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For People—By People: A Vision for Medical Evangelism

Gerald A. Klingbeil

Andrews University, klingbeil@andrews.edu

Chantal J. Klingbeil

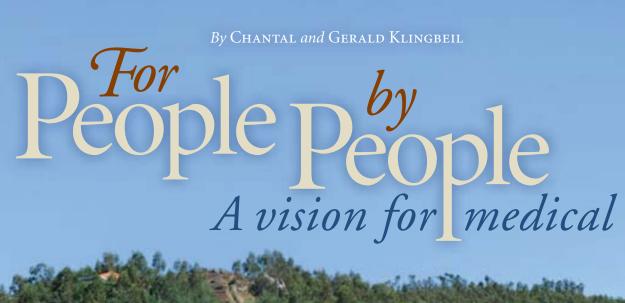
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Klingbeil interviews Marianne and Viriato Ferreira.



"People have just called saying, 'I have this problem; can you help me?' We tell them, "this place is still a building site," but they don't care. They ask, 'Don't you have a room I can stay in? I need to come; I need some help." Marianne smiles as she remembers.

Finding a Mission Field

Viriato and Marianne Ferreira had been living the classic mission field story as frontier missionaries to the Himba people in Namibia, Africa. They had met at the University of Capetown, South Africa, where both had graduated from medicine. Fresh out of university, passionate about reaching the unreached and serving the underprivileged, they had decided to move to an extremely remote area of sparsely populated Namibia to serve a tribe that had somehow fallen through the cracks of modern society.

After several years and with the project in capable hands Viriato was offered a fellowship at Cambridge, England, for further medical specialization. While visiting family in Portugal in 1998 (where Viriato's family lived) they met Pastor Mario Brito, then president of the Portuguese Union of Churches Conference (and currently ministerial director of the Euro-Africa Division). He challenged them to move to Portugal and begin a lifestyle health center that would help open the door to the hearts of the people of Portugal. Conventional evangelism is difficult in secular Portugal, where extreme secularism (in the cities) and suspicion of a Protestant sect (in the sparsely populated countryside dominated by Catholic churches) made church growth difficult.

Ellen White made it very clear that medical work is to be the "entering wedge" for reaching people. Medical work had been a powerful tool in Africa—but would it work in postmodern Portugal?

Similar to citizens of other Western countries, people in Portugal suffer from stress, heart disease, obesity, dia-

betes, and depression. Conventional medicine often treats the symptoms, but doesn't aim at lifestyle changes.

By early 2002 Viriato and Marianne had decided to make Portugal their mission field. However, the union didn't have any funds to start a lifestyle center—so the Ferreira family moved by faith.

Conventional wisdom would urge that founders should raise sufficient money, secure land in a good location, build an adequate facility, hire committed professionals and staff, set a launch date, and, after the official ribbon-cutting ceremony, pray for patients. Then, hopefully, out of those patients Bible studies and baptisms would follow, perhaps even a "church plant." That would be conventional wisdom without figuring in the God factor.

What Do You Have in Your Hand?

There was no money for a lifestyle center. But there were other opportunities to serve. It took only a few days for God to open doors to have an even bigger impact. Soon after their arrival a request came via the union offices to start something new. A church on the Azores islands (which belong to Portugal) had planned to sponsor a health expo. Their pastor, Daniel Gomes Bastos, needed medical support for the expo. Putting one and one together, the Ferreiras traveled to the islands and helped in the first health expo that the Adventist Church organized in Portugal. It was a great success. In two days 650 people visited the booths, and longlasting friendships were established.

Six months after their arrival, Viriato and Marianne opened their medical practice in Lisbon. Health expos,

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though, did not disappear from their radar. Church leaders were so encouraged by this new approach to evangelism that they funded four more health expos, in mainland Portugal in 2003. More than 5,000 people were blessed by this ministry, and many became friends of the Adventist Church. In 2004, 19 health expos were conducted: one year later the total number reached 21. Statistics show that between 2002 and 2012 more than 110,000 people connected to the Adventist Church via health expos, and some 5,000 Adventist volunteers were trained and actively participated in outreach.

However, there still was no lifestyle center. In 2003 the nonprofit Portuguese Association of Preventive Medicine (or APMP in Portuguese) was founded. The founding members, pastors Mario Brito (president of the union) and Daniel Gomes Bastos, and M.D.s Viriato and Marianne Ferreira represented a unique blend of church employees and self-supporting ministries—offering a possible blueprint for the way in which official church work and lay-sponsored ministries can work together. This close link between supporting health ministries and organized church work is still the working model for the lifestyle center. As a matter of fact, Viriato is not only part of the leadership team of the VitaSalus (Latin for "life" and "health") lifestyle center, but since 2006 he has also been the director of the Health Ministries Department of the Euro-Africa Division. "I think this is an example of what Elder Ted Wilson calls 'blended ministry.' There is no intention for self-independence. This is to just serve the church. Our dream is to see the united ministry of the organized church work with lay members, lay member organizations, working for Jesus," says Viriato when asked about the relationship between VitaSalus and church structure.

In 2003 the newly established APMP began its search for a suitable property. It needed to be big enough, to allow for



NEVER TOO YOUNG: Junior volunteers tackle a plastering and painting job.



MANY HANDS MAKE LIGHT WORK: A snapshot of staff and volunteers taken in May of 2012.

PLANTING A FLOWER: Chantal Klingbeil shares a gardening moment with Lily Reyes, the mastermind behind the project's landscaping.





LOVE IN MOTION: Kim Busl and two students give chair messages at a health expo in Morocco.



agriculture, to not be too far away from larger towns and cities, and to not cost much. A mountain retreat property, located in a prime place near the town of Penela, about two hours north of Lisbon, became available. The town that owned the property was unsure about the group of health experts and pastors that looked at the land. The property itself included some decrepit buildings on what used to be a large land holding. Viriato, Marianne, and Daniel knew that in order to be able to purchase or lease the property, APMP first needed to gain the trust of the local community. Negotiations continued until 2007, when APMP bought the right to the surface of the property for 100 years.

> Between 2003 and 2007 Viriato and the team held a number of health expos in Penela, and slowly there was local acceptance of the project. People could relate to the "people on the mountain" as their health needs were met. Trust began to grow.

Viriato and Marianne's eyes sparkle as they share the story of how God provided for the purchase of the property. Two years before the property deal became a reality donors in the U.S.A. had deposited

US\$55,000 into the bank account of APMP. No one had asked for money. No one knew why exactly US\$55,000 except for God. At that time US\$55,000 was equivalent to €50,000—the exact amount that the town council requested as a one-time payment. When Viriato heard this number, he didn't negotiate any further: he knew that God had provided the exact amount for the purchase of the property, and who would want to "negotiate" with God?

Plant a Flower

Work began in 2009 work began on the construction of the lifestyle center. But there was no money in the bank. Instead of money, God needed people, and people became the most precious currency of VitaSalus. Volunteers from all over the world came to participate. Money arrived at the right moment. Churches, individuals, and other ministries joined to make a dream become a reality. In the meantime a small core of permanent team members had begun to live on the site. First they lived in caravans, then in finished rooms or more permanent housing. Pastor Daniel Gomes Bastos was appointed by the Portuguese Union as the chaplain of the project and also pastored a nearby church. A small church plant began to function.

Like most places in the region, the ground at "the project," as it is fondly known, is hard and stony, but hard ground provides opportunities, untapped opportunities, for people to exercise their God-given talents. Take Lily Reyes, for example. Lily, a retired nurse, lives near Loma Linda in the U.S.A. She heard about the project through an interview aired on 3ABN, and now spends her summers turning a building site into an eye-catching landscaped garden.

People are the most significant capital of VitaSalus. This is a place for people, and there is a place for everyone to contribute. Blessie Cruz, originally from the Philippines, has been with the project almost from the beginning. She uses her talent as a cook to feed a varying multitude of staff, patients, volunteers, and students that spend six months every year learning to integrate health and ministry. Under the mentorship of Kim and Joyce Bisl (part of the senior leadership of VitaSalus), the students harness their enthusiasm to make friends for the center in the nearby villages. When

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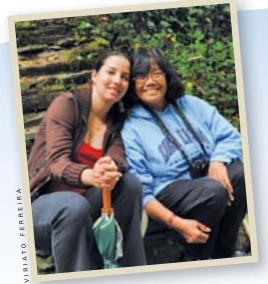
they aren't involved in health expos (nationally and internationally) or running health clubs in the nearby villages, they provide much needed muscle power on the project. Many of them return to volunteer whenever they can. As Sofia Filipe Duarte Lopes says: "This place becomes so much a part of your life that you start missing it. The project has helped me so much—I am grateful; I want to give something back."

While some people keep coming back, others find a lifelong commitment through the project. Jetro and Dobromila, hailing from very different cultural backgrounds, found a shared purpose at VitaSalus. They were the first couple to be married under the pine trees on the property.

With all this activity a visitor could wonder when the lifestyle center would actually launch. "Maybe it has, and we didn't realize it. That's because the buildings are not the centerpiece of this project. It's the people," Viriato says. The lifestyle center is all about nurturing relationships and can be a busy place. Patients come to the two consulting rooms or to visit Dr. Eduardo Gouveia's dental office. Sometimes visitors simply stop by to see how the building is coming along or to buy some freshly baked bread.

Gisela Pinheiro, who recently joined the staff as a project coordinator, sees the big picture of the project. She witnesses up close the many miracles that God is doing to provide the necessary finances for a project that works on God's budget. "You know what your expenses are. You know what you need to build; salaries you need to pay. But you don't know what the budget is, ever. It strengthens our faith very much. It stretches my faith; it really does." Asked if this project could work somewhere else, Gisela replies: "Why not?"





GROWING FRIENDSHIPS: Lily Reyes, volunteer from Loma Linda, USA, and Catarina Martines Borga, a patient at VitaSalus, share a smile

Catarina Borga was one of the earliest patients at the VitaSalus project and arrived in the midst of construction work. Chantal Klingbeil spoke with Catarina, who is not a Seventh-day Adventist.

How did you hear about the project?

Catarina: I heard from a friend whose husband had been to the medical practice [in Lisbon]. I was hopeless because I suffer from serious depression. My friend told me about this project, and she said: "You will get better there; you must talk to the doctor." So I went to the practice and talked with the doctor, and I liked him. I

A City of Refuge

In biblical times a person who committed a capital crime by accident had a place to run to, a city of refuge, where they could be safe.1 Pastor Daniel sees healing in people who have come into contact with the project and asked for Bible studies or baptism. He uses this biblical imagery to explain the project and its future. "God is still doing miracles today. We are far from everything we can be, but just what is done here is a great miracle—and I have a hunger for miracles. I believe with all my heart that this will be a place of many more miracles—a city of refuge. I feel so brokenhearted when I see so many people seeking refuge. They don't know where to go. This is the first city of refuge for

people to come. I hope there will be another five around the country someplace, somewhere. But my prayer is that our members will pray for this miracle to multiply, because the needs are huge. Not far away from here, on the road that goes from north to south, you will see, in May each year, thousands and thousands of people walking for a miracle—but in the wrong direction. They go to Fátima.² They need to know that the miracle they seek is up here on this mountain. I hope thousands of people will find refuge in this place and find people who will show them a God who loves them."

If you want to be a part of this miracle or know more about VitaSalus, contact Dr.

Viriato Ferreira at viriatoferreira@medici napreventiva.pt or visit the Web site of the project at www.medicinapreventiva.pt.

 $^{\rm l}$ The Old Testament mentions the existence of six cities of refuge, spread out throughout the land, where people who had accidentally killed another person could flee to and be safe. Compare Num. 35:9-15; Deut. 4:41-43; and 19:1-13. ²The city of Fátima in Portugal is famous for its supposed Marian apparitions. Millions of people visit the site as pilgrims every year.



Chantal and Gerald Klingbeil write from Silver Spring, Maryland, U.S.A.,

where Gerald serves as an associate editor of Adventist World while Chantal is author and host of the live TV program StoryLine on Hope Channel. They have three daughters, Hannah, Sarah, and Jemima.

a Building Site'

really felt he wanted to help me in my hopelessness. I had been to other hospitals. In one clinic I spent two months and I didn't get better because they gave me only medication, and I needed more than just medication. We were in a building with nothing to do all day. So when I came here, it was totally different.

When you came here, this was a building site. Were you disappointed?

Catarina: No; that was the first good thing, because we don't see it as a hospital. Lots of air, being outside—it just made me feel better. And with the people here, I wondered, Why is everybody so nice to me?

I understand you are not a regular patient, as in other hospitals; you are asked to help out in the kitchen or elsewhere, right?

Catarina: Yes, I'm helping. The doctor told me I am free to do what I can do. If I want to stay in bed, I stay in bed; if I want to rest, I'll rest. It's good for me doing something; it makes me feel useful. So I try to help wherever I can. It's like that: I help people, and they help me. I feel part of the team. Actually, it's like a family; I feel as though I am part of a family.

This place is operated by people who emphasize a relationship with God. Has that had an impact on you in some way?

Catarina: I was Catholic when I grew up. I lost my faith because my mother died, and I had lots of problems as a teenager. When I came here, there was no obligation to participate in the religious stuff, but it was part of this place, and so I went to see what it was. I like it because we sing and I enjoy the fellowship. Then I began studying the Bible with Pastor Bastos. I am enjoying this; I'm new at this, but I like it very much.

Any advice you would give to someone who is struggling with major depression or something similar?

Catarina: Yes, do something. We want to be in a room without light, without people. I continue with my medication, but I go for walks, talk with friends. It's very important to participate in the social part of your life. Sometimes it's hard, but it's worth the struggle. Maybe you can't do it every day, but try one day at a time. Try to go outside and get some fresh air. It's very important; it makes you feel good. It improves your body circulation, and the part with the faith in God is very important. There is hope to fight through the disease, and talking to God is a way to talk to somebody and get it out.