

VIRTUAL MAGAZINE



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# CARE AND ANNOUNCE

The great commission of healthcare professionals

Editorial

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The Integral Mission of Christian Doctors

**Home of Joy:** Raising the Voice for Those Who Cannot Defend Themselves

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# Editorial

Hello, brothers and sisters,

The MDC Online Magazine exists to obey the command of Jesus: to proclaim the gospel. As Christian healthcare professionals, we share the good news in our daily lives, with patients and our teams, during our time of rest, on social media, and in the cities. And we join the many who, in obedience, leave their comfort to serve in missionary projects, for a time or for a lifetime.

This edition of the MDC Online Magazine was prepared to strengthen this commitment. We spoke with Dr. Maria Conceição Antônio, vice-president of Médicos de Cristo (Doctors of Christ), who shares her life's journey from her conversion to her missionary calling; an article by the doctor and pastor Humberto Chagas, with a biblical perspective on urban and cross-cultural missions; and nurse Marta Lianne, coordinator of the MDC Missions Working Group (WG), she presents how the WG has supported and promoted initiatives throughout the country.

We believe that salvation — undeserved, by grace, through faith — is good news that needs to be proclaimed. MDC stands firm in this calling, praying that the Holy Spirit will raise up and empower every Christian healthcare professional to fulfill their vocation with this purpose.

Happy reading — and let's get to work!

## Glauco Franco Santana

President,  
Médicos de Cristo  
Association

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# BIBLICAL VIEW OF MISSIONS: URBAN AND CROSS-CULTURAL

*"Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit" Matthew 28:19*

**T**here is still a lot of confusion about the words "mission," "missions," and "missionary" among us. Often, the Brazilian Evangelical Church understands that a missionary is not just someone who crosses geographical borders, nor is mission only something given at a distance. However, more and more, God is raising people — among them healthcare professionals — who, with their skills, serve the Gospel, whether in local, urban, or cross-cultural contexts. Doctors, dentists, physical therapists, and many others have been instruments of care and love, making Christ known and worshiped both near us and far away to unreached people.

It is essential to understand what mission is and, more specifically, "the mission of God." The *Missio Dei* is the divine movement of reconciling humanity to God.

Created for the praise of God's glory, humans chose disobedience. From the fall, God embarked on a mission: to rescue humanity.

Since Genesis 3:15, we already see the announcement of Christ's victory over the enemy. All of Scripture, from Genesis to Revelation, reveals this missionary God.

The apostle Paul summarizes it in **2 Corinthians 5:18-20**: **we were reconciled by Christ and received the message and ministry of reconciliation.**

The mission, therefore, originates in God and belongs to Him. We are ambassadors, co-workers who participate, by grace, in His purpose to save.

As Paul writes to Timothy: **"God desires all men to be saved and to come to the full knowledge of the truth."**  
1 Tim. 2:4

This mission is expressed in different ways. In the urban context, we face unique challenges: violence, inequality, substance dependence, crisis of values and loneliness. In large cities, we are called to be salt and light, living and witnessing the Gospel amid cultural complexity. Healthcare professionals, working in hospitals, offices, clinics, and universities, find in these environments a legitimate and urgent mission field.

But God's mission also crosses borders. In Acts 13, we see the Church of Antioch sending Barnabas and Saul for a specific work. Similarly, the Holy Spirit continues to set apart people for cross-cultural missions: crossing linguistic, cultural, and social barriers to bring the Gospel to unreached people. Many of these contexts do not receive traditional missionaries but professionals who, in their practice, open doors for the testimony of Christ.

Jesus was clear in Acts 1:8: we will be His witnesses in Jerusalem, Judea, Samaria, and to the ends of the Earth. Every Christian, inhabited by the Holy Spirit, is called to be a witness. Some are sent far away; others remain in their local contexts. But all participate in the same movement: God's mission to reconcile the world to Himself.

Therefore, whether in the office, hospital, community, or another continent, we are challenged to live on mission. As an anonymous Christian wrote in the 14th century:

**“God has no other hands but ours; no other voice but ours; we are the only Bible that people still read.”**

May we, as Christian health professionals, understand that our professional vocation is also a missionary calling. And that, united with God's eternal purpose, we may be instruments of reconciliation, so that Christ may be known, worshiped, and glorified in all nations.

Humberto Chagas, orthopedic doctor and one of the pastors of PIB do Recreio dos Bandeirantes - Rio de Janeiro. He was a missionary doctor along with his wife Elizangela Chagas (dentist and psychologist) in West Africa for 14 years with the World Missions Board.

# The Integral Mission of the Doctors of Christ



The Association Médicos de Cristo (MDC) is made up of health professionals and students who are followers of Jesus Christ and strive to be a reference of excellence in their fields. Its objectives are to serve in all regions of Brazil; promote human dignity and defend life and human rights; and work on promoting, recovering, and maintaining comprehensive health.

Grounded in the biblical and Christian worldview, the integral mission outlined in the Lausanne Covenant and deepened by René Padilla translates for the MDC into combining technical excellence, ethical leadership, and spiritual steadfastness. To this end, the MDC seeks to be a contemporary expression of how the Christian faith can dialogue with professional practice, emphasizing the need for interdisciplinary approaches that promote not only recovery but also prevention, quality of life, and sustainability. The Christian faith inspires professionals to serve people in vulnerable situations with dignity, hope, and compassion, recognizing in them the image of God.

This missionary vision is realized through the National Missions Working Group (WG). Composed of a coordinator, vice-coordinator, representatives of local groups, and alternates, the WG mobilizes health professionals and students to offer time, knowledge, and care in initiatives that combine clinical care and life promotion.

The group assists the organization and supports projects with partner churches and institutions, both national and international, disseminates opportunities for nonprofit volunteer service, and holds periodic meetings that ensure alignment between the coordinators and the board, strengthening the planning and monitoring of actions.

In addition to these responsibilities, the coordination of the National Mission Working Group is responsible for managing and accounting for all mission activities, duly authorized by the Association's Board, ensuring transparency and accountability in fulfilling the mission.

The distinguishing feature of the National Mission Working Group is integrating spirituality with healthcare in a respectful manner. Faith is not imposed; it is expressed through compassion, active listening, careful attention, and the appreciation of human dignity. Each patient is recognized for their uniqueness, with their history, beliefs, and worldview, in an environment of deep respect for different religious traditions. At the same time, Christian professionals understand that their faith identity shapes the way they care, making spirituality a living dimension of the therapeutic process, which gives meaning and purpose to healthcare practice.

The Working Group's actions focus on regions of greater social vulnerability in Brazil and around the world, where access to healthcare is limited. Volunteer teams, made up of associate members, provide clinical care, health guidance, and support for basic needs, always in collaboration with the technical leaders of health actions organized by local partners. More than just occasional work groups, the aim is to contribute to sustainable processes that strengthen communities and promote transformations in the short, medium, and long term.



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In this journey, faith and science do not appear as parallel discourses, but as dimensions of the same calling. Holistic care respects body, mind, and spirit, promoting a full life that points to the fullness on the path that leads to eternity. For the National Missions Working Group of the Christian Doctors, each consultation, procedure, and health guidance constitutes a testimony that communicates that to serve is to act with concrete love, translating faith into practice with quality in assistance, transforming lives with excellence, ethics, and compassion.

Marta Lisiane Pereira Pinto de Carvalho

Coordinator of the National Missions Working Group of the Médicos de Cristo Association

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# Home of Joy

## RAISING THE VOICE FOR THOSE WHO CANNOT DEFEND THEMSELVES

Home of Joy (HOJ) is a Christian non-profit organization dedicated to the protection and care of children and adolescents, with an emphasis on girls, who are in situations of social vulnerability. The institution works to combat various forms of violation of children's rights, including abuse and sexual exploitation, child labor, domestic violence, food deprivation, forced marriage, and teenage pregnancy. Through programs of shelter, education, and psychosocial support, Home of Joy seeks to promote comprehensive protection, ensuring conditions for healthy development and the realization of the fundamental rights of the children and adolescents served.

Child sexual abuse is one of the most devastating forms of violence and represents a deep wound not only in the child's life but in society as a whole. The scars left by this experience extend beyond the moment of aggression, echoing in emotional traumas, learning difficulties, fragility in interpersonal relationships, and even in physical and social development throughout life. Every hour, three children are abused in Brazil and approximately 500,000.

Children and adolescents are sexually exploited in our country, a scenario that exposes a serious public health problem with a real need for effective interventions. In almost 80% of cases, the perpetrator belongs to the child's family circle or social circle, making the violence silent, difficult to report, and devastating in its effects.

In Hebrews 6:18-19, a Christian's hope is represented by an "anchor." The writer of Hebrews talks about holding firmly "to the hope set before us; which we have as an anchor for the soul, sure and steadfast." An anchor is an object used to stabilize a ship, securing it to a solid place.



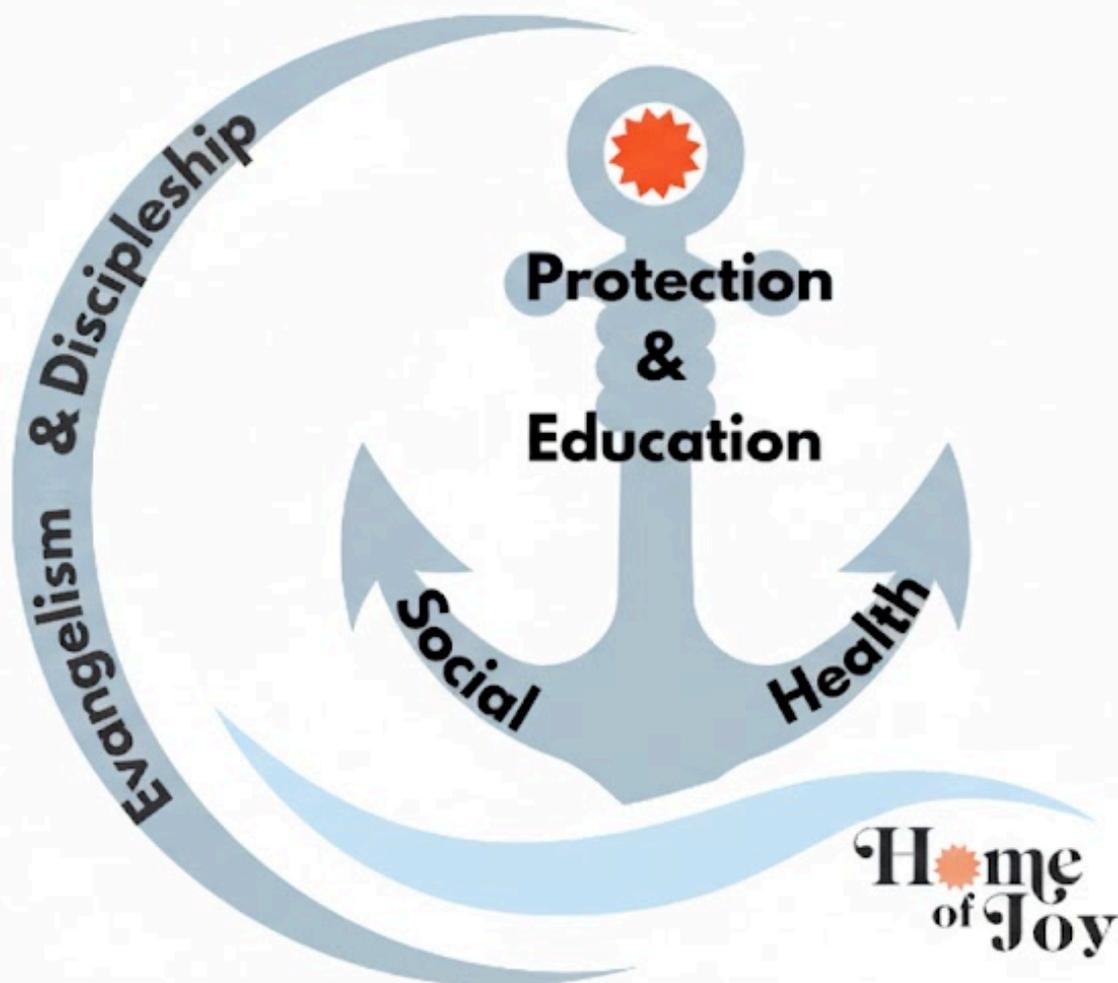
Home of Joy, in search of an image that would represent its mission, found in the anchor the ideal symbol to convey the essence of its work.

Protection and Education — We believe that protecting children and adolescents at risk and investing in their education is essential. Founded in Nepal in 2015, Home of Joy, in partnership with other organizations, welcomes at-risk children, ensuring them a place of peace and a solid platform for their studies.

In Nepal, over 10 years of existence, we have had the opportunity to impact dozens of girls who have experienced a change in reality in their lives and gained access to a future with security, love, and dignity.

Four years ago, we expanded our actions to Brazil. Currently, in the sertão, children are sponsored and monitored with care and responsibility. During after-school hours, they receive tutoring and literacy classes, language lessons, Christian discipleship, and moments of recreation, as well as regular and dignified meals (Home of Joy and Instituto Vidas Sedentas).

The base of the anchor relies on two equally important arms: Social and Health. In the communities where we work, we encounter deeply vulnerable families with little or no access to medical care.



In partnership with Nourishing Lives With Grace and Casa Nutri, we help combat child malnutrition among children and pregnant women in the Amazon. Malnutrition, abuse, and violence make the Amazon region the worst place in Brazil to be a child. Home of Joy has conducted lectures on combating child sexual abuse, as well as training with indigenous and riverside communities. The subject is communicated in a playful and accessible way to various age groups, reaching children from early childhood to adolescence. The distribution of literature, as well as the use of art and clowning, have become important tools in raising awareness against abuse. These interventions carried out by Home of Joy have already reached various parts of Brazil, and we aim to go even further, teaching little ones how to protect themselves and seek help. For adults, these lectures and training sessions have raised awareness about the importance of being guardian adults capable of protecting children and activating the protection network available in our country through reporting channels.

All actions represented by the anchor are surrounded by an element that gives meaning and direction to what we do: Evangelism and Discipleship. It is the good news of Christ and the teaching that transforms and permeates every gesture, every project, every effort. The distribution of biblical material, whether in print or audio, in regions with high illiteracy rates has been carried out in all the fields in which we operate. Direct evangelism, discipleship, and support for the local church are part of our interventions.

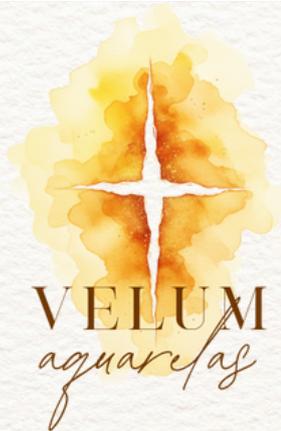


We encounter harsh and challenging realities—whether in the Sertão, the Amazon, or Nepal. These are complex social contexts, marked by deep needs. With each resource, we strive to meet urgent necessities, but we know that the essential thing to bring is the anchor-hope that sustains the soul: Christ and His eternal love. Despite the difficulties, when we place our faith in Christ, He dwells within us and builds in our hearts a "Home of Contentment"—what we call in English a Home of Joy.

Joyce Ciriaco  
Missionary / Nurse  
Founder of Home of Joy  
Presbyterian Church of Barra  
Marataízes/ES  
@homeofjoy\_org

### Photos:

1. Nepali girls benefiting from Home of Joy in villages of Nepal
2. Nepali girls benefiting from Home of Joy in Kathmandu/Nepal
3. Lecture on Combating Child Sexual Abuse in Piauí
4. Beneficiary children in Arcoverde/Pernambuco
5. Indigenous children from Amazonas after a Lecture on Combating Child Sexual Abuse with the clown Joy.



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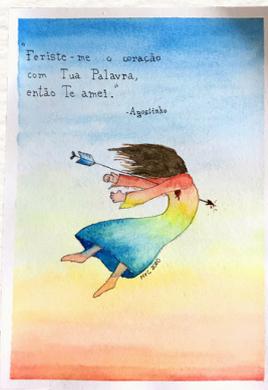
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# Maria da Conceição Antônio

### Vice President of MDC

Maria da Conceição Antônio is a medical doctor specializing in Clinical Medicine and Nephrology, with a postgraduate degree in Psychiatry and currently pursuing a master's in Bioethics. As the current vice-president of Médicos de Cristo (MDC), Conceição has many stories to share about her life, her conversion, medicine, cross-cultural mission, dreams, and projects. She granted us this interview, which will surely serve as an inspiration to the reader.

**MDC MAGAZINE:** Quilombola father, domestic worker mother, both uneducated. What was your childhood like in this context?

**CONCEIÇÃO:** Peace and Grace to everyone. Thank you for the opportunity to not only write about myself but also speak about God beyond me, who saw and sees me and loves beyond and despite me. I am the second child of this couple; the first was a boy who died before being born. I was an ordinary child, raised mostly in poor neighborhoods in Baixada Fluminense (we moved quite a lot throughout life), shy but happy, played, liked to study, but also enjoyed being with friends, playing street games. From an early age, I talked with my mother, especially about the events of my day-to-day life, a habit I maintained until shortly before her death. I was a quiet child, who lived with animals all my life, and spent time with cousins in their homes.

My father and mother worked; my father had two jobs, as one was on shifts. This way, we didn't lack necessities and lived in our own houses, although they were never finished and had little furniture.

However, we never lacked food. I believe my quilombola and indigenous origins contributed to my connection and care for nature, so much so that my first choice for a degree was biology, not medicine. The relationship with family and the importance of being with them; the dignity of a person regardless of origin or social class; the value of simplicity, the importance of friendship; the value of home, where we always find comfort. We usually received one piece of clothing per year, which never bothered me or stopped me from going to church, unlike some girls I saw. I remember one year, it bothered me so much that I went to the New Year's Eve service on December 31st wearing flip-flops, a well-worn jean skirt, and an old T-shirt; I must have been about 11 or 12 years old. I studied in private schools in the neighborhoods where I lived and completed elementary school in the city center, Belford Roxo.



MDC REVISTA: Tell us about your conversion.

CONCEIÇÃO: Recognizing my condition as a sinner/wrongdoer before God, repenting, and accepting and acknowledging Jesus as Lord and Savior happened when I was about 7 or 8 years old at a Baptist church that met in one of the rooms of the school where I studied. I was a sad child, not really knowing why, since there was no real lack in my life, perhaps it was the social context. Social disparities and human and/or animal suffering always bothered me; I even thought about dying. Jesus brought companionship, a sense of purpose, and value beyond myself and everything else.

MDC REVISTA: When did you feel called to be a missionary? Did you ever doubt this purpose?

CONCEIÇÃO: To this day, I talk about my doubts with God. In the true sense of the word "doubt," I hesitate quite a bit at times; my fears still speak louder at many moments. In the field, I cried during many precious moments, sometimes with visible tears and sometimes internally. Hard times come to all people, the deserts, as we call them; they serve to shake us and, like spring rains, help weak buds fall from the tree, as they would bear fruits that would cause problems. In the deserts, we can play the role of victims, bystanders, or experience them knowing that we are not alone, God is there as He always was and will be. I reviewed the calling many times and in all those times

the kindness and mercy of the Father found me there! I remained there. I am here.

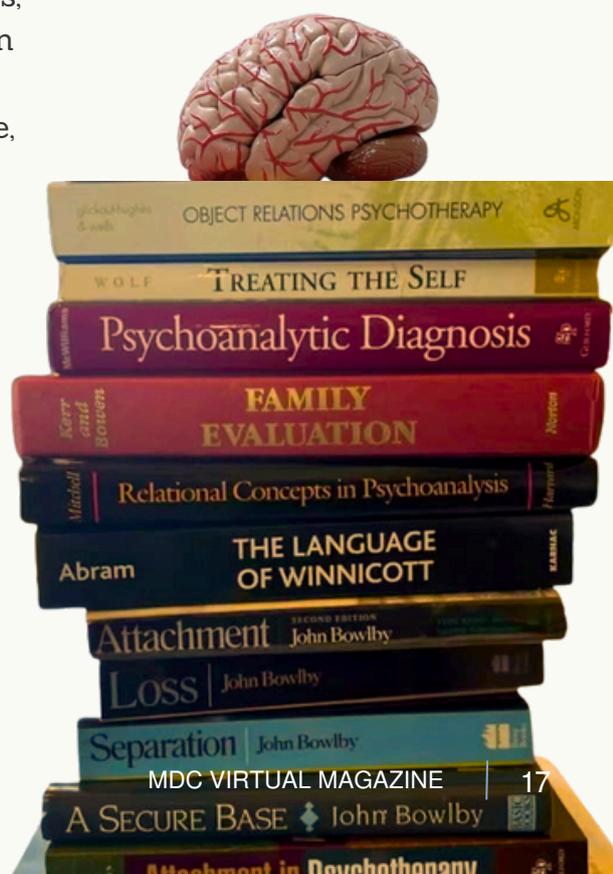
Why would someone self-sufficient, extremely powerful, intelligent, eternal, knowing yesterday, today, and tomorrow, the creator of the heavens and the earth—not only love, want, and enjoy relating to me—invite me to participate with Him in His deeds during my generation? This is surreal!

The landmarks of my missionary calling are three: one that occurred right after my conversion, after watching a documentary about the African continent, I told my mother that I wanted to be a doctor to help those people, saying that everything is possible for those who believe, once my mother pointed out our poverty as a limiting factor; the second landmark was at an evangelistic service in the ABEU college stadium in Belford Roxo, after the group that converted went forward, there was a call for missions, and the shy Conceição stepped out from the crowd and went close to the preacher. Both landmarks were kept in my mind.

In February 2000, already graduated and living in Cuiabá, during the carnival retreat, in one of the messages about service, I said yes again. This time, after talking with Pastor Waldir Rodrigues, I took some time for reflection and prayer, went through the organizations I knew at that time, and ended up contacting the missionary organization of the Brazilian Baptist Convention for overseas missions, the World Missions Board.

**MDC MAGAZINE:** Finally, medicine! What led you to choose this profession and how were your years at the University?

**CONCEIÇÃO:** Back then, it was just the Medical School of Petrópolis; it was my fourth option in the unified entrance exam. Today, it is UNIFASE with various undergraduate and postgraduate degrees. As I mentioned earlier, my first choice when selecting the course was biology, and here I'll open a parenthesis. At 8 years old, I was diagnosed as epileptic and used medication until my second year of college. Close parenthesis. Due to the medication, I have memory lapses, so I didn't remember my decision to become a doctor. Eventually, the course came as a response to what most resembled biology, which was medicine. I often say that God protects fools and innocents. I am both in many situations (...) my journey in medical school was proof of that; it was a time of many new experiences, living away from home, new friendships and connections, realizing that just liking to study and not getting good grades wasn't very beneficial, as what mattered was the grade scale. I found my peers, evangelical people like me who loved Jesus, and I still keep in touch with some of them to this day. Other peers were people who simply welcomed me and with whom I also maintained friendships. I needed to be at church only on Sunday mornings, at Sunday School, since classes were from Monday to Saturday and on Sunday night I would already be heading to Petrópolis, as I lived in Belford Roxo at that time. I didn't like this part very much because it distanced me from communal life and growth. I prioritized morning devotionals, which I knew would help me stay with Him in the academic environment. We moved cities during my third year of the course, allowing me to sleep at home. Whenever necessary, there was always a place to stay for a night or two. There were only three black people in the class: me, Mr. Francisco, and Reginaldo. But I confess that although I noticed it, racism didn't affect or hinder me. The peers I found, the family support, and friends, along with the church, generated more affection than the noise of racism. Many "good people" teachers were part of the circle of affection. During this phase, I was still quite shy. I don't know if I answered your question well (...)



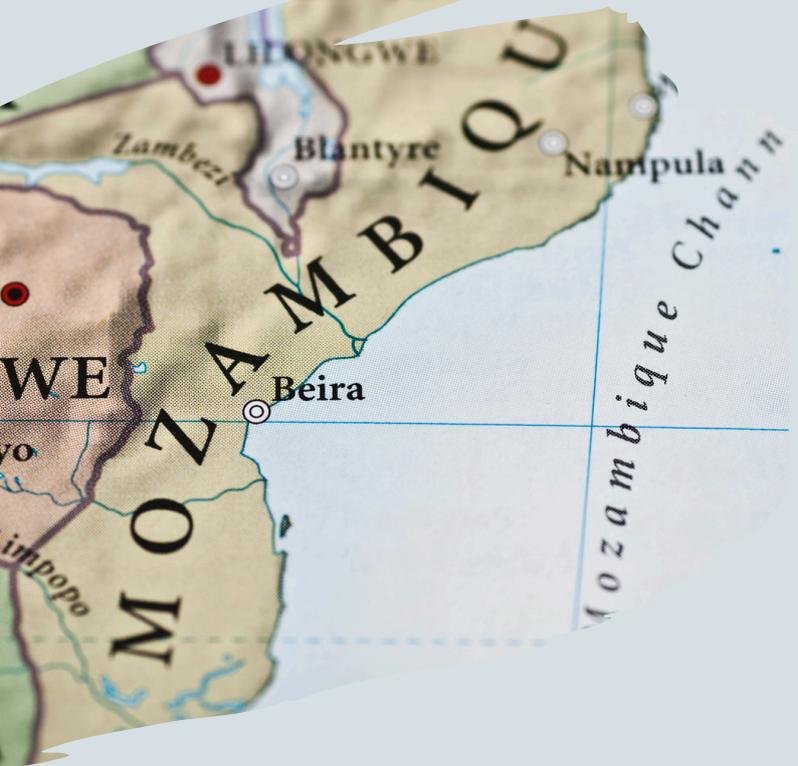
**MDC MAGAZINE:** In 2005, you went to Africa to fulfill your missionary calling. How did you prepare for this challenge?

**CONCEIÇÃO:** The preparation involved several areas and issues, and today, more than back then, I understand that my move from Rio to Cuiabá with my parents had this main focus: preparation for the field. I left Rio de Janeiro accepting a proposal to work with kidney transplants. I had finished my residency and was passionate about kidney transplants. The proposal was misleading, but Cuiabá was on God's path for me and my parents; my sister (actually my cousin, the daughter of my deceased aunt) didn't adapt and returned to Rio. In April 1999, a milestone began in my preparation to go to Botswana. In fact, I believe that throughout this "long time" of callings and the actual final stages to fulfill the calling, it was all about preparation.

During my time in Cuiabá, I attended a theological seminary, got involved with the Mato Grosso Baptist Convention, participated in social projects with church planting, was involved in the local church with youth leadership, taught Sunday school, and was part of the retreat organization group. It was a hectic time; many naps on the church pew and in the seminary desk (the course was at night).

God shaped Conceição, working on shyness and introversion; I learned not to fear public speaking so much, but as an introvert, I still prefer small groups. The local church, in a very special way, was an extension of my home, both for me and for my parents, and this may have been the main instrument for my spiritual growth as a person. Although, as previously mentioned, my sense of justice was very sharp and tense even at that time, as well as my need to express it, which led me to make many inappropriate statements. There are many details... In summary, I completed seminary and went to Rio in alignment with the World Mission Board (JMM), who presented me with the challenge of the Tent of Hope in Botswana.





a church planting ministry through social impacts. I thus took the Missionary Formation course, a preparatory course for candidates for the cross-cultural field by JMM.

From January to December 2004, I was in a boarding regime; I slept poorly, ate poorly, and developed coxofemoral bursitis. However, it was a “magical” time in the sense of transcendence, wonder, and deepening my relationship with God, which became more practical. My prayers transformed into true conversations, not just in the morning or at night, but during various moments throughout the day or night, anywhere. Experiencing God more perceptibly in my daily routines or disruptions was essential in the field. I learned about cost reduction (another essential for the field). Key people and friendships greatly contributed to all of this, alongside the instrumental role of the faculty at the Integrated Center for Evangelism and Missions (formerly IBER).

The time in Cuiabá was also crucial for my parents. Both retired, they worked on letting go of their only biological daughter to distant regions.

And on the other hand, it is difficult for me to let go and rest in God's sovereignty in caring for my parents, my "Isaac." My attachment was not to my status, profession, or money, but to my parents.

**MDC MAGAZINE:** In Mozambique, Maria da Conceição became Kgomotso. Tell us about this experience of living and serving God on the African continent.

**CONCEIÇÃO:** Kgomotso (Comfort) is actually my name in Tswana, the official language of Botswana. The project started in Botswana, in Mozambique. Living in Mozambique and serving God there were just sequences of loving God and walking with Him, nothing more. I can't see it differently. I increasingly understand that there is no difference in going or staying when we talk about missions, calling, or service. God challenges everyone to a deep, practical, and real involvement with Him, and from this relationship come decisions that impact lives; whether they are on your street, condominium, building, work, course, whatever. Where He and you are. Yes, being abroad brings many challenges humanly speaking. I went through many hardships, dangers, and deep sadness there. But everything boils down to Him, for Him, and with Him, so I'm not quite sure what to share with the question.

**MDC MAGAZINE:** Many young students in the health field also think about becoming cross-cultural missionaries. How can they make sure it is a calling and not just the desire of a well-intentioned believer?

CONCEIÇÃO: Saul came to mind; God had spoken through Samuel, instructing him to wait seven days for Samuel to offer sacrifices—Saul, with good intentions, did so. Another situation is the couple Ananias and Sapphira, who, with bad intentions (but well-intentioned in the eyes of the people), made an offering. In 1 Kings 14, it recounts another interesting story: Jeroboam's son dies, and the accounts lead us to think that he was taken away because something "good" was found in him. David was concerned about this in his prayers; in his songs, we observe this: "Create in me a pure heart, O God, and renew a steadfast spirit within me" (...) Where am I going with this? Being or having good intentions is a matter of the heart; only God has access to truly know, and, to make a play on words, the facts, which are often visible, can deceive those who only see.

The calling to go or stay will always be something between God and the person. We can have a range of signs that we can describe here as confirmation. God speaks through the Holy Spirit, and this can be through the Bible, the church, situations, and people. It will always be up to the person to know and identify their true intentions, whether good or bad. Unfortunately, in the field, we will face the consequences of these intentions or callings. Even those who are called can fail and sin, make wrong choices, and take actions in the field that generate consequences, often with serious repercussions for people and even for the Kingdom. A delicate subject, but my advice for young people in this dilemma is to deepen your relationship with God, learn to discern His voice from the noise, even those

produced by your own heart. The heart is deceitful and deeply corrupt. The texts I mentioned are in 1 Samuel 13; Acts 5; 1 Kings 14; Psalms 19, 51; Jeremiah 17

**MDC REVISTA: Why did you return to Brazil?**

CONCEIÇÃO: I would summarize it as God's timing. But using a milestone, it was my father's death; I returned to take care of my mother. My sister was not able to do so.

**MDC REVISTA: How has this long experience in Mozambique helped you as a doctor and missionary currently?**

CONCEIÇÃO: Brothers, it's so complex... there were many encounters and misencounters in Mozambique, but I'll focus on something specific from this time frame. Remember I talked about self-righteousness? There, it was God's time to focus on this area. Doctor and missionary were intertwined in me just as they are today, but this issue of being a missionary might be reflected in a phrase I said to my coordinator in a situation where I was questioned - a summary of the conversation was "I did not do or do anything that compromises Jesus, the project, the church, or even the agency." Being a doctor was just the technical, instrumental part. Listening, welcoming pains, caring, and prescribing, providing medications were just aspects of the mission. Experiencing and demonstrating God's love will always be the challenge, whether in the relationship with the locals, missionaries from Brazil or other places, working in a team in leadership, or being led.

I learned a lot, made many mistakes, cried, asked for forgiveness, erred again, grew, and found myself with God's kindness and mercy reaching and caring for me. Today, I am and strive to be lighter, enjoying more of all the segments of the fruit of the Spirit, yet with the old Conceição still within me. The decision for Jesus is daily. Choosing to love God, to deny oneself is daily, and on some days, this decision requires more attention.

**MDC MAGAZINE:** You have been working with Christian health professionals, pastors, and missionaries who experience anxiety, depression, and burnout, among other mental struggles. How have you helped them face these challenges? How can we, as health professionals and the church, collaborate to promote the mental health of our brothers and sisters?

**CONCEIÇÃO:** The first thing I would like to bring to this point is that there are still many false beliefs and prejudices regarding being missionaries or pastors or even being Christians/Evangelicals, and when we cross this with mental health issues, it can create confusion. Christian health professionals, pastors, and missionaries are not immune to illness, they are not super believers or hold a better or superior position that provides or brings any protection. And answering your questions, how do I think I help and what are my tips for the church to collaborate in promoting mental health? The church has a fundamental role, not only in promoting mental health but in bringing the vision of man as a whole and not fragmenting this man as medicine itself has been working on the person compartmentalized into professions and specialties, and in this case, I am placing medicine as an art not only for doctors but thinking about every professional whose focus is the care of some part of this being.



The church can thus promote health, for example, through studies on spirituality that is healthy, non-religious, non-dogmatic, and non-partisan. It can work on social skills by teaching and creating communities that know how to identify, accept, and deal with emotions. Encourage members to take care of their bodies with healthy eating, exercising, regular check-ups with doctors, and, when necessary, other professionals. Remember to teach about healthy money management starting from children's classes. Create an environment in the church of respect and acceptance of differences and diversity. And above all, focus on the two commandments that Christ himself emphasized—loving God with all your strength, understanding, heart, soul, and your neighbor as yourself. This will provide a Treaty of Care.

When I attend to people, I try to welcome those seeking psychiatric help; this involves listening without judgment and with intentionality; I seek to understand the stories behind the pain. I need to hear the history from pregnancy until now. Psychiatry is subjective; listening and understanding the paths and shortcuts taken, not only by the body but above all by the emotions and wounds, are essential data in my psychiatric practice. Discussing vulnerabilities and what can be done with them and beyond is part of the therapeutic journey that goes beyond medication. At the same time, I encourage psychological follow-up and, in some cases, pastoral counseling.

I try to bring part of this to the municipal clinic, but the demand does not always allow for this journey.

MDC MAGAZINE: How did MDC come into your life?

CONCEIÇÃO: How, I don't remember, as it was before I went to the mission field in 2005. I recall getting in touch with Wilson Bonfim; but I couldn't get involved. In 2014, returning from the field, I attended an MDC RJ meeting at Cinara's house and never left. I'm here.

MDC MAGAZINE: Besides MDC, we can find you in several Christian associations. Tell us about your participation in these entities.

CONCEIÇÃO: They are not many (laughs). The Body of Christian Psychologists and Psychiatrists (CPPC), where I participate as a member, enjoying the meetings and sometimes responding to requests for psychiatric care. Oasis Ministry, a ministry of missionary and pastoral care with counseling and therapy in twelve-day seasons throughout the year, where I was an active member for four years and am currently on the team, but attending only when possible, at least once a year; the units are in Anápolis and Belo Horizonte; I handle the psychiatric demands. Sisters Friends Movement, a movement formed by about thirty women whose aim is to foster self-care and mutual care among missionaries, especially cross-cultural ones, through small online groups, in-person retreats, workshops, and live sessions.

Quilombo, a group of master's and doctoral students who seek to discuss relevant societal issues and support each other on their academic journeys, where we schedule pre-defense meetings and discuss articles related to common interests. We celebrate life together. Volunteer psychiatrist in some agencies and missionary and/or pastoral care movements.

**MDC REVISTA:** You never stop! You are currently pursuing a master's in Bioethics. What else have you planned and dreamed of for the future?

**CONCEIÇÃO:** Dreams... maybe pursuing a doctorate, a postgraduate degree in child psychiatry. Setting up a missionary care scheme with visits to remote areas inside and outside Brazil, offering care through meetings, individual and family support, professional assistance. First, evaluating possible needs. Going on the retreat of the Irmãs Amigas Movement outside Brazil. Retiring. Being able to participate more in seasons at the Oasis Ministry in Brazil and Oasis Global (outside Brazil). Helping to develop a culture of mentorship within the MDC. Other postgraduate studies related to care and psychiatry/psychology.

**MDC REVISTA:** To conclude, we would like to hear your advice on secular work and spiritual life for young health professionals.

**CONCEIÇÃO:** Young people, secular work, spiritual life... I think it would be just one piece of advice: the necessity to be a whole person, whose life is grounded and expressed, no matter the environment or function in practice, as a result of a relationship with God that is practical, real, deep, and based on love. Our life here on earth requires this wholeness. So, in summary, love God in such a way that you bring Him into your daily life. I revisited this response to include some practices I try to execute in my walk with God: Daily time in prayer and reflection with biblical texts; talking to God at various times during the day; reflection on attitudes and choices, on how I have been living; communing in a community/church; reading books; seeking fellowship with peers along the way (those people with whom you can share pains and joys on the journey); confession and repentance of sins; walking with someone or some closer people like mentors, prayer sisters/brothers; getting involved in some ministry in the church; and other things.

"Love the Lord your God with all your heart, with all your soul, with all your mind, and with all your strength."

Jesus in Matthew 12. "Then I will give you the rains in their season, and the land will yield its harvest, and the trees of the field will yield their fruit." Leviticus 26:4.

Maria da Conceição Antônio - August/2025





# Doctor Luke

## And his major writings

Lucas is, without a doubt, the most well-known, read, and cited physician worldwide; and this has been the case for approximately two thousand years. His influence surpasses even Hippocrates, whose recognition is limited to the field of health professionals.

Even so, his importance is not always remembered, especially in academic circles and scientific forums where religious faith has become less valued. Paradoxically, this phenomenon occurred mainly within Western civilization, which flourished driven by Christianity, to which Luke contributed so much. Nonetheless, secular literature produced a widely disseminated historical novel that aptly identifies him as “physician of men and souls” (Caldwell, 1982).

In current times, there is a resurgence and appreciation of religiosity and spirituality in the practice of helping professionals, correcting the aforementioned oversights. It is only fair to recover the trajectory of this historical figure, highlighting the legacy he left behind.

## The character

Lucas lived in the first century of the Christian era. It is known that he was born in Antioch of Syria, a prosperous coastal city of that time. His family was likely Greek, with limited resources, brought to that region during the time of Hellenistic expansion.

One possibility is that he and his parents were slaves, a condition that characterized the majority of doctors of that era. Even so, given the social importance they held, these professionals enjoyed Roman citizenship. They were often itinerant workers, circulating freely within the territory of the Empire (Ribeiro, 1974). On the other hand, the rigor demonstrated by his investigative method, as well as the quality of the Greek used in his writings, suggest an aristocratic origin.

He is believed to have studied Medicine in Tarsus, a center of scholarship and knowledge located on the southern coast of present-day Turkey. For this, he would have received support and resources, in recognition of his aptitude and capability. In his time, medical knowledge had already spread from the Island of Cos, where the Father of Medicine was prominent, and he became a propagator of the Hippocratic school.

There is a possibility that, even being somewhat younger, Luke met and gained some knowledge with the future companion, Saul of Tarsus. What is certain is that they later united in the same Antioch of Syria, where a vigorous Christian Church flourished. There, the now Apostle Paul was preparing for his second missionary journey. Very significant is the inclusion of Luke himself in the narrative he produced, which happens explicitly in Acts 16:10.

There is a document from the second century of the Christian era that provides valuable clarifications. It is known as the Anti-Marcionite Prologue to the Gospel of Luke, in which it reads:

*“Luke was a Syrian from Antioch, Syrian by race, a doctor by profession. He became a disciple of the apostles and later followed Paul until his martyrdom. Having served the Lord with perseverance, single and childless, full of the Holy Spirit, he died at the age of 84.”*

This and other “prologues” sought to combat the thinking of a certain Marcion, all reaffirming the unity of the Bible. Some editions of the Latin Vulgate reproduced them, constituting a valuable source of information, as they were written at the beginning of Christianity.

The condition of being single undoubtedly favored Lucas's availability for the continuous journeys he undertook. As his writings demonstrate, he traveled long distances in search of reliable information and, whenever possible, went to primary sources, offering us trustworthy results.

Besides practicing Medicine, Lucas would have developed artistic skills, especially as an iconographer. Numerous biblical figures from his time would have been portrayed on canvases. Among them, there are references to four portraits of Mary of Nazareth herself.

The advanced age he would have reached allowed him about 17 years after the death of the Apostle Paul, witnessed by him, in the year 67 A.D. As for his own martyrdom, hanging from a tree, we find discrepancies. It would have happened in Thebes, which was the capital of Boeotia, in the Macedonian territory; or in Patara, an important Greek port, in what is now southern Turkey.

## The Gospel

Two books written by Luke stand out, both composing the New Testament. The first of these is the Gospel of Luke, which appears in the Bible after the Gospels of Matthew and Mark, and before the Gospel of John. All four are followed by the author's other writing, called Acts of the Apostles. Both, in fact, form a unit, as they complement each other masterfully. In both, the introduction stands out, with emphasis on the first recipient: a certain Theophilus, about whom nothing is known.

The name is Greek, suggesting that it had such an origin. It must have been a prominent, enlightened person, perhaps interested in Christianity. Therefore, Luke might have had an evangelizing intention. Another possibility considered is that it was someone influential within the Roman Empire's upper echelons, capable of conveying a positive image of Christians, who were so victimized by the persecutions arising from Rome.

In the first verse, Luke makes it clear that he consulted existing bibliography: "Since many have undertaken to draw up an account of the things that have been fulfilled among us..." (Luke 1.1). The Gospels of Mark, the first that was written, and then Matthew's were certainly included in this list. Furthermore, he speaks of "eyewitnesses," recruited from among the Apostles, Jesus' mother and brothers, as well as people who witnessed his deeds and heard his words (Luke 1.2). From there, he moves on to his own "careful investigation of everything from the beginning"; and defines his goal: to write "an orderly account" (Luke 1.3). Throughout, the careful criteria of a qualified person capable of producing a well-grounded document stand out.

The author's purpose is fully achieved. He starts with some background concerning the birth of the predecessor, John the Baptist; and soon moves on to the annunciation and the account of the conditions in which Jesus' birth occurred, adding relevant aspects. This is followed by information about his childhood, up to the age of 12. Then follows the public life of the one who is the Christ, the expected Messiah, culminating in his death, resurrection, and ascension.

The basic divisions of the ministry of Jesus Christ presented by Luke are: ministry in Galilee – Luke 4:14 – 9:50; ministry in Perea (east of the Jordan River) – Luke 9:51 – 10:24; ministry in Judea – Luke 10:25 – 19:27; the last week in Jerusalem – 19:28 – 24:53. Indeed, he offers an orderly and sequential account, as promised.

Regarding the prominent emphases, the place of Jesus Christ as the universal Savior, not only of the Jewish people, stands out; Christians are already considered the “Israel of God.” Prominence is also given to the Holy Spirit, and there is a repeated inclusion of women in the evangelist’s narrative.

Highlights include the description of thirty parables of Jesus, twenty of his miracles, four of which are narrated exclusively. There are detailed accounts of the crucifixion and details of the Resurrection and Ascension.

## Acts of the Apostles

Regarding the book of Acts of the Apostles, the recipient remains the same: Theophilus (Acts 1:1). This suggests that the two writings may form a work in two complementary volumes and that they can be read profitably in sequence.

The first verses transition with the end of the Gospel: Luke 24:50-53 connects with Acts 1:6-11. It is observed that the first writing ends by describing aspects of the Ascension to Heaven of the Lord Jesus Christ, which is the starting point for the second writing.

This is followed by the description of the descent of the Holy Spirit (Acts 2:1-4) and the events that soon followed: the nascent Church in Jerusalem (Acts 4:32-35), various episodes involving the Apostles Peter and John, as well as Barnabas, Stephen, and Philip. The first persecution is already presented, which resulted in the dispersion of Christians and the consequent expansion of Christianity (Acts 8:1-4).

Chapter 9 begins with the account of the conversion of Saul of Tarsus, who was a prominent figure within Judaism (Acts 9:1-9). From then on, the narrative focuses on the journey of this man who became the great propagator of the Gospel, the Apostle Paul, as per the honorary title granted to him by the Lord Jesus Christ himself (Romans 1:1; Ephesians 1:1; Galatians 1:1). His early years as a Christian are described (Acts 9:20 – 12:25), as well as his first missionary journey (Acts 13:1 – 14:28). The motivation, unfolding, and conclusion of the first Council of Christendom, under the leadership of James, are also reported (Acts 15:1-35).

The backstage and unfolding of Paul’s second missionary journey (Acts 15:36–21:26) follow, when an unexpected twist occurs: Luke introduces himself into the narrative (Acts 16:10), becoming directly involved in all subsequent events until the end of the book. This includes details of the time Paul was imprisoned in Jerusalem and Caesarea (Acts 21:27–26:32) and the turbulent sea voyage to Rome (Acts 27:1–28:31). This account is considered one of the most complete records of the navigation conditions of that time.

The question of dating both of Luke's writings arises. Most scholars set the period between the years 70 and 75 AD. Curiously, the book of Acts of the Apostles ends somewhat abruptly, describing Paul under house arrest in Rome, fully exercising his evangelistic work. It is known that he also wrote letters and communicated with Christians in distant regions. The Second Letter to Timothy is considered the last of his writings that we know of.

Why does Luke not carry his narrative through to Paul's execution, beheaded in the year 67 AD? It is said that he was the only witness to this cruel act, apart from the executioners (II Timothy 4:11). Was it his intention to leave a vigorous image of his companion?

There is also no reference to the destruction of Jerusalem by the Roman army, which occurred in the year 70 AD. Not being Jewish and being geographically distant, was this fact considered irrelevant to the objectives he had in mind?

Or exactly the opposite, if the primary purpose was to promote better acceptance of Christians by Roman authorities through the recipient Theophilus, would it not have been better not to put them in opposition? Based on the two omissions mentioned above, some authors prefer an early dating, just before Paul's martyrdom. Others, however, argue that the extent of the information and data collected would not allow for a hurried writing done in the heat of events still unfolding.

After Paul's death, Luke may have felt free and returned to the regions of Asia, including Antioch in Syria. With more time, he would have organized the collected material and dedicated himself to the final writing of his texts, completing them after the year 80 AD (Storniolo, 2022).

## Conclusion

Unique among the 40 writers of the Bible who was not Jewish, Luke made a significant contribution, composing almost a third of the content of the New Testament. Even so, references to him are limited to three, all in texts by the Apostle Paul: "Luke, the beloved physician, greets you" (Colossians 4:14); "Only Luke is with me" (2 Timothy 4:11); "Mark... Luke, my fellow workers" (Philemon 24).

The Gospel of Luke presents unprecedented accounts of events that shaped the earthly life of the Lord Jesus Christ, as well as healing miracles and precious parables spoken by Him.

Lucas visits Paul in prison. Scene from the movie "Paul, Apostle of Christ"



The Book of Acts of the Apostles, in turn, is the best source of information about the first century of Christianity, describing the activities of the Apostles and the emergence of Christian communities. Not without reason, the memory of Luke is honored as the patron of Medicine since the 15th century. Additionally, due to the skills attributed to him as an iconographer, he is also the patron of painters and even artists. His feast day is considered Doctor's Day—October 18.

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(\*) Lecture presented at the X Congress of Minas Gerais of the History of Medicine / III Congress of Juiz de Fora of the History of Medicine / I Congress of Juiz de Fora of the History of Medicine and Health, held from June 12 to 14, 2025.

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# Elijah's great desert

## Exhaustion at the peak of work in God's service

Moments of exhaustion arise not only from adversities. Positive things in life's course can also overlap to the point of bringing an individual to the brink of burnout. The workers and missionaries of the Lord, even though committed to working for something "exceedingly excellent" (1 Corinthians 12:31), and dedicated to fulfilling the Great Commission (Matthew 28:18-20), are not free from encountering this kind of frustration: the feeling of exhaustion. Anguish, sadness, loneliness, and hopelessness are other unfavorable emotional scenarios to which human work in the divine cause does not bring immunity.

Perhaps a great example of this type of desert that can arise at the peak of the work is the prophet Elijah, through whom the Lord performed incredible miracles and turnarounds. He was a man deeply experienced in communion with God (Elijah said, "As surely as the Lord Almighty lives, whom I serve, I will surely present myself to him today." - 1 Kings 18:15). How many figures in Scripture were spared from death; ascended to heaven directly to eternal life? Elijah was definitely out of the ordinary.

Even so, despite all the spiritual victories involving this exceptional individual, it is hard not to be surprised when reading chapter 19 of 1 Kings. Elijah had just witnessed God's undeniable triumph over the prophets of Baal. 450 men had spent the day unsuccessfully trying to awaken their god to burn the offering, while Elijah saw the altar he had built for the Lord ignite with his first prayer. "Shout louder! (...) " - he mocked his opponents - " (...) since he is a god. Perhaps he is deep in thought, or busy, or traveling. Maybe he is sleeping and must be awakened." (1 Kings 18:27). He had full confidence and conviction that Yahweh would emerge victorious. There was no other possibility: in addition to being humiliated, the prophets of Baal were all executed. On Mount Carmel, God inevitably prevailed.

However, the infamous Queen Jezebel, upon hearing of the feat, threatened the prophet's life, causing him to flee in fear. Here begins a completely new phase for Elijah. The man once full of boldness now feels panic and deep loneliness. He walked for a whole day until he reached a desert, already without the will to live: "I've had enough, Lord. Take my life; I am no better than my ancestors." (1 Kings 19:4). What a contrast to the bold Elijah we were accustomed to! Was he depressed? Suffering from burnout syndrome? We do not know... But there are useful lessons we can extract from the way God rescued him during this barren phase. Let's highlight two of them here:

### 1. Take care of your physical health:

When he arrived in the desert at Beersheba, at the peak of mental exhaustion, Elijah fell asleep under a broom bush. In the midst of the desert and desperate for his life, he perhaps collapsed exhausted under the first trace of plant life he encountered.

However, an angel instructed him to “get up and eat” (1 Kings 19:7). The prophet then found baked bread and a jug of water and helped himself. He then lay down again. The angel woke him once more, guiding him to eat again, because “his journey would be very long.” Strengthened by that food, he traveled forty days and forty nights until he reached Horeb, the mountain of God (1 Kings 19:8).

Preparation for missionary work or any other task to which we are called by God requires, in addition to technical and spiritual foundations, physical strengthening. We must take care of our bodies and our diet so that we can fully perform what the Father has for us. Remote places and hard-to-reach mission fields may require good health and physical condition from their workers, both due to the difficulty of accessing health services and the potential risks they may face. Health professionals tend to neglect self-care to dedicate themselves to the health of others, but let us remember that the body is a tool of work delegated to us by God in this life. It is the body that climbs mountains, undertakes journeys, and faces long paths to bring the Word to “all Judea and Samaria, and to the ends of the earth” (Acts 1:8).

### 1. Never abandon the retreat of personal communion with God:

In an isolated cave on the mountain of God, Elijah expresses his anguish with sincerity: “I have been very zealous for the Lord, God of hosts. I am the only one left, and now they are trying to kill me too” (1 Kings 19:10). “Lord, I am completely alone and threatened with death, ‘zeal for Your house consumes me!’ (Psalm 69:9),” Elijah seems to cry out. God then instructs him to leave the cave and stand on the mountain, where the presence of the Lord would manifest. A strong wind arises, with no trace of God. Next, an earthquake, in which Yahweh was also not present. After the earthquake, there was fire, in which divine communion was still not found. Finally, a gentle breeze settled in. In it, the Lord instructed the prophet on which path to take and what the next steps in his ministry should be. Elijah would soon discover, in fact, that he was not alone; on the contrary, God had preserved seven thousand people in Israel who had not bowed to Baal (1 Kings 19:18).

It is in silence, in inner quietness, and in the retreat of God’s presence that He speaks to us and instructs us regarding our next steps, revealing His will to us. Amid the hustle and bustle of daily tasks, even if they are not secular, we often fail to receive from the divine nourishing source. Jesus recognized the moments to send the crowd away and isolate Himself on the mountain to cry out to the Father. We must never abandon our individual place at the Lord’s feet, like Mary, Lazarus’ sister, who “chose the good part”: the good part will never be taken away from us (Luke 10:42).

Bianca Sampaio Bonfim  
Medical Clinic  
Metropolitan Baptist Church Salvador - BA

## Next events

### IV MDC STUDENT CAMP

## II LATIN AMERICAN MEETING OF ICMDA STUDENTS

a calling to Christian excellence in healthcare

From January 29th to February 1st, 2026, the city of Curitiba will host the IV Student Camp of the Doctors of Christ Association, an event that will profoundly impact the lives of healthcare students and professionals from all over Latin America.

This year's theme—"Blameless and Pure: A Call to Christian Excellence in Healthcare"—invites us to reflect on the role of the Christian in the world of healthcare: to be representatives of Christ in a field of ethical and spiritual challenges.

Inspired by Paul's exhortation to the Philippians (Phil 2:14-16), the camp seeks to awaken in each participant the urgency of being blameless, according to the scriptures, in all areas of life, including their professional lives, so that all may see that Jesus is Lord over all things.

The event will feature targeted lectures led by national and international guests, as well as practical workshops to consolidate knowledge, team-building games, and times of fellowship.

This camp is more than an event—it is a calling. A call for us, as children of God, to shine the light of Christ, reflect His character, and keep the Word of God alive in every action, word, and decision, in both our professional and personal contexts. Come be built up, challenged, and transformed!

 When: January 29th to February 1st, 2026

 Where: Curitiba, PR - Brazil

Register through our website or the QR code on the side.





## CONFIDENT CHRISTIANITY

### Class D - IN-PERSON BH

- Date: November 8th and 9th, 2025
- Saturday from 8:00 AM to 5:00 PM (GMT-3 - São Paulo)
- Sunday from 9:00 AM to 1:00 PM (GMT-3 - São Paulo)

Location: Belo Horizonte (MG) - Av Francisco Sales 1614 Santa Efigênia

Registration: <https://forms.gle/bEL1w2z3Ec8wzBaL9>

More informations:

<https://icmda.net/resources/confident-christianity/>

## SALINE PROCESS TRAINING

### Meet in person:

October 18 in **Belo Horizonte/MG**

Time: 8:30 AM to 6:00 PM

Location: Av Francisco Sales 1614 - Santa Efigênia

### Registration:

<https://eventosmedicosdecristo.associatec.com.br/Evento/saline-process---treinamento-de-testemunhas>

November 29 in **Brasília/DF**

Time: 8:30 AM to 6:00 PM

Location: soon

Registration: soon

### Online:

November 22

Time: 8:30 AM to 6:00 PM

Registration: soon

### Online - TRAINERS training

Time: 7:30 PM to 9:30 PM - Tuesdays

Dates: November 15 and 29

**Prerequisite: Completion of Saline Training**

**Registration link:**

<https://eventosmedicosdecristo.associatec.com.br/Evento/saline-process---treinamento-de-testemunhas>



What happened at MDC

july - september



**July Party  
MDC Curitiba  
11/07/2025**

**Confident  
Christianity  
MDC SP  
02/08/2025**



**"The missionary  
calling"  
Meeting MDC  
Campo Mourão - PR  
20/08/2025**

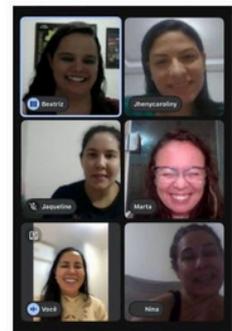


# What happened at MDC



**“Medical science in the Bible”**  
**Reunião MDC**  
**Campo Grande - MS**  
**16/08/2025**

**“The Mission Way”**  
**Online meeting MDC**  
**Campinas - SP**  
**21/08/2025**



**Saline Process**  
**Governador**  
**Valadares - MG**  
**30/08/2025**

# What happened at MDC

**"Good samaritan"  
Meeting MDC  
São Paulo  
30/08/2025**



**Meeting MDC  
Florianópolis SC  
30/08/2025**

**First Meeting  
MDC Belém - PA  
31/08/2025**



# What happened at MDC

**Meeting  
MDC  
Curitiba - PR  
31/08/2025**



**Meeting MDC  
Belo Horizonte - MG  
31/08/2025**



**Online Meeting  
MDC Roraima  
06/09/2025**



# What happened at MDC



**Volunteers at Baptist church of Nações Unidas Sabará, MDC - BH**

**Confident Christianity Florianópolis SC 12 e 13 /09/2025**



**Confident Christianity - Fortaleza CE 12 e 13/09/2025**



# What happened at MDC

**Saline process training  
São Paulo - SP  
13/09/2025**



**Meeting  
MDC Curitiba PR  
20/09/2025**

**Meeting MDC  
Patos de Minas MG  
24/09/2025**



# Corporate

Médicos de Cristo (MDC) is an association of evangelical Christian healthcare professionals and students whose main objective is to promote holistic health, considering the human being in their physical, mental, spiritual, and social dimensions.

To fulfill these objectives, Médicos de Cristo is based on four pillars:

## Calling



Awaken the understanding that medicine is a divine calling to serve God with love and integrity in health care.

## Fellowship



Promote friendship, mutual support, and prayer among Christians in the health field.

## Training



Equip Christian students and professionals to witness Christ with technical and spiritual excellence.

## Service



Serve society and support missions, using medicine as a tool of love and justice, especially for the vulnerable.

Médicos de Cristo is a member of ICMDA (International Christian Medical & Dental Association), HCFI (Healthcare Christian Fellowship International) e RENAS (Rede Evangélica Nacional de Ação Social).

[WWW.MEDICOSDECRISTO.COM.BR](http://WWW.MEDICOSDECRISTO.COM.BR)

# JOIN THE MDC



## BY JOINING, YOU:

**1**

I contribute to the association's projects and challenges.

**2**

Get discounts on MDC's online and in-person events.

**3**

Answer the call to be salt and light through your profession!



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