

Fireseeds

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IGNITING OUR PASSION FOR CHRIST AND THE GOSPEL

BUILDING A SPIRITUAL NETWORK IN THE COMMUNITY

Board certified in internal medicine and pediatrics, Judy Hunt, M.D., practices family medicine with the Samaritan Health Clinic in Payson, Arizona, a multi-

Sharing the gospel with patients is vital to providing spiritual care. Yet what happens as other spiritual follow-up and care are needed? By working with local churches and pastors, Judy Hunt, M.D., is building a network for maximum spiritual impact.



Gradually, God began providing a way. Dr. Hunt remembered reading an article about physicians who had formed relationships with different churches to help patients. She also began drawing ideas for solutions from her background.

"I grew up in a small community that had little access to physicians," she says, "and my grandfather was a pastor in that small community. I grew up watching him do a lot of the social needs in his ministry. When God sent me to Payson, I had no social workers or any kind of ancillary help. I turned to the churches in the community to help me cope with taking care of my patients with their social needs and also for spiritual needs. Basically, I had nowhere else to turn."

Along with her commitment to her local church, she established a rapport with five pastors to provide further spiritual care for her patients. Now she began building a

specialty clinic. Payson is a small community of 15,000 people with about 15,000 more in the surrounding small communities.

When Dr. Hunt arrived in Payson three years ago, she realized that she had a serious dilemma. Since Payson is a rural community, it lacks the social services support that larger cities like nearby Phoenix take for granted. She said, "I had no counselors or social workers. If I had an elderly person who was no longer able to take care of herself in the home, could no longer drive, get dressed, or do other everyday tasks, I had no one to refer her to. Normally, social workers would have resources and would help mediate with the family. But I didn't have any of that."

Dr. Hunt remembered the story of Moses and his model of asking leaders in the Israelite community to help with leadership tasks. She began to pray, "Lord, I can't do all of this. You don't expect me to do this alone, so where are you going to provide those who can help?"

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STRATAGEMS FOR SPIRITUAL CARE

BY HARVEY ELDER, M.D.

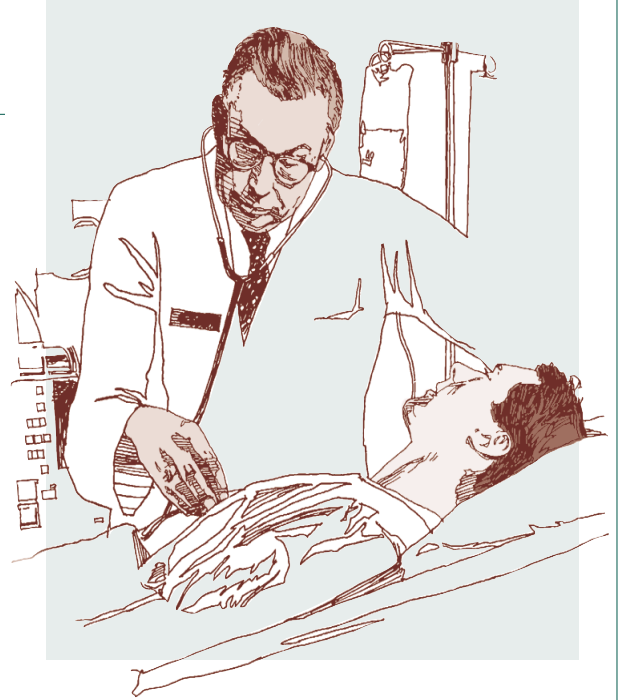
So how have you been, John? Are you still clean and sober?”
 “It’s been a struggle! I haven’t taken any drugs, but it’s so hard!”
 “Tell me about your Higher Power. Who or what is He/it?”
 “We’ve talked about that before.” (At the previous visit I asked him about his source of strength to make the life changes he needed to make.)
 “John, you need real Power, not just some strength, right?”
 “Right.”
 “I know the Powerful One and He wants you to know Him. You want to know Him, don’t you?”
 “Yes.”

John came to see me for his HIV infection after being released from prison for illicit drug activity. While there, he learned he was HIV positive and was started on antiviral therapy. During that visit, I saw a flawed but proud man who was determined to prove he could “make it” and that he was “man enough.”

John’s drug use began during his preteen years. He depended on drugs to help him live life. He had few, if any, coping skills. During the first visit, I suggested that he needed a sufficiently powerful Higher Power, and that he needed to learn to “live life on life’s terms.” I advised him to go to a Christian drug treatment program. (We are blessed with several in our geographic area.) Because John said he could make it on his own, I had a heavy heart as I watched him leave. I believed he would go back on drugs. But God had a different plan.

John’s resolve demanded more than he could do.

During the first visit, I suggested that he needed a sufficiently powerful Higher Power, and that he needed to learn to “live life on life’s terms.”



Although drug free for two weeks, he was about to use—he could not continue on his own any longer. Now he knew that his promises of a Higher Power were only ropes of sand. He wanted help. He was ready for the Highest Power.

As we went through the booklet, *Would You Like To Know God Personally?*, he understood and agreed with the points. He wanted a life with Jesus on the throne. I reviewed the sinner’s prayer to clarify what he would be saying and asking of God. He had never prayed a prayer like that and he wanted to pray right then. And he did! Praise God!

We reviewed the assurance of salvation, emphasizing aspects specific for a drug addict. Then I showed him how to grow as a Christian, and we talked about Christian treatment programs. He left to enter a Christ-centered treatment.

I’d be happy to discuss this or other spiritual care issues. Just contact me at my e-mail address below.

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BUILDING A SPIRITUAL NETWORK IN THE COMMUNITY

CONTINUED FROM PAGE 1

network with these pastors. She says of these godly men, “I’m dealing with quiet warriors. These are people who have master’s degrees, who make \$30,000, and who are ministering quietly in very difficult places in ways that I’m not sure I could do.”

Now that she’s been in Payson for three years, she knows which churches will help her with which areas of patient need and counseling. One of the churches helps by funding prescription costs; another provides transportation; and a third has a stocked food pantry. Other churches offer willing counselors.

For example, a fifteen-year-old patient came in with anorexia. Because Payson is such a sheltered community, anorexia is hard for people to understand. The family didn’t know what to do, and Dr. Hunt realized they were going to need support to see them through the crisis. She asked the mother, “Do you have any church support?”

The mother explained that the family had just begun attending one of the churches in town.

Dr. Hunt answered, “This isn’t a coincidence. It sounds like God is reaching out to you in your crisis.”

After more counseling, the mother accepted Christ with Dr. Hunt. She referred the whole family to one of the counselors from the church the family had been attending. The father and the 15-year-old accepted Christ with the counselor. Today, the family is doing very well.

Dr. Hunt has set up a referral process for her patients who need ongoing care. When she identifies the problem as something more than she can handle in her office, she asks if the patient is willing to see one of the pastors in town. If she receives a positive response, she refers the patient to a pastor. Then she confers with the pastor to find out if he or someone in his church is available to meet the patient’s need. With the patient’s permission, she tells the pastor where the patient is in the spiritual or physical crisis.

When the parties agree to meet, Dr. Hunt fills out a regular form in her office. She explains, “This is the same referral form we fill out for any medical specialist.

The form validates and gives respect to the referral. My front office will even make the appointment. I’ve made the process of going to the pastor the same as going to any other specialist to help patients understand that I think it’s just as important as any other referral I give them.”

Dr. Hunt also gives the pastors an option to give her patients back. The pastors send her people from their churches who don’t have health insurance, need care in a crisis, or who need a return visit after she has referred them to the pastor.

Dr. Hunt relates one success story of an abused woman who came in from a women’s Time Out shelter. She was referred to Dr. Hunt because she was withdrawing from speed. During the process of her medical treatment, she accepted Christ, then entered a drug rehab program.

Meanwhile, the pastor who referred her was counseling her abusive husband. While the pastor was sharing Christ with the husband, he didn’t know whether the man was going to hit him or accept Christ. But he did accept Christ, and eventually the husband and wife were reconciled and are growing in the Lord.

The care network established in Payson is making an eternal difference in many lives.

TIPS FOR SETTING UP A SPIRITUAL AND PHYSICAL CARE NETWORK

THE FOLLOWING ARE TIPS FOR PHYSICIANS WHO ARE INTERESTED IN SETTING UP A REFERRAL PROCESS LIKE THE ONE DEVELOPED IN PAYSON.

- Be proactive in making the contacts with churches and pastors.
- Be very realistic about what patients will need: crisis counseling, ongoing counseling, discipleship training, and physical need-meeting.
- Make sure the pastors agree to refrain from requiring the referred patients to attend their church.
- Dialogue with the pastors to get telephone numbers of contacts for different areas of need. Make sure you know how much each of these contacts can handle so you don’t overload them with needy patients.
- Make sure that the pastors feel free to hold you accountable and that they accept your role in holding them accountable. Many tough situations will come up where you will need each other’s support.
- Be open to accepting referrals from the churches of patients without medical insurance or who have needs you can meet in return.

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SEED THOUGHTS FROM THE PRESIDENT

BY YANG K. CHEN, M.D.

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When the sons of Israel were in the wilderness on their way to the Promised Land, the Lord went before them in a pillar of cloud by day to lead them on their way and a pillar of fire by night to give them light (Exodus 13:21). Wherever the pillar of cloud settled down, they camped *according to the command of the Lord*. And whenever the pillar of cloud lifted, the sons of Israel followed (Numbers 9:17–23). This snapshot from the history of the Israelites is a metaphor for our spiritual journey. In this journey, we have the promise of God's presence and His guidance. Not only does He show us where and when, we also have the assurance that He will go before us.

For the past twelve years, God's pillar of cloud for my life has lingered over Southern California. During this period, He has blessed me with an excellent wife *whose worth is far above jewels* (Proverbs 31:10) and two beautiful sons who are the joy of my life. God has granted me a professional platform on a medical campus and used it to birth The Medical Strategic Network and launch the METS program, which has been instrumental in training several thousand health professionals and students to integrate their faith and practice. I have had the thrill of seeing patients, colleagues, and students come to Christ and the joys and challenges of personal discipleship on the medical campus. I have come alongside as they mature professionally and spiritually, then release them to step out and pursue God's dream for their lives. These deeply rewarding adventures with God are rivaled only by the experience of being a father. In the process, I have also gained invaluable spiritual lessons and insights into God's heart and how He wants to work in my life.

Now the pillar of cloud has moved again. In July, my family and I will be moving to Denver, Colorado, where I have accepted a position with the University of Colorado as Professor of Medicine and Director of Gastrointestinal Endoscopy. We will sorely miss the day-



to-day opportunities to fellowship with dear friends and ministry partners in California; at the same time, God has given us a growing excitement for the new

ministry opportunities and friendships that await us in Colorado. We ask for your prayers as we go—for my family, my professional witness and relationships, and for wisdom and discernment to know where God is at work and how we are to partner with His Spirit in the work that He is doing. Please pray also for the ongoing ministry on the medical campus at Loma Linda and for the leadership team led by Harvey Elder and Bob Mason. The Network national office will remain in Redlands, California.

Along with signifying God's presence and guidance, in the Scriptures the cloud is also used to represent God's provision and protection. *His favor is like a cloud with the spring rain* (Proverbs 16:15). As we pass through this dry and thirsty land, His cloud provides a *covering* (Psalm 105:39) from the blistering heat. In the course of being Christ's followers, we encounter many people and circumstances that threaten to shred our spiritual motivation. But if we learn to abide in the light of His face, we find that He is *like a cloud of dew in the heat of the harvest* (Isaiah 18:4). He refreshes and rejuvenates; He renews our strength; He restores our motivation to get back into the harvest field.

Finally, the cloud is a symbol of God's power and glory (Numbers 16:42; Isaiah 19:1). When Jesus ascended into heaven after commissioning His disciples, a cloud received Him out of their sight (Acts 1:9). Some day soon, we shall witness the Son of Man coming again in a cloud with power and great glory (Luke 21:27). In the meantime, we have His power (Acts 1:8) and authority (Matthew 28:18–20), so that we might carry out His command to go into the entire world and preach the gospel. Our calling is not to be skygazers—whether in bewilderment or in modern-day scholarly speculations regarding the Second Coming of Christ, however biblical and important that might be. We have been given a task, and the time to do it is NOW.

"He who watches the wind will not sow and he who looks at the clouds will not reap . . . Sow your seed in the morning and do not be idle in the evening, for you do not know whether morning or evening sowing will succeed, or whether both of them alike will be good" (Ecclesiastes 11:4–6).

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Upcoming Medical Evangelism Training and Strategy (METS) conferences: Kansas City, MO—October 6-10, 1999; Southern California—February 17-21, 2000, 31 hours of CME/CEU available.