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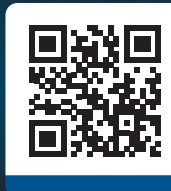
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Adventist Journey

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My Journey

I came into March of Dimes with the passion and burden on my heart to make life better for moms and babies in our country. . . . I am so grateful that God blessed me with a mother who invested her all for me. She was my inspiration to do my best and to stay true to my relationship with God.

Visit nadadventist.org/ajzsakebahenderson for more of Henderson's story.

ZSAKEBA WATKINS HENDERSON, M.D.,
*March of Dimes senior vice president
for maternal/child health impact*



Cover photo by Pieter Damsteeg

Dear Reader: The publication in your hands represents the collaborative efforts of the North American Division and *Adventist World* magazine, which follows *Adventist Journey* (after page 16). Please enjoy both magazines!

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ADVENTIST JOURNEY

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Making a

DIFFERENCE

for Mothers and Babies

A young woman's dream of helping others made possible because of a mother's devotion, God's faithfulness, and generous communities.

BY KIMBERLY LUSTE MARAN, WITH LISA KRUEGER

From a humble beginning in the small city of Camden, New Jersey, to serving as the senior vice president for maternal/child health impact at the national organization of March of Dimes, Zsakeba Watkins Henderson, M.D., recognizes how her mother's vision and sacrifice, God's faithfulness, and the generosity of others has brought her to this position, which affords her the opportunity to help make a critical difference in the lives of mothers and babies.

Henderson says, "I love how my title contains the word 'impact,' because that is exactly what I want to do, and I'm praying for God to help me to do what has impact. With God's help I want to have even the smallest impact on helping to reduce the deaths and morbidity that we see affecting moms in our country."

"It's surprising, and actually unacceptable, to realize that our country has one of the most expensive health-care systems in the world, but we have the worst outcomes for moms and babies among developed nations. It's the least safe among countries that have the type of resources we have for moms and babies," she adds.



“There have been so many people that God has put in my path, and the richest part of my Adventist journey has been those relationships.”

Growing Up

Born to a young, single Seventh-day Adventist mother, Henderson grew up surrounded by her grandparents, aunts, uncles, and cousins. While her mom left the church for a time, Henderson was aware of the church, and as she started middle school, her mom enrolled her in a Seventh-day Adventist school, Delaware Valley Junior Academy. It was also at this time that her mother recommitted her life to God.

Henderson says, “My mom realized that there were certain gifts that her little daughter had been blessed with, and that she would do well in school and achieve things that were different from what others in our family had done.”

Because of financial difficulties, Henderson returned to public school for one year before being able to go to Prescott Adventist School in Cherry Hill, New Jersey. To help with transportation while her mom worked, the Luste family would take her to school. And her teacher, Mrs. Maggie Jones, would find jobs for Henderson to do to help with expenses.

“During that year I went to academy day at Pine Forge Adventist Academy,” says Henderson. She knew it was beyond her family’s financial ability, but God made a way for her to attend.

“God made a way every year, even when we clearly didn’t have the resources,” she says. There were times when people anonymously contributed to her bill, and the most memorable one was in her senior year.

“I was valedictorian of my class; however, since my bill wasn’t paid for, I wasn’t going to be able to graduate,” Henderson explains. But before her mom could bring her home from the school, Henderson received a call from the school saying that the bill had been paid, making it possible for her to graduate. “I’m so very grateful that God not only allowed me to stay in school but helped to grow my faith during that period, showing me that He can do anything with the little that we might have,” she says.

After Henderson graduated from Pine Forge Adventist Academy, she wanted to go to Oakwood College (now Oakwood University). But as before, she wondered, *Would there be money to pay for it?*

That’s when the same couple who had paid off the academy bill balance, Alvin and Gloria Singleton, came forward to make it possible for Henderson to attend Oakwood. She says, “It was not only my tuition:

↓ Zsakeba Henderson and her mom, Elaine Watkins, who passed away in 2017. Photo courtesy of the Henderson family





← The Henderson Family

Photo courtesy of the Henderson family

If I needed a dress, if I needed a flight to come home, they helped me. Without these people, and others who helped me along the way, I wouldn't have been able to make it."

Continuing Education

At Oakwood, Henderson chose premed. Upon finishing her degree, she applied to a number of medical schools—and was accepted into all of them. "I never would have thought I would apply to places like Harvard and Yale and Johns Hopkins, Temple University, Loma Linda University, and get accepted to all of those schools. It was just overwhelming," she says.

In her essay during the application process, Henderson literally poured out her life story, talking about her humble beginnings and her aspirations to do something great while having so little. She shared about the struggle and sacrifice of her mom.

"I chose Harvard," Henderson says. "I had spent a summer at Harvard while in academy, doing research, invited there as a student from an underrepresented community. During that summer I met many amazing people at the school and the church, so I knew I would have a supportive community. It was a pivotal time, a time I realized I could do greater things than I had thought I could."

"While at Harvard, I was able to learn and work with other people with amazing talent; however, the thing I found most rewarding through my medical school experience was my church family," says Henderson. "Even when I was exhausted from my studies or had been at the hospital all night, I would be at church. The love and support from the church community got me through."

Johnathan, Henderson's boyfriend from Oakwood, who would later become her husband, was enrolled in medical school at Yale. Between the third and fourth years of medical school the couple got married.

"Our respective schools encouraged us to take a year abroad—to serve in Guatemala, applying what we had learned so far in medical school," shares Henderson. "There were so many ways we learned and grew that year, but for

me, one thing emerged. Before going to Guatemala, I had been interested in the specialty of women's and infants' health. My heart was there because I was interested in the technical challenges of obstetrics and gynecology. The challenge of pregnancy, the challenge of helping two patients at once, mother and baby."

During their time in Guatemala the country was hit by Hurricane Mitch. Serving there through that crisis helped determine their career directions. Her husband is a family physician now as a result of his experience there, and Henderson's interest in helping mothers and babies was solidified as she helped there in the midst of that natural disaster.

New Opportunities

Graduation day arrived, followed by residency. The Hendersons both did their residencies, with one staying at Harvard and the other nearby at Tufts University. Henderson found that along with the desire to help individual patients, she also had an interest in having a larger impact. This led her to enroll in a training program with the Centers for Disease Control and Prevention (CDC).

"I was an Epidemic Intelligence Service [EIS] worker. The EIS is the boots on the ground for our country, helping launch and administer various public health efforts," Henderson explains. "In addition to my work with mothers and babies, I was involved with population-based investigations and research for areas such as sexually transmitted diseases, including HIV. After my training, I knew I wanted to stay, to help our health-care systems and providers make the best decisions for patients. Typically a physician enters the EIS system through the Public Health Service or the Commissioned Corps. So I went through the whole process of applying to be a commissioned officer and was accepted." To determine which division a person will serve in, interviews are conducted, mostly on Sabbaths. Ultimately, Henderson was able to interview on a Sunday, but this meant that she could work only as a civilian instead of an officer.

When the two-year term ended, because of a hiring freeze, Henderson could only be hired as a trainee in a fellowship program instead of a full-time employee. Later Henderson was able to come on as a full-time employee and, despite the roadblocks, it was clear that this was the place for her.

"While I was at the CDC, I was able to develop and start a program known as the Perinatal Quality Improvement Program, which supported



Stock/RuslanDashinsky

networks in states where leaders came together and worked collectively toward improving the health of mothers and babies in their state. With the development of this program, I believe God presented me with this opportunity and let me be where I could use my love and passion to really improve the care we provide for mothers and babies,” says Henderson.

At the same time, though, Henderson felt she had reached a point where the program could continue to grow under a new person—and Henderson wanted to influence care in a clinical setting. To make a difference in that way, she would need to join an organization that could affect policy. Being a federal employee, she couldn’t be engaged in policy, so she started looking. “I asked God for direction. And not just for my career, but also for my family, for help in raising three daughters, and being available to my family and my husband. During this time my mother passed away, so I was in the midst of grieving that loss.”

A job opportunity from the March of Dimes came to her attention. “It was like the job was custom-made for me,” she says. “It would expand my reach while utilizing my experience. I came into March of Dimes with the passion and burden on my heart to make life better for moms and babies in our country. People may not know this, but we’re in the middle of a maternal and infant health crisis. Not necessarily by the sheer numbers, but when you think about who’s dying, young, healthy moms, deaths that could potentially be preventable—it’s such a huge loss. So my prayer to God has been *If we can reduce the number of preventable deaths among moms in this country, even just by a fraction, that would be a huge impact.*”

She says, “My story is ongoing. I am so grateful that God blessed me with a mother who invested her all for me and sacrificed for me. She was my inspiration to do my best and to stay true to my relationship with God.”

“In my Adventist journey, what has given me joy is the relationships that I have been able to develop and grow. There have been so many people that God has put in my path, and the richest part of my Adventist journey has been those relationships,” shares Henderson.

“Sometimes I wonder, *How did I get here?* But I know how I got here. It is by God’s blessing and by His leading. I struggle at times with worry and anxiety. Decisions at my job, at home, with my children. But I have found that the victory comes when I finally let go and let God. He has something for me to do. I continue to pray that He will give me the strength to do it.”

Kimberly Luste Maran is editor of Adventist Journey; Lisa Krueger writes from Silver Spring, Maryland.

What Is the March of Dimes?

According to their website (<https://www.marchofdimes.org>), March of Dimes leads the fight for the health of all moms and babies. They support research, lead programs, and provide education and advocacy so that every family can have the best possible start.

For 80 years March of Dimes has helped millions of babies survive and thrive. Now they’re building on that legacy to level the playing field for *all* moms and babies, no matter their age, socioeconomic background, or demographics. They support moms throughout their pregnancy, even when things don’t go according to plan. They advocate for policies that prioritize their health. They also pioneer research to find solutions to the biggest health threats to moms and babies.

What began with President Franklin D. Roosevelt’s personal struggle with polio led to the creation of the National Foundation for Infantile Paralysis, better known as March of Dimes. The March of Dimes pioneered the vaccine research leading to the eradication of polio in the U.S., and then shifted focus to address some of the biggest health threats to moms and babies, with such innovations as folic acid, newborn screening, and surfactant therapy.

Educating medical professionals and the public about best practices; supporting lifesaving research; providing comfort and support to families in NICUs; and advocating for moms and babies are currently the main focuses of the March of Dimes. The work they do is made possible by the support of donors, partners, and friends.

NAD FOCUSES ON MENTAL HEALTH AND WELLNESS WITH DIVISION-WIDE VIRTUAL SUMMIT

BY BECKY ST. CLAIR

The 2022 North American Division Virtual Mental Health Summit took place Thursday to Sunday, March 31-April 3. In order to attend the entire event, many participants registered on Zoom; the daily average viewers reached for general session plenaries on Facebook on Thursday and Friday was close to 2,000. Sabbath programming was offered for download, and specialized sessions on Sunday were made available for an additional fee.

“With this summit,” said Angeline Brauer, North American Division Health Ministries director, “Health Ministries launches a laser focus on the topic of mental health and wellness.” Registered summit participants attended general plenary sessions, workshops, and worships all concentrated on various aspects of mental health.

G. Alexander Bryant, NAD president, opened the first day’s sessions of the mental health summit, themed “Restored,” with a worship thought centered on Jesus’ personal health ministry.

“There were crowds around Jesus when He preached, willing to listen and interested in what He had to say,” Bryant said. “But it started when He went to their communities and healed and helped them. This is a formula that still works today.”

Between Thursday and Friday more than 40 concurrent sessions on various topics related to mental health and well-being were presented: addiction, aging/dementia, community-based interventions, children/

youth, grief, anxiety and depression, emotional healing, spirituality and mental health, suicide prevention, trauma, and wholistic approaches to mental health.

All Ages

Though it is difficult to admit that children struggle with mental wellness, many of the presenters brought up this fact.

“Believe in resiliency,” said Dr. Kiti Freier Randall, pediatric neurodevelopmental psychologist. “Believe in risk, but know we’re not doomed. It’s never too early nor too late to intervene, but we must do so by design.”

In the session on suicide prevention, Dr. Jonathan B. Singer from Loyola University in Chicago presented sobering suicide statistics in young people (ages 10-19) across the U.S. and Canada. Looking at data over 20 years between 1999 and 2019, Singer demonstrated that suicides happened significantly less often during breaks from school—June to July and December.

“Kids have more pressure on themselves and each other—and feel it from their parents—when school is in session,” Singer said. “Those things happen far less often during vacation months.”

Singer then presented research-based information on why people die by suicide, what the warning signs are, and how to intervene and prevent suicide in a culturally aware and appropriate way.

There are some different mental wellness issues in the senior years, and Dr. Zeno L. Charles-Marcel shared tips for caring for the brain throughout one’s life.

“Though our brain health is impacted by genetics, we can enhance the development side and reduce the degenerative side by how we live,” said Charles-Marcel.

During the second Thursday plenary session, Dr. Marissa Leslie spoke on the topic “Moving From



A view of the North American Division studio during the musical performance by Jennifer LaMountain, part of the NAD mental health summit held March 31 to April 3.

All Photography by Pieter Damsteegt

Mental Disease Management to Wellness Promotion.” She presented research on the value of whole-person wellness, and the idea that wellness is individualized.

Leslie also provided suggestions and ideas for activities promoting various aspects of wellness within a workplace, church, or school.

Related Issues

On Friday David R. Williams of the Department of Social and Behavioral Sciences at Harvard University, and Daniel Dawes, J.D., executive director and associate professor of Satcher Health Leadership Institute at Morehouse School of Medicine, presented sessions highlighting the inequity of health care and the resulting health disparity as it relates to race and ethnicity in the U.S.

Williams shared the history of neighborhood segregation, known as “redlining,” which removed access to quality schools, safe playgrounds, good jobs, healthy environments, safe housing, transportation, and healthcare from non-white Americans.

“Racism has profound consequences on health,” Dawes stated.

The determinants of health, he shared, are 40 percent social determinants; 30 percent behavioral health; 10 percent clinical care; 10 percent physical environment; and 10 percent genes and biology.

“Black Americans and U.S.-born Latinos have more of every kind of stressor—personal, work, and environment,” Williams said. “And for every stressor, depressive symptoms increase.”

Williams then cited a study done in Canada in the early 1990s, when researchers found that despite native populations having one of the highest rates of youth suicides globally, half of the native communities in Canada had none. What was the difference?

Summit participants attended general plenary sessions, workshops, and workshops all concentrated on various aspects of mental health.

“These particular communities empowered and encouraged their young people to be involved in social justice events and efforts, giving them a purpose, a community, and an identity,” Williams said.

Change Takes Time

Dr. Torben Bergland, associate director for health ministries at the General Conference, presented on depression. He stressed that depression is more than just a chemical imbalance, and that parts of the brain are actually changed during depressive states.

“Depression is not just mental or emotional; it’s also a physical illness,” he said. “It takes time and care to change the way the brain operates, functions, communicates, and how it’s wired.”

During a session on spirituality and mental health, Nestor Bruno, PsyD, from Kettering Health Network, dove into the Bible for examples of how even biblical heroes had moments when their beliefs about God did not match their image of God in the given moment, demonstrating how our life experiences can change how we feel about God, even if our beliefs about Him stay the same. Bruno included such examples as David, Job, Elijah, and even Jesus.

The Friday evening program opened with musicians Jaime Jorge (violin), Jennifer LaMountain (voice), and Kelly Mowrer (piano) sharing research on and personal experience with the mental and emotional power of music. The musicians then shared music-related things one can do to reduce stress and therefore increase overall wellness, which included listening to music, singing, and playing an instrument.

On Saturday evening and again on Sunday, the summit provided time for networking before hosting training sessions for those seeking continuing education. On Sunday evening Dr. Peter Landless, director of Health Ministries for the General Conference, shared a word of encouragement to close the summit.

“We as Adventists have been blessed with an understanding of multidimensional wellness and wholeness,” he said. “Without mental health there can be no true physical health, and our intentional approach to mental health and emotional well-being is crucial.”

Landless concluded by urging attendees to gather strength, courage, and resilience from the summit, and to go back to work energized and empowered.

He said, “May we leave this summit determined to be the difference, allowing ourselves to be used by God to serve as Jesus served.”

The North American Division’s Health Ministries website has many resources available pertaining to mental health and emotional well-being. Access them at www.nadhealth.org.

Becky St. Clair writes from Angwin, California.

↓ Dr. Angeline David Brauer, NAD Health Ministries director, welcomes attendees to the 2022 North American Division Virtual Mental Health Summit, held March 31-April 3.



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NAD NEWS BRIEFS

Michael W. Campbell Named New Director of NAD Archives, Statistics, & Research

In December 2021, the North American Division Committee met to vote the name of Michael W. Campbell, Ph.D., as the new director for NAD Archives, Statistics, & Research. Campbell will commence his work at the North American Division this summer, at the end of the current school year.

“We are excited to have Dr. Campbell joining us as director for Archives, Statistics & Research,” said Kyoshin Ahn, NAD executive secretary. “He is an accomplished historian and prolific writer, and, as such a high-caliber professional, he is going to make a great contribution to the work of this relatively new department.”

Campbell has most recently served as a professor of religion at Southwestern Adventist University in Keene, Texas. He is an ordained Seventh-day Adventist minister and served for five years as an associate professor of historical/theological studies and missionary, training pastors at the Adventist International Institute of Advanced Studies located in Silang, Cavite, Philippines.

Campbell also served as an adjunct religion faculty, lead pastor of Wichita South Seventh-day Adventist Church, and volunteer police chaplain at Wichita, Kansas, in 2012.

He has published numerous popular and peer-reviewed journal articles about theology and religious history. He served as assistant editor of *The Ellen G. White Encyclopedia* (Review and Herald, 2013) and editor of *The Journal of Asia Adventist Seminary* (2015-2018). He is the founding editor of the forthcoming *Oxford Handbook of Seventh-day Adventism*.

His most recent book is a *Pocket Dictionary for Understanding Adventism* (Pacific Press, 2020). Some of his other recent books include *1919: The Untold Story of Adventism's Struggle With Fundamentalism* (2019) and *The Ellen White Pocket Dictionary* (2018), and he is currently writing a book on the development of Adventist Fundamentalism. He cohosts with Buster Swoopes, Jr., the “Sabbath School Rescue Podcast,” available online.



↑ Michael Campbell Photo courtesy of Michael Campbell

“I am both humbled and excited at serving our church across the North American Division to help better preserve and understand our Adventist past,” said Campbell. “My dream is to seek ways to better support the preservation of historical resources across the NAD, and to provide the kinds of research and statistical support that will create a better self-understanding about our Adventist identity. Whether past or present, all Adventists can thereby make better-informed decisions, and together work to finishing the dissemination of the beautiful Adventist message of hope in preparation for the Lord’s soon return.”

Campbell is married to Heidi, who is a Ph.D. student in early modern history at Baylor University. They have two children and together enjoy camping, gardening, birdwatching, and Pathfinders. Campbell, born in Texas to Canadian parents, loves to go birdwatching and collect old books.

—Art Brondo, for NAD Office of Communication

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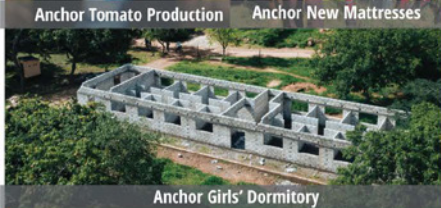


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BY RICHARD STEPHENSON

United in Mission, Message, and Ministry

Christ's final prayer for His people—for His church—is that we would work together as one. One people and one church.

We find Jesus' prayer to His Father recorded in John 17:23: "I in them and You in Me, that they may be perfected and completed into one, so that the world may know [without any doubt] that You sent Me, and [that You] have loved them, just as You have loved Me" (Amplified).^{*} His prayer was for His people, *His church*, to be *one*, working together as one!

As I survey IT (information technology) and technology operations across this division, it's clear that a paradigm shift is needed. I see resources spread too thin. I see online threats against the church proliferating exponentially, but I see precious few resources available to meet those threats. As I consider John 17:23 in the context of our siloed and segmented IT operations across this division, I wonder: Is now the time for the church—all of our institutions and administrative offices—to work more closely together in IT? Is now the time for us to come together and reimagine how we manage data, govern IT, and implement technology? Is now the time for us to strategically align (unify) our back-office IT operations of our entities, to have a stronger and more dynamic church that is prepared to face the challenges of doing ministry and mission in this cyberage?

When it comes to technology and IT, I believe we must reimagine how technology is operated in the church. Our traditional approach has been to essentially silo and fragment technology implementation and cybersecurity based on territory. But online threats are not tied to any geographical boundaries. We cannot maintain status quo as we enter this new era of unprecedented cyberattacks against the church. I believe that each of our administrative offices should be strategically building "technology" bridges together that reach every corner of our church.

We should concentrate operations and pool assets that benefit the entire field. Doing this would better position the church, at all levels, to secure operations more effectively and more efficiently,

while better supporting the work of the church. The North American Division has taken a first step along this path by building a distributed private cloud hosting environment called NADcloud, available for all NAD entities for collocation and managed services.

Christ's prayer was for unity. Not uniformity. And from a technology perspective, we should be seeking common strategies, common procedures, common synergies, and common architectures while still prioritizing local missional discretion. We don't need a top-down autocratic approach to technology management. We need a side-by-side approach, a collaborative work that emphasizes mission-oriented technology inside the church, which will lead to systemic innovation.

We must come together as one church, claiming by faith (if not always by sight) that we have unity of mission, unity of calling, and unity of purpose. From a technical perspective we are strongest—in resources and in personnel—when we are working together, networking our institutions and entities together, sharing resources, and strengthening and securing each part of His church.

I am certain that He who is for us is far greater than that which is against us. May the Lord open our eyes so that we may see His chariots of fire encircling His people and His church (see 2 Kings 6:8-17). May we expect success, not because of any designs or plans that we have made, but because we have surrendered those designs and plans to Him. May we be one people, one church, united in mission, message, and ministry!

^{*} Scripture quotations credited to Amplified are taken from *Amplified Bible*, copyright © 1954, 1958, 1962, 1964, 1965, 1987, 2015 by The Lockman Foundation. All rights reserved. Used by permission.

Richard Stephenson is director of Information Technology Services for the North American Division. Learn more about NADcloud at <https://nad.cloud>.

We should be seeking common strategies, common procedures, common synergies, and common architectures.

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