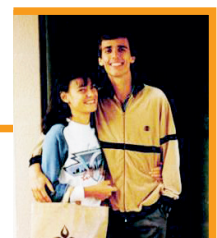
I did not consider—even for a moment—that all this had happened by chance.

Later, while feeding my chickens, a neighbor offered me a bunch of lettuce and kale. I also decided to accept an offer from an elderly pastor a few days before; he had said if I would pick the avocados from his tall avocado tree, I could keep half of them.

When Mari arrived home for lunch our table was so full of food that we realized it would be impossible to use all of it before it spoiled, so she suggested that on my way home that evening from giving Bible studies that I stop and give some of it to my parents. When I arrived at my parents' home my mother had two large whole wheat loaves of bread waiting for me, along with a gallon of pure milk from the healthy "Adventist" cows at Brazil Adventist University in Sao Paulo.

I thanked my parents and left without saying anything about our financial situation. But after I had driven my old car just a few blocks, I had to pull over and stop because tears had impaired my vision. I did not consider—even for a moment—that all this had happened by chance. I was certain these were blessings from God!

There is a God in heaven who is "a sun and shield," and "no good thing will He withhold from those who walk uprightly" (Ps. 84:11, NKJV). I am convinced that "the young lions lack and suffer hunger; but those who seek the Lord shall not lack any good thing" (Ps. 34:10, NKJV), even young, foolish husbands!



PR. MARCOS BOMFIM, DIRECTOR, GC STEWARDSHIP MINISTRIES, PICTURED HERE WITH HIS WIFE, MARILUZ, RETURNING FROM THEIR FIRST GROCERY SHOPPING OUTING AFTER THEIR HONEYMOON.

NEWS & EVENTS

The Stewardship Ministries of the world field have been busy ministering to their regions. Twenty-three Stewardship Ministries events have been reported by six divisions this past quarter. We know that more have taken place in other regions too. Since our last edition, Stewardship advisories, symposia, congresses, conferences, seminars, and camp meetings, as well as Holy Convocation events, have been held. Among these, some unique opportunities have been taken to express our motto, "God First," in every aspect of our lives: Giving Festivals in Peru, where farmers bring tithe and offerings from their crops; a naming ceremony for an Island

as "God First" in the Lake Titicaca Mission territory in Puno, Titicaca, Peru; and a farm near Rugombo, Burundi, which was dedicated to God and tithed. Enjoy reading about these events and their accompanying photo galleries under the Division Reports section in the monthly GC Stewardship Newsletter, on <https://adventiststewardship.com/newsletter>.



Farmers of the Pulpera-Velille Seventh-day Adventist Church in the southeastern region of Peru, celebrate God's faithfulness at the Festival of Giving after bringing a tithe and offerings of their crops to the Lord. "God First in My Harvest" is declared on their posters.

RESOURCES

GOD FIRST

I PROMISE:

- To **SET APART** the first moments of each day to commune with the Lord in **PRAYER**, through the Bible, Spirit of Prophecy and Sabbath School lesson study, and **FAMILY WORSHIP**.
- To **IMPROVE** my **RELATIONSHIPS**: growing in faithfulness, forgiveness and loving by principle.
- To **ESTABLISH** one new **HEALTHY HABIT**, to better worship the Lord with my mind.
- To **OFFER** one day (or evening) each week to **WORK** for God, spreading the good news to others through Bible Studies, small groups, etc. (TMI).
- To **KEEP** the **SABBATH**, preparing for it accordingly on Friday, keeping its limits, right thoughts and activities.
- To **FAITHFULLY RETURN** the Lord's **TITHE** (10% of my income).
- To **DEDICATE** a regular percentage (____%) of my income as a free will **OFFERING** to the Lord.

WITH GOD'S HELP: _____ DATE: _____

STEWARDSHIP MINISTRIES

THE PROMISE CARD

is a key resource to use at revival events to call believers to commit to putting "God First" in every area of our lives, such as our devotions, relationships, health, witnessing work, and finances.

Adventists recognize that God claims 10 percent (10%) of our income as His own, and so we faithfully return His tithe to the "storehouse" (Mal. 3:10). After tithing, we give offerings according to our blessings and generosity (2 Cor. 7:6-8).

There is indication in the Bible and Spirit of Prophecy that regularity and proportionality are good principles to follow. We are, therefore, encouraged that our offerings be a regular percentage of our income. We call this kind of giving a "Promise." Giving to those in need or to other projects may take place in addition to this. In this way, God has led us to fund the global mission of the church.

Download the Promise Card on: <https://adventiststewardship.com/promise-cards.pdf> or email flomoj@gc.adventist.org

DR. ROBERT MCIVER

of Avondale University in Australia has published a book that will be of interest to all Stewardship educators. His research on tithing practices of Seventh-day Adventists on five continents affirms, among many other things, the relationship between the nurture and retention of church members and good stewardship practices.

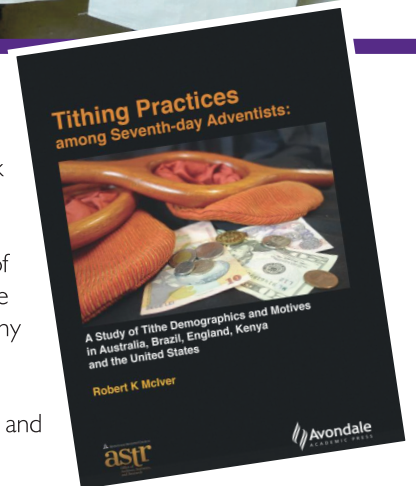
This book also provides answers to the following questions:

- What is the tithing behavior of the different age groups that make up the congregations found in Seventh-day Adventist churches?
- What is motivating Seventh-day Adventists to tithe?

The answers are based on the results of the analysis of more than 118,000 separate tithe receipts and the responses of more than 8,000 surveys collected in five countries.

Academics and researchers, church pastors, church administrators, stewardship directors, church treasurers, and others who are interested in what is motivating church members to tithe, and the various factors that influence giving, would benefit from reading this book.

Available for purchase on Amazon.com: ([click here](#)).



JESUS' LOVE IN MY PRACTICE

DR MOLAPO SELEPE, MBCHB (UCT), 1999, MRCP (LONDON), FRACGP (MELBOURNE), IN CONVERSATION WITH *DS* EDITOR, PENNY BRINK.

I first met Molapo in 1995, when I was serving as pastor for the Adventist students on the campus of the University of Cape Town, South Africa. He was a medical student, among several others in the group. Today, after an amazing journey, Dr. Selepe is a family physician based in Perth, Western Australia. He is married to accomplished musician, Mahali Selepe, from Lesotho. They and their two children, Rea and Halle, are members of the Livingston Seventh-day Adventist Church in Perth. I am proud of my young, previous church member—not only for his considerable achievements, but that, through it all, he remains an ambassador for Jesus, the Great Physician, in his practice.

DR. SELEPE, HOW DID YOU DEVELOP YOUR APPROACH TO MEDICAL PRACTICE?

“My understandings of life were sorely tested growing up in apartheid South Africa. Somehow, my faith survived and became the foundation for how I interpreted and responded to the world around me. In my medical work I am influenced by my faith and the Adventist approach to life. I hope that I pass this on to my patients.”

ARE THERE TANGIBLE WAYS IN WHICH WE CAN SEE THIS HAPPENING?

Well, let's just take one example, stress, which lies at the foundation of many contemporary health issues. Here is the best chronic-stress management approach, according to the Royal Australian College of General Practitioners (RACGP):

PHYSICAL—Give attention to your body, mind, and soul. Eat well, sleep well, and exercise. **RECREATION**—Have fun in life. Make time to play, and laugh, and be silly. **ARTS**—Music and fine art have a way of reaching the untapped areas of life. **INTELLIGENCE**—Enhance your intelligence daily through books and documentaries. **SOCIAL**—Mingling with people brings about true contentment. **EMPLOYMENT**—Excel in your area of calling. Always go an extra mile. **SPIRITUAL**—Find your purpose and meaning in life; everything else will fall into place.

THAT SOUNDS A LITTLE BIT LIKE THE WHOLISTIC APPROACH TO ADVENTIST HEALTH REFORM, DOESN'T IT? CAN YOU TELL THAT IT MAKES A DIFFERENCE WITH YOUR PATIENTS?

Indeed, it does. I recently interviewed 100 of my patients over the course of 30 days. By God's grace, I received encouraging feedback. Here are just a few of the many heartwarming comments that stood out for me:

“Doctor, you are so kind, always calm, always listening, always understanding, not one problem of ours have you not solved.”

“We thank God we found you. You have been so supportive.”



“We have asked our whole family to come see you. You are such a good doctor.”

“One thing I like about you, Doctor, [is that] you listen and you act. You know your [stuff], and you are never glued to the screen unless you are looking at the blood results or issuing a script.”

“You listen to all my [nonsense], and you catch my sense of humor. I always feel better after seeing you. Just a talk helps me so much.”

“Thank you so much. I thought I was dying when I found that big lump. You referred me promptly to the surgeons. I got such excellent care at Fiona Stanley Hospital. Thanks for acting so quickly. You saved my life!”

It is on days like this that I find medicine extremely rewarding. Priceless! A ministry? They say a hospital specialist sees many faces—same condition. On the other hand, the family physician sees many conditions—same face. Jesus does the same for us. He sees every face in detail, as if it were the only one. He knows all our problems, and He loves us anyway! I hope my patients can see Jesus' love through me.

A WINDOW ON THE WORLDWIDE ADVENTIST HEALTHCARE MINISTRY

DS editor, **PENNY BRINK**, in conversation with **PETER N. LANDLESS**, M.B.,B.Ch., M.Fam.Med., MFGP(SA), FCP(SA), FACC, FASNC, director, Adventist Health Ministries, General Conference of Seventh-day Adventists



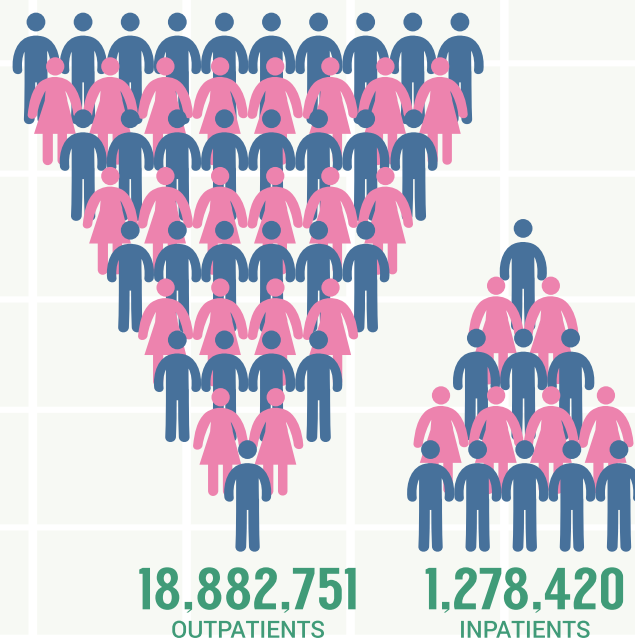
WE HAVE HIGHLIGHTED THE NUMBERS RELATING TO OUR ADVENTIST HEALTHCARE INSTITUTIONS AND THOSE WHO WORK FOR THEM AROUND THE WORLD IN THE ACCOMPANYING INFOGRAPHIC. ONE CAN ONLY WONDER HOW THE OPERATING COSTS ARE FUNDED FOR 763 HOSPITALS, CLINICS, AND OTHER ORGANIZATIONS WITH ABOUT 250,000 EMPLOYEES* SERVING THE NEEDS OF 1,278,420 INPATIENTS AND 18,882,751 OUTPATIENTS, ACCORDING TO THE 2015 ANNUAL REPORTS. WE TURN TO DR. PETER LANDLESS FOR COMMENT.

First, although our hospitals need to sustain their mission, they are all not-for-profit organizations. That does not mean that they don't charge for services, especially in areas where their clientele generally have medical insurance or can afford services. Such hospitals can plow money back into mission endeavors, both local and distant. Many hospitals were built earlier on to serve the more outlying areas, but urbanization has affected which people we serve and where we serve them. Nevertheless, we exist to serve the communities that we're in, whether those communities include Adventists or not. The value in service-dollars—what the people would have paid if they were charged full price for the services, but weren't—is US\$604,118,511 for 2015. This is a conservative estimate.

The workers in our hospitals are also inspiring in that they embrace the mission and values of the Seventh-day Adventist Church and take ownership.

We also aspire to fill the positions in the mission fields by training people in our medical schools, such as Loma Linda University in California in the United States. We have also just seen our first class of graduates from the Ben Carson School of Medicine at Babcock University in Nigeria, and we're excited about a new medical school that is currently being developed in Rwanda in the territory of the East-Central Africa Division.

A key thing we need to remember as stewards of the church's mission, is that hospitals lead to evangelism and the establishment of local churches. That is a fact.

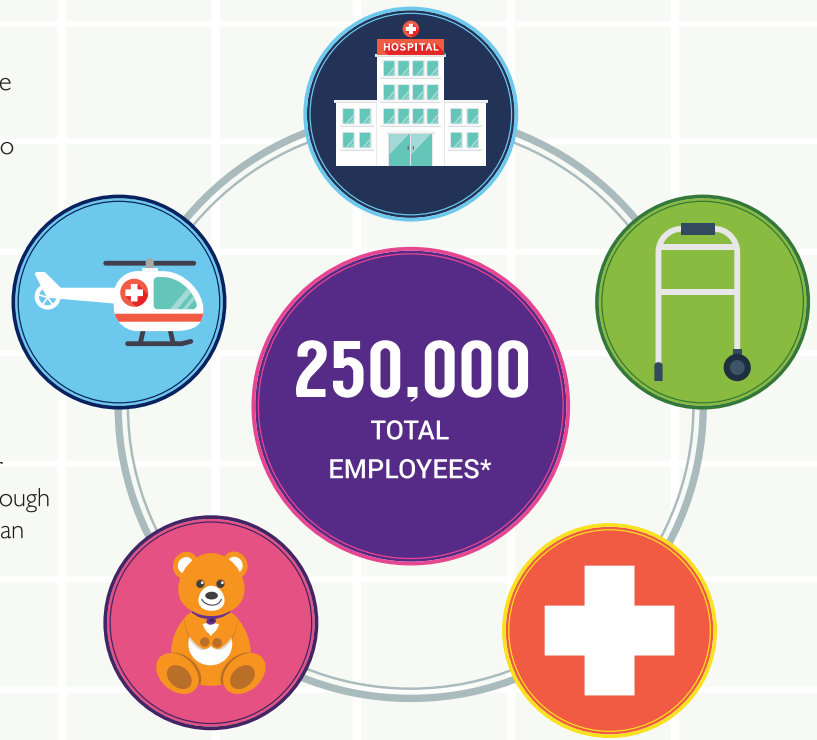


* Best estimate from yet incomplete 2015 reports.

PETER N. LANDLESS, M.B.,B.CH., M.FAM.MED., MFGP(SA), FCP(SA), FACC, FASNC, DIRECTOR, ADVENTIST HEALTH MINISTRIES, GENERAL CONFERENCE OF SEVENTH-DAY ADVENTISTS

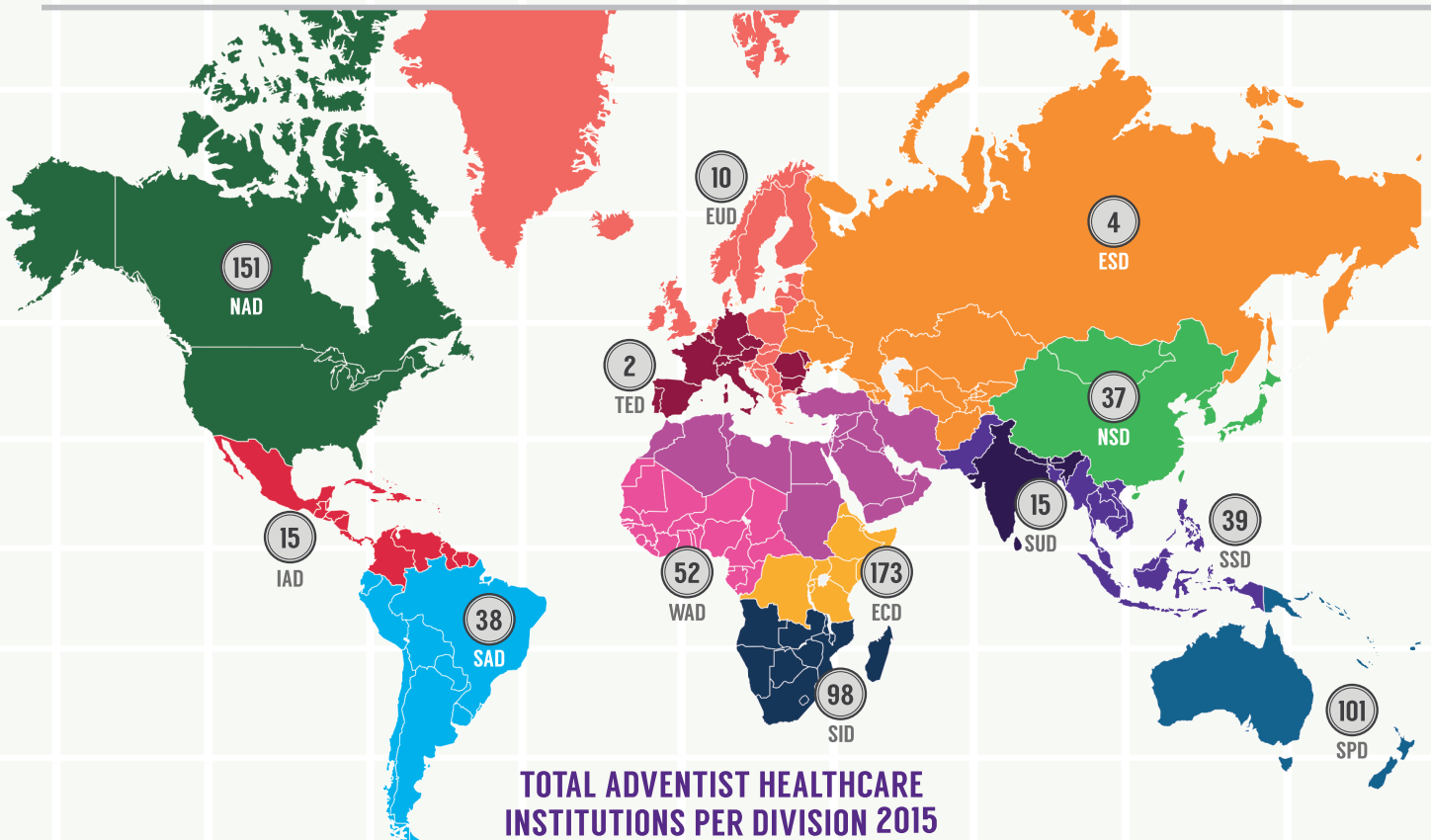


Some church members may remember participating in the Health and Temperance Offering as part of our Calendar of Offerings, until about 18 years ago. That offering used to go toward our medical missionary work, but there is no longer such a designated offering. This leaves the matter of appropriations for these institutions entirely to the divisions within which they exist. **Ultimately, this places the matter of funding our medical mission work in the hands of our church members who participate in Systematic Benevolence**, that is, regular, faithful returning of God's tithe and giving of offerings that will benefit God's work. In this way, the administrative levels, such as the unions or divisions responsible for the institutions, would receive enough money through the channels of the organization so they can provide for our healthcare institutions.



THE VALUE IN SERVICE-DOLLARS—WHAT THE PEOPLE WOULD HAVE PAID IF THEY WERE CHARGED FULL PRICE FOR THE SERVICES, BUT WEREN'T—IS **US\$604,118,511 FOR 2015.**

EACH ONE OF US, THEREFORE, IS RESPONSIBLE FOR THE SURVIVAL OF OUR MISSION HOSPITALS AND CLINICS AROUND THE WORLD. LET'S PRAYERFULLY REMEMBER THAT WHEN WE PLAN OUR GIVING.





THE MAKINGS OF A MISSIONARY FAMILY

JONATHON THORP, MD, MBA, INTERVIEWED BY *DS* EDITOR, PR. PENNY BRINK

WHAT HAS IT BEEN LIKE FOR YOU, ALLIE, BABY JAMES, AND TWO CATS, SETTLING DOWN IN NEPAL?

Settling down in Nepal has been a wonderful experience. The local institution has gone above and beyond in preparing for us to come, and we're grateful for the very warm welcome that we've received. Obviously, when a couple moves halfway around the world with a two-month-old baby, nine pieces of luggage, a baby carrier, a car seat, and two cats (I think we had a total of seven or eight carry-ons), it becomes quite the adventure.

I think the biggest cultural difference is the communication style. North Americans tend to be very direct. Nepalese have a very indirect style of communication. So you need to be very sensitive to that. We have so much to learn when it comes to cultural integration. That's probably going to be the biggest challenge ahead.

The markets are different. We buy all our fruits and vegetables off the side of the street. Everything has to be washed in either bleach or iodine. It's such a beautiful country, but there is a lot of pollution in the towns.

The people are beautiful, they're friendly, they're welcoming, and we're thrilled to be here.

WHAT ROLES ARE YOU AND ALLIE TAKING AT SCHEER MEMORIAL?

Allie is a nurse practitioner, and she is going to be working part-time in primary care and nurse education. I'm an internal medicine physician, so I have dual roles, half clinical and half administrative—which is evolving into the role of the chief operating officer. So, eventually, I'll be responsible for all hospital and clinic operations from an administrative standpoint.

THAT'S A BIG RESPONSIBILITY. HOW DO YOU FEEL ABOUT THAT?

My feet are very small in very big shoes, and my knees are knocking together sometimes [laughter]. We have about 250 employees, and we see about 10,000 patients in the hospital every year. Last year we had about 70,000 outpatient visits cumulatively. It's a very busy place.

WHAT AREA DO YOU SERVE, OR DO PEOPLE COME TO YOU FROM ALL OVER THE COUNTRY?

We pretty much serve the local Kavre District, but we still get a number of patients from east of our location. We're approximately 45 minutes west of Kathmandu. If you were to draw a triangle, going north and going east, the triangle would, on the far side, touch the borders of Tibet and China. We do have people coming in from those farther more rural areas, traveling a number of hours to find care at the hospital.

USED BY PERMISSION.
PHOTO CREDIT: COHAN ZARNOCH





Scheer was known all across the country for excellent medical care, but unfortunately we're not at that level right now. We're working on rebuilding that recognition. Healthcare in Nepal, as in many countries, has changed significantly. It's become much more competitive. There are many more providers of healthcare resources here. There is a larger hospital about 15 minutes down the road. It's our primary "competition."

DID YOU HAVE TO BECOME LICENSED TO PRACTICE MEDICINE IN NEPAL?

It's actually not too hard to become licensed in Nepal, coming from a Western country. It's just a matter of waiting for the paperwork to be processed and the interviews. The hardest thing is getting your work visa, which involves a bunch of bureaucracy. It's not that hard; it just takes time. We've been here for almost three months and we're still waiting for our work permits to come through officially. Right now I can work administratively, but not technically in medicine.

DID YOU PLAN ON BEING A MEDICAL MISSIONARY COUPLE FROM THE START?

We did. I think that's one of the beautiful parts of our story, of how God led us together. God knew that we both wanted to do this. It was probably one of the strongest common denominators we had as a couple. I first met Allie's parents in 2001 in Tanzania. I was on location with my parents for the Africa for Christ 2001 satellite evangelistic series. Allie's folks had come along with the evangelist, Pr. Jerry Patzer, as a medical team to provide some free clinics in the area. We just remember, very vividly, long lines of people and a tremendous need for medical services. That stuck out for me as I started thinking about a career choice and went to college.

Little did I know that 10 years later I'd be meeting the daughter of this same physician at church. She'd just come back from spending a year in the Philippines with the George family with a project sponsored by Adventist Frontier Missions. She had worked as a nurse in this high mountain clinic all by herself, no backup, and completely managed the healthcare for this whole population. She came back to the States after 11 months and said, "Hey, I need to get further training so I can be more effective in the mission field when I go back." She had just moved to Loma Linda the day we met at church, and the rest is history!

There's been just a strong influence for service from both our families. We really wanted to give back to the world, to a small community somewhere, through our careers. So this is just the best way for us to do it. So from a stewardship standpoint, since we're highlighting those themes, the support of missions and projects that we had the privilege of attending over the course of our youth, influenced us to become medical missionaries.

THAT'S A GREAT STORY. THANK YOU FOR SHARING THAT. DO YOU FEEL THAT THE INSTITUTION AT WHICH YOU WERE TRAINED, OR THE ROLE MODELS THAT YOU MET THERE, HAD AN IMPACT ON YOUR CAREER CHOICES TOO?

Oh, tremendously. I am a product of Adventist education in a homeschool environment, grade school, high school, our college system, and medical school.

The decision to attend Loma Linda was one of the most God-ordained moments I ever had. I was really struggling with the decision of whether to stay in Canada for medical school or attend Loma Linda University. I was granted one of the few seats available to me at the University of Alberta, and at the same time I was accepted to Loma Linda. A \$1,000 deposit needed to be paid at Alberta the next day, so I went for a long walk. Ellen White's *Medical Ministry* and the Bible went with me. I sat and prayed and talked to God for a couple hours. I said, "Lord, what direction do you want me to take?" Up to that point I had been very confused, but by the time I came back home I had the strong impression that Loma Linda was the place for me to go to. I called Loma Linda, and my heart was at peace.

Once I was there, multiple things reaffirmed the decision. Within the first week I was on the wards as a freshman medical student. I knew absolutely nothing and was just watching and following along. The child neurology team that I was on had a Christian attending physician, and he made it a sincere practice to connect with his patients on a spiritual level and demonstrated and role-modeled that beautifully. I saw him pray with patients and witnessed the spiritual care with which he helped them come to very difficult medical decisions. It was really powerful. So it was an affirmation that *Hey, I've come to the right institution to learn whole-person care and spiritual care*, which was important for me.

And then from the missional standpoint, being on the campus and being able to connect with Dr. Hart (president of Loma Linda) particularly, but others, as well, with whom, to this day, I'm in communication. Dr. Hart has been a tremendous mentor to me in choosing a location that would be a good fit for both Allie and me. The other physician who's been pivotal for me is Dr. Peter Landless, director of the General Conference Adventist Health Ministries Department. Over the years he has been a



really huge role model for me and has taken a number of hours out of his time to mentor both Allie and me through this process.

I don't believe that we would be doing what we are doing today had it not been for the Adventist educational system and our mentors. Allie was homeschooled all the way through grade 12 and then attended Southern Adventist University, where she had a very positive experience. Then she came to Loma Linda to start her master's, and because of our marriage ended up switching to the University of Maryland, but again with the emphasis on international work.

TELL ME A LITTLE BIT MORE ABOUT HOW YOU UNDERSTAND LOMA LINDA'S MISSION PROGRAM.

This is a beautiful example of stewardship: From the '30s and '40s onward, I think, Loma Linda sent out many different missionaries—hundreds of people around the world—and they started all these healthcare clinics and hospitals. Around the '70s, Dr. Hadley, Sr., GC Health Ministries director at the time, saw the need to provide medical and dental graduates the opportunity to work at our Adventist institutions. At that time the cost of medical education was relatively low, and the financial barrier to going into the mission field was significantly less. Now, with the cost of student debt skyrocketing, it's almost impossible for us to go to the mission field right away. So the church—Loma Linda and the General Conference—created a fund called the Deferred Mission Appointee Program, which facilitates graduates of both the dental school and medical schools to serve overseas in return for repayment of their loans. If it wasn't for that, I would have had to work in a private practice first for several years to pay off my debt. By then I'd have established myself in suburban America, and it would have been so much more difficult to pack up and head overseas to serve in this capacity.

I DIDN'T KNOW THAT. WHAT A GREAT PLAN! DOES LOMA LINDA ACTIVELY PROMOTE GOING INTO MISSIONS?

It's definitely part of the recruitment. I remember talking to recruiters quite a bit about it. I knew about the program and went into undergraduate studies knowing that I could enter the Deferred Mission Appointee Program once there. For Allie and me it was definitely a significant factor. In the classes, there's an aspect of service and altruism through service that is very strong. The leadership at Loma Linda has said repeatedly that if it were not for our international physicians and our programs, we would have less reason to exist as an institution. So it's vitally important that we expose our young people to mission opportunities, so that they have the opportunity to develop a desire to enter mission work. Likewise, the stories and

experiences of physicians and other missionaries need to be related to those back home so they recognize the important stewardship role they play in serving the global community—from a missional and financial aspect—for the church.

TO WHAT EXTENT DOES IT BENEFIT THE LOCAL COMMUNITY IN NEPAL, FOR EXAMPLE, IN TERMS OF TRAINING PEOPLE THERE? DO THEY NEED EXTRA TRAINING FROM THE WEST? ALSO, SINCE WE ALL LEARN FROM ONE ANOTHER, WHAT DO YOU AS A WESTERNER LEARN FROM THE LOCAL CONTEXT AND CULTURE?

That's really a big thing for us—to first of all integrate into the culture as we learn to be incarnational missionaries. We will try to become as Nepali as possible, so we can learn from them and they can learn from us. It's a bi-directional process. I come with a skillset from highly technical training, whereas they offer a very practical skillset. Here, we don't have the labs, our patients can't afford the testing that's mostly recommended, so how are we going to treat the patient and his or her symptoms to the best of our ability? I can learn tremendously from my co-workers and physicians here—and I have already—about diseases, poisoning cases (we see a ton of poisoning here from chemicals); whereas, they're very interested, for example, in learning from me how we treat diabetes and lung disease in the West. What's exciting about our institution here is that we have a number of medical officers—physicians straight out of medical school who have not had the opportunity to go to residency yet, so we really have the opportunity to train the next generation of physicians.

IT'S GOOD TO HEAR THAT THERE'S AN INTERCHANGE GOING ON THERE WITH LEARNING AND TRAINING.

Yes. I have dual training at Loma Linda in business and in medicine, but the administrative aspects can be quite challenging here because you're coming into a culture that



PR. PUKAR SHRESTHA CAME TO KNOW JESUS THROUGH THE SEVENTH-DAY ADVENTIST SCHOOL AND THE MINISTRY OF THE HOSPITAL.

He is connected with a local congregation near Sheer Memorial hospital. He says:

"I enjoy interacting with people. I am an assistant chaplain, and at the same time I am working as a community health promoter, training missionaries and believers to make a difference in the community by being health-change agents.

"Any of the helping institutional organizations that we have—whether it's a school or a hospital or any other—they are all established for the main goal of showing our beliefs, our practice, and the love of Christ to other people, which only can make a difference in their lives.

"Health ministry is one of the successful and useful tools in soul winning, as people's health conditions are deteriorating daily. So, the hospital can really help the people and can significantly contribute toward the church and our activities. It's all about our influence in the community."

is so different from your own. I just had an issue today because of my not understanding the local social protocols, and I realized that I have a tremendous amount to learn about how to work within this culture in all respects.

IS OUR GOAL TO WORK OURSELVES OUT OF A JOB THEN? THAT IS, TO BRING INSTITUTIONS TO THE POINT WHERE THEY ARE SELF-SUPPORTING?

I would hope so. I really think the only way institutions can survive long-term is through a self-sustaining model. One of the key goals of both myself and Dale Mole, D.O., the chief executive officer here who is also a physician, is to bring the technical skills and the training to help the local teams develop their skills, so they can effectively manage the institution.

WOULD YOU SHARE A BRIEF HISTORY OF THE HOSPITAL IN NEPAL?

The hospital was established in the 1960s by Dr. and Mrs. Stanley and Raylene Sturgis. They're now in their retirement in the United States. They came as a young couple straight out of medical school with their kids. They literally integrated into the society, lived with the village elders, had a clinic in one of the village elders' homes, and from there the town built a small clinic. Then the town came together to decide what piece of property they would donate for a hospital, and it was sold to the hospital at that point for a nominal amount. Then the hospital was built. The Sturgis family was here for a total of five years. So they've had a very close connection with the hospital ever since.

IN TERMS OF THE WHOLISTIC MISSION OF THE CHURCH, HOW ARE WE REACHING PEOPLE WITH GOD'S MESSAGE?

We are living and working in an area that is predominantly Hindu, and we are respectful of their faith and religion. The Nepali constitution provides protection for freedom of worship. I believe that God has used, and is using, the healthcare ministry to bring many people to a knowledge of Him and His love. Many people would not have heard about Jesus if it were not for the hospital. Sharing the gospel in a closed country is really

about friendship and building connections with people. What better way to do that than to actively care for each and every person who comes to the hospital.

WHAT ARE THE GREATEST NEEDS OF THE HOSPITAL, AS FAR AS YOU CURRENTLY UNDERSTAND THEM, FROM A STEWARDSHIP STANDPOINT?

I think the greatest need for the hospital is actually just a strong prayer base at home. The good Lord owns the cattle on a thousand hills, as the Bible text says. He has resources—whether it's through members within the church, government grants, whatever it may be, that can help the institution grow. We have a lot of infrastructure needs. We need to renovate a large portion of the hospital, and Lord willing, next year we'll be able to win a large government-sponsored grant for renovation and renewal of the building. There is also value in ongoing strategic partnerships with other hospitals in the West that have donated technically and logistically to training and direct patient care here at the hospital. It's those long-term relationships the hospital needs, based on a strong premise of prayer and many other kinds of support for the institution.

Thank you, Jonathon and Allie, for your dedication to the medical missionary work of the Seventh-day Adventist Church. You and the hospital ministry will be in our prayers. May the Lord bless your family and your ministry together with our Nepali brothers and sisters there.

Follow Jonathon and Allie's experiences via their blog:
<http://ajourneytowardhome.wixsite.com/journey>



Or watch their video sharing a little more about Sheer Memorial history:
<https://www.youtube.com/watch?v=vHKQRBq847M&t=2s>

Connect with Sheer Memorial Hospital on:
scheermemhosp.org

THE RIGHT HAND: A TOUR OF WALDFRIEDE ADVENTIST HOSPITAL

by Peter N. Landless



IN A BEAUTIFUL PARK-LIKE SETTING STANDS THE KRANKENHAUS WALDFRIEDE, BERLIN-ZEHLENDORF. IT WAS FOUNDED IN 1920, MODELED ON THE CONCEPT OF JOHN HARVEY KELLOGG'S HOSPITAL IN BATTLE CREEK, MICHIGAN. SITUATED WITHIN A FEW KILOMETERS OF THE CURRENT HOMES OF THE PRESIDENT AND THE CHANCELLOR OF GERMANY, IT HAS SEEN THE RELENTLESS MARCH OF DECADES OF POLITICAL AND HEALTHCARE HISTORY. INTERESTINGLY, DESPITE THE 310 AIR RAIDS OVER BERLIN DURING THE SECOND WORLD WAR, NOT ONE OF THE BUILDINGS OF KRANKENHAUS WALDFRIEDE WAS DAMAGED.

Possibly better known around the world as Waldfriede Adventist Hospital, this institution offers general medical, surgical, and preventive healthcare, but has niche services that form a distinctive bouquet of healthcare.

The emergency room was busy the day I was visiting. The hospital chaplain, who was accompanying me, left to comfort a grieving family. Despite all the activity, there was an atmosphere of calm and, perhaps even more noticeable, a lack of the “noise” of busyness so often present in such settings. My clinical eyes roamed the corridors, ceilings, floors, and windows; all were spotlessly clean and immaculately maintained. I was immersed in the history, challenges, plans, and achievements of this place of hope and healing through the detailed and interesting commentary by the energetic Dr. Bernd Quoss, president and CEO of the hospital. One readily recognized that for him and his team, this was not just a job or a career but rather a calling. No wonder I perceived a sense of stewardship in all that was happening here.

I have spent much of my professional life working in hospitals of various sizes and levels of care. On this visit I was noticing things not only as a physician; the intentional and diverse structure of programs and infrastructure of the plant drew my focus to the *patients'* perspective of their care and the way it is delivered, as well.

There is a top-quality breast cancer center with thoughtfully created in- and out-patient facilities. The rooms and offices are bright and cheery. It is one of the eight recognized breast cancer centers in Berlin. As I drank in all the facts, figures, and accolades—and there were many—the next comment by the CEO opened my thinking even further: “We are the only breast cancer center in Berlin that has only women on the entire team at every level and in every function,” from the social worker to the surgeon, from the scheduler to the pharmacist. Having witnessed the various reactions to the diagnosis and the invasiveness that cancer implies—of persona and psyche—I reflected on the considered thoughtfulness behind this approach: the stewardship of body, mind, and emotions. *We need more of this*, I thought, and, sure enough, there was more!

In 2013, Krankenhaus Waldfriede inaugurated the “Desert Flower Center.” This center provides unique, wholistic care for women and girls who have been victims of genital mutilation. It is world renowned, and the services are internationally sought after. Additionally, the interdisciplinary Center for Colorectal and Pelvic Floor Surgery, founded in 2006, became a European training center for surgical techniques in coloproctology in 2008. It services doctors from Germany and abroad in education and practical training. Again, as so many of our Adventist hospitals do, Waldfriede Hospital is making a difference in the stewardship of restoration.

My tour reminded me of one of the experiences that made a huge impression on my mind when I first visited Krankenhaus Waldfriede years ago. In 2000, this hospital became the first, worldwide, to provide a baby hatch along with comprehensive consultation and support to mothers in distress. A baby hatch is a system that offers an opportunity for an “unwanted” baby to be placed anonymously in a safe receptacle in one of the hospital walls. As soon as a baby is placed there, a bell rings and notifies the staff that an infant has arrived.

The appropriate medical and social services are immediately activated. Numerous babies have been placed anonymously; and many births have been conducted anonymously because the hospital chaplains and staff are providing an invaluable and beneficial humane service in this unfathomable human tragedy of abandoned and unwanted infants. What a beautiful illustration of the stewardship of relationships and bonding—something we all need, and for which we are hardwired!

The hospital pays special attention to health promotion and wellness through its center “Prima Vita.” The Prima Vita program offers a broad spectrum of preventive courses and seminars on health, including exercise, nutrition, weight management, and general lifestyle. It is offered by physicians, nutritionists, physiotherapists, psychologists, and volunteers. Since 2005 the hospital has been a smoke-free zone. The prevention and wellness services, as well as focused attention to being a smoke-free facility, affirm the importance of the stewardship of our bodies and our environment.

Ever since my days as a medical student, I have been deeply impressed by the importance of the concept of “blended ministry.” Of course, this implies the importance of healthcare professionals and gospel workers working together in spreading the wonderful news of salvation at the same time as extending the healing ministry of Jesus Christ. It also stresses the imperative and opportunity health workers have to minister wholistically to the body, mind, and spirit, as well as the social and emotional components of the human existence. Blended ministry became my passion. This has continued unabated throughout my career. You can imagine my joy when I was shown the very active and well-developed Hand Surgery, Extremity, and Foot Surgery Center for Orthopedics and Trauma Surgery. This service has been a sub-branch



**BERND QUOSS (CEO / PRESIDENT)
HOSPITAL WALDFRIEDE BERLIN**

of orthopedics and trauma surgery since 1994, offering a comprehensive spectrum of surgical and outpatient services. The highly experienced and outstanding team has developed a special interest in hand surgery, and the logo for the unit is, interestingly, the right hand! This really appealed to me; we’ve been told that the blended ministry is the “right hand of the gospel.” Ellen White often uses this analogy:

I have been deeply impressed by the importance of the concept of “blended ministry.”

“Medical missionary work is the right hand of the gospel. It is necessary to the advancement of the cause of God. As through it men and women are led to see the importance of right habits of living, the saving power of the truth will be made known.... As the right hand of the third angel’s message, God’s methods of treating disease will open doors for the entrance of present truth” (*Testimonies for the Church*, vol. 7, p. 59).

There is so much more that could be said, not only about Krankenhaus Waldfriede but also the many clinics, dispensaries, rural hospitals, tertiary and quaternary care urban medical centers, medical schools, and nursing schools that are actively engaged in extending the wholistic healing ministry of Jesus Christ. This gives me pause to think: **these entities and individuals are faithfully fulfilling the definition of stewardship, which is essentially being careful and responsible in the management of something entrusted to one’s care.** In this situation it means the care of people and all aspects of their health.

Our visit to Krankenhaus Waldfriede leaves me grateful that the wholistic healthcare provided by the Adventist health networks and dedicated Adventist health professionals around the world are carefully and responsibly making the difference in millions of lives each year. They are, indeed, faithful stewards!

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AN OPPORTUNITY TO SERVE— **CONTEMPORARY MISSIONARY LANDSCAPES**



**DR. MICHAEL VON
HÖRSTEN, CURRENT
VOLUNTEER FOR ADRA/
ASI EMERGENCY FIELD
HOSPITAL, MOSUL, IRAQ.
INTERVIEWED BY *DS*
EDITOR, PENNY BRINK**



IN YOUR JOURNEY AS A MEDICAL DOCTOR, YOU HAVE DECIDED TO WORK INTERNATIONALLY INSTEAD OF STAYING HOME IN SOUTH AFRICA AND SETTING UP A PRACTICE. WHY IS THAT?

I've been working in remote areas around the world since the start of my career as a doctor in 2008. It's fascinating work. You're away from the Western medical world and have the chance to really immerse yourself in rural cultures and meet amazing people. I've mainly been running clinics and hospitals in Papua New Guinea, but have also been very involved in work in the South Pacific Islands, Vietnam, Malawi, Myanmar, and elsewhere. It definitely broadens your worldview and gives you a rich cultural experience. Plus, the pathology in these remote areas is very interesting.

Since 2015 I have become involved in humanitarian work. It started with relief work after the Nepal earthquake, and spread to setting up refugee clinics in Greece with AdventistHelp, and now setting up an ADRA field hospital in Mosul, Iraq (also in partnership with ASI Europe). It's been one of the most meaningful experiences I've ever had. Once you start work like this it's hard to stop!

WHAT IS IT ABOUT THE VOLUNTEER WORK THAT SEEMS TO CALL YOU?

I'm currently volunteering with ADRA here in Iraq, leading the medical team with the setup of the first ADRA field emergency hospital in the Middle East, for the 100,000 residents of Mosul. It's such an opportunity for service. Seeing the smiling faces of the children in the camps every day and being able to reach out and make a difference in this ravaged community is worth far more to me than anything my paying jobs can offer. That's what keeps me here.

WHAT ARE THE PERSONAL CHALLENGES YOU FACE THERE?

Fatigue is a real killer. The work never ends. (That's why you've had to wait so long for the interview, Penny!) Also, being in an emotionally intense environment like this, dealing with such a traumatized population, is quite draining. I've never seen anything like this. Our patients have experienced being veritably in the face of "hell," amid political conflict. Hearing their stories is gut-wrenching. Having my brother here, too, has been wonderful. He's also a doctor doing the same work as I am, and is also really passionate about humanitarian work—along with the many other amazing people I've met who are also volunteering and working here.

TELL US A BIT ABOUT YOUR TIME IN GREECE AND THE ASI PROJECT.

Greece was one of the most intense experiences I've had in my medical career. The ASI AdventistHelp project started in Lesbos in 2015, and involved the setup of one of the largest field emergency units on the island of Lesbos, right on the beach where most of the refugee boats arrived from Turkey. There were thousands of arrivals daily. From pulling the elderly off sinking boats to resuscitating near-drowned children on seaside restaurant tables, this ongoing project changed us all.

TELL US A BIT MORE ABOUT THE CURRENT ADRA PROJECT IN IRAQ.

I am in northern Iraq with a team from ADRA/AdventistHelp setting up the first ADRA field emergency hospital just east of Mosul, with a capacity of 40 to 50 beds. It will have a full emergency room; an X-ray unit; and male, female, and pediatric wards... a very exciting project that will be serving a massive population of displaced persons who have fled the fighting in Mosul. We hope to be open in the next few weeks.

WHAT ARE THE CURRENT NEEDS FOR THIS PROJECT, AND HOW IS IT BEING FUNDED?

The needs are twofold:

1. We urgently need more medical volunteers: doctors, nurses, paramedics, lab techs, radiographers, psychologists, etc., and we hope that our Adventist professionals will also step up and commit to a period of service in this time of critical need.
2. Funding is critical as well. The costs of an operation like this are high, and right now we don't have enough funds to complete the infrastructure. But we are going ahead in faith, and starting with what we have. God has really blessed this project, and we're confident that everything will fall into place.

WHY IS IT IMPORTANT FOR OUR CHURCH TO BE INVOLVED IN THE REFUGEE AND DISASTER MINISTRIES THROUGH ORGANIZATIONS SUCH AS ADRA AND ASI, AS WELL AS VIA OUR EXISTING MEDICAL INSTITUTIONS AS THEY SEND MISSIONARIES AND EXTEND THEIR SERVICES INTO AREAS OF NEED?

I'm really hoping this project will be a concept that is replicated around the globe where there are needs. I've always thought that our church needs a stronger medical-humanitarian relief network. We are, after all, blessed with a large force of medical professionals, and I think we really could do more. We are very happy to be involved with an amazing organization like ADRA, which has made a huge impact on the global humanitarian scene. Work like this breaks down barriers and brings people together like nothing else. **Just think about this project—an ADRA hospital deep in the 10/40 window! It's such a privilege to be setting up here.**

There's talk of starting more hospitals and clinics. The medical opportunities are legion. We just need to develop a simple, sustainable model that works and get involved.

Thank you for all the prayers and support we have received!

Volunteer for service or follow the project's progress on video and posts via the AdventistHelp Facebook pages:

<https://www.facebook.com/AdventistHelp/>
<https://www.facebook.com/groups/124124141470617/>

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QUOTE OF THE QUARTER

SELECTED PASSAGES FROM *MEDICAL MINISTRY* BY ELLEN G. WHITE, *SECTION 2—THE DIVINE PLAN IN THE MEDICAL MISSIONARY WORK*

THE MAJESTY OF HEAVEN AS A MEDICAL MISSIONARY

“Christ came to this world as the expression of the very heart and mind and nature and character of God. He was the brightness of the Father’s glory, the express image of His person.

“He came to this world and stood among the beings He had created as a Man of Sorrows and acquainted with grief. He was wounded for our transgressions, He was bruised for our iniquities: the chastisement of our peace was upon Him; and, with His stripes we are healed.” (*Medical Ministry*, p. 19).

An Expression of God’s Love

“Christ stands before us as the pattern Man, the great Medical Missionary—an example for all who should come after.” (*Ibid.*, p. 20).

Cleansed From Earthliness

“I am instructed to say that God will have the medical missionary work cleansed from the tarnish of earthliness, and elevated to stand in its true position before the world. When schemes that imperil souls are brought into connection with this work, its influence is destroyed.... The object of our mission is the same as the object of Christ’s mission. Throughout His ministry He was to keep prominent His mission to save sinners.

“God’s purpose in committing to men and women the mission that He committed to Christ is to disentangle His followers from all worldly policy and to give them a work identical with the work that Christ did” (*Ibid.*, p. 24).

THE SOURCE OF SUCCESS

“The Lord has instructed us that all our sanitariums are to be conducted, not as if the success of the work done were due to the skill of the physicians, but because of the divine power connected with the physician.

“Intemperance of every kind is taking the world captive, and those who are true educators at this time, those who instruct along the lines of self-denial and self-sacrifice, will have their reward. Now is our time, now is our opportunity, to do a blessed work” (*Ibid.*, p. 25).

HEAVENLY ASSISTANTS

“The time that has been spent in communing with God, in seeking His help before undertaking to relieve those who were in a critical condition, has brought angels to the side of the doctor and his assistants.... He has been by your side just as verily as Christ was by the side of those who were suffering when He walked among them on earth” (*Ibid.*, p. 34).

GIVE GOD THE GLORY

“If a sanitarium connected with this closing message fails to lift up Christ and the principles of the gospel as developed in the third angel’s message, it fails in its most important feature, and contradicts the very object of its existence” (*Ibid.*, p. 28).

STEWARDSHIP MINISTRIES
GENERAL CONFERENCE OF SEVENTH-DAY ADVENTISTS



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