Good morning: Your Honor Lieutenant Governor Dowdeswell, Premier Wynne, Mayor Tory, distinguished head table guests, elected officials, faith leaders, ladies and gentlemen. It is an honor to be with you this morning.

I want to share with you this morning a story. In one sense, it is my story. But in another very real sense it is not my story, but God's story. And I tell it not to commend myself for some great act of faith, or to wow you with a tale of great adventure – though it certainly is a story full of drama and suspense. No, I tell this story for the same reason Moses instructed the Israelites to share their history with their children. Moses told the people of Israel, "When your children ask you why we observe these customs, you tell them, 'We were slaves in Egypt and the Lord delivered us with a mighty hand.'" (paraphrase Deuteronomy 6:21)

I tell this story to remind myself of what God has done in my life – how he delivered me with a mighty hand.

St. Paul's words to the church at Corinth sound eerily familiar to me, and they resonate deeply with my experience. In 2nd Corinthians chapter 1, starting in verse 8 we read:

8 We think you ought to know, dear brothers and sisters, about the trouble we went through in the province of Asia. We were crushed and overwhelmed beyond our ability to

endure, and we thought we would never live through it. **9** In fact, we expected to die. But as a result, we stopped relying on ourselves and learned to rely only on God, who raises the dead. **10** And he did rescue us from mortal danger, and he will rescue us again. We have placed our confidence in him, and he will continue to rescue us. **11** And you are helping us by praying for us. Then many people will give thanks because God has graciously answered so many prayers for our safety. (2 Corinthians 1:8-11 NLT)

I feel like I could have written those words myself. The team I was working with in Liberia when I contracted Ebola virus disease, they could have written those words to our supporters. And to the many of you who did support us and pray for us, to those who prayed for me when I was sick, and to those who continue to pray for our brothers and sisters in West Africa, I say thank you.

But my story started long before the Ebola outbreak that continues to wreak havoc on our neighbors in West Africa. My story starts with the call of God. God has a call on all of us, and it was this call that led my family to move to Liberia in October of 2013. We didn't move to Liberia to fight Ebola. Ebola was not even on the radar. I moved with my wife and two young children to Liberia in late 2013 because we heard the call of God in scripture when we read, "We are therefore Christ's ambassadors. God is making his appeal through us. We speak for Christ when we plead, 'Come back to God!'" (2 Corinthians 5:20 NLT) We took very seriously this appointment as ambassadors, and I

sought to use my professional skills as a family physician to serve people in the greatest of need, as a way of showing the love and mercy of Jesus.

And Liberia was a place of great need. We applied to the Samaritan's Purse Post-Residency Program – a 2-year mentorship for young doctors who feel called to a life of medical mission work. We were accepted into the program and agreed to an assignment at ELWA Hospital, just outside Monrovia Liberia.

My very first patient in Liberia was a 12-year-old boy that I refer to as Michael. Michael had type-1 diabetes: a condition where the body does not make insulin. If left untreated, this disease is uniformly fatal. But in industrialized nations like Canada and the United States, people with type-1 diabetes are able to take daily injections of synthetic insulin, and most are able to live otherwise normal lives. But in Liberia, maintaining a steady supply of insulin is a challenge, to say the least. Interestingly, Michael had been able to buy insulin and take it on a regular basis to control his diabetes. But this time when he ran out of insulin, he was not able to get more in a timely manner. Without insulin, his blood sugar soared to sky-high levels and he developed a deadly condition called diabetic ketoacidosis, or DKA. When Michael showed up in our emergency room, he was already severely dehydrated and nearly unconscious. I had learned in my medical training in the States how to confidently treat DKA, so I set to work ordering an IV drip of insulin and large volumes of IV fluids. But I quickly learned that this case of DKA was going to be markedly

different than the many cases of DKA I had treated in Texas. First of all, there was no electronic pump for the IV medications. I could not simply tell the nurse to dial in the correct fluid rate and let it go. Rather, we had to count the drips of fluid in the IV tubing and calculate the dosage based on the number of drips per minute for this critical medication. But the biggest difference I would face my first day on the job, trying to save this boys life, came to light when I learned that our lab was not able to check a carbon dioxide level. You see, I had learned in my medical training that the number you use to guide your treatment of DKA is a number called the anion gap – a calculation based on a few lab tests, including the carbon dioxide. What I learned in the heat of battle was that our lab would not be able to provide me with the information I had always used to guide my treatment of patients with DKA.

We did our best for Michael, treating him as aggressively as possible, praying for God to intervene and save his life. But after 2 or 3 days of treatment, Michael breathed his last breath and left this life for the next.

My very first patient as a medical missionary in Liberia was a 12-year-old boy who died of a disease that I thought I was fully capable of treating. And so began my life as a medical missionary in Liberia. In this country that had suffered through nearly 20 years of civil conflict and war, the people of Liberia had been devastated by the destruction of their national infrastructure, including their health care system. In this place with an average of

one doctor for every 90,000 people, death was a very real and present part of life. And death is no respecter of persons. It stakes its claim on the old and young alike, seeking to destroy hope for all those in its wake.

But I knew that my purpose in Liberia was greater than my ability to treat disease or the efficacy of my medications. I had come to Liberia to bring light to a place of darkness, to replace hopelessness with hope. I had come to Liberia because God had a call on my life.

In late March, 2014, just 5 months into my term in Liberia, we read headlines in the news about an outbreak of Ebola virus disease in neighboring Guinea. It was a long way from Monrovia, but we knew that we had to prepare our hospital for the worst-case scenario. If a patient with Ebola showed up at our hospital and we were not prepared, it would likely cost the lives of our hospital staff. So with those first headlines, we began preparing our staff and our facilities for the possibility of seeing a patient with Ebola. One of our surgeons, Dr. Debbie Eisenhut, an American from the state of Oregon, took the lead, preparing a 2-3 hour, hands-on curriculum for our entire hospital staff, covering everything from "what is Ebola and how is it spread" to "mixing a chlorine solution" to "disinfecting a dead body." We trained everyone, from the nurses and doctors to the janitors and cashiers. And at the same time, we prepared our facility, converting our small hospital chapel into a 5-bed isolation unit.

More than two months passed and Liberia contained the initial wave of the outbreak, and we never saw a patient at our facility. But we maintained our isolation unit and our protocols until one warm June night when we received a call from the Ministry of Health. There was a family in one of the slum neighborhoods of Monrovia that had lost 3 or 4 family members to what was believed to be Ebola virus disease. There were two more family members that were sick, and the Ministry of Health wanted to bring them to our facility – because we had the only functional isolation unit in all of Monrovia – a city of more than 1 million people.

From that night on, my life became more and more consumed with the care of patients with Ebola. At first it was just one or two patients at a time, but as the outbreak grew, our small unit began to fill up. Samaritan's Purse began construction of a larger, 20-bed unit. In addition Samaritan's Purse took over the responsibility for the care of all patients with Ebola for the entire nation of Liberia. I became the medical director of the unit in Monrovia, and we transferred all of the patients from our small unit and from another unit at the government hospital into our new, larger unit. But it was too little, too late. Within a week, as the outbreak began to grow exponentially, our 20-bed unit became home to more than 30 patients. But I never got to see the Ebola Treatment Unit in its overcrowded state. Because just three days after opening the new, larger unit, which we called ELWA 2, I woke up feeling bad.

At first, it was just an upset stomach and feeling a little warm. But within hours, my temperature began to climb and I began to feel fatigued. Over the coming days I would develop overwhelming nausea, headaches, body pain, and a telltale rash along with blood-shot eyes. On day four of my illness, the news we had all been dreading came back – my blood test was positive for Ebola Virus Disease. Over the next week my condition worsened. I had bloody diarrhea and received a blood transfusion from the hospital blood bank. I vomited blood and received a second blood transfusion, this time from a missionary friend. Then I was given a third blood transfusion, this time from our one and only survivor from our small isolation unit at ELWA hospital – in hopes that his antibodies might help me fight off the infection. But despite the best care my teammates and friends were able to give me, my condition continued to worsen.

On Thursday, July 31st, day 9 of my illness, my condition became critical. My fever was almost 105 F, I was breathing 30 times per minute (which is very fast), my oxygen level was low, and my heart was racing. Lance Plyler, our team leader, called on our entire team – and on my family back in America – to pray for me. And at the same time, he decided to give me the first dose of an experimental medication that had never before been tested in a human being. As the team there in Liberia – and thousands around the world – lifted me up in prayer, begging God to spare my life; and as the experimental drug (that was partially developed here in Canada) was administered to me my body began to shake violently. Then something miraculous happened. My condition began to improve. My breathing

eased. My shaking stopped. My rash began to fade. And my strength increased enough for me to be able to stand up and walk to the bathroom – something I had not been able to do for more than a day.

That improved condition lasted about 48-60 hours, long enough for me to be transported to the airport and evacuated on a special jet to Emory University Hospital in Atlanta, Georgia. Over a three-week period, my condition improved, the infection cleared, and I was able to be discharged from the hospital and reunited with my family.

Upon my release from the hospital, in an international news press conference, I declared publically that God saved my life. And indeed, he did. But I want to acknowledge to you today that I still do not know how he did it. Was there a supernatural miracle that occurred in my body that reversed the course of my illness? Or was the miracle in the fact that an experimental drug for a rare disease had been developed by collaboration between the United States, Canada and multiple private companies, grown in tobacco plants in a green house in Kentucky, and ended up at my bedside in Liberia on the day I was about to die? Or perhaps the miracle was in the insight of my caregivers to add potassium to my IV fluids – an action that, had it not occurred, certainly would have resulted in my early demise. Or was the miracle in the 12 years of preparation and practice by the Serious Communicable Diseases Unit at Emory University Hospital – despite the fact that in those 12 years they had not had a single patient with an actual serious communicable disease?

Or was the miracle in the collaborative efforts between multiple branches of the U.S. Government at the persistent request of Samaritan's Purse, to evacuate a sick Ebola patient from West Africa back to America – something that had never before been done? As one of the scientists put it, who helped develop the experimental drug that I received, he said "I now see that the miracles of God are not necessarily momentary supernatural occurrences. I now see that the miracles of God are in the details over decades."

I don't know how God works. I don't know how prayer works. I don't know why I am alive today, while more than 11,000 people have died in the outbreak in West Africa, and new cases are still being diagnosed every week.

But what I do know is this: I am alive today, and I am responsible for how I use this life I have been given.

Once, a teacher of the law asked Jesus, "What is the greatest commandment?" His question essentially was, "What is the most important thing that the God of the universe has ever communicated to creation." And Jesus answered him, "'You must love the Lord your God with all your heart, all your soul, and all your mind.' This is the first and greatest commandment." (Matthew 22:37,38 NLT)

Then he added, unsolicited, "A second is equally important: 'Love your neighbor as

yourself.' The entire law and all the demands of the prophets are based on these two commandments." (Matthew 22: 39,40 NLT)

That is God's call on my life – Love God and love my neighbor – and that is the same call he has placed on all of our lives. Whether you are a government official, seeking the good of the people whom you govern, or if you are the leader of a faith community seeking to guide your parishioners closer to God, or even if you are just a follower of Jesus with professional training as a family physician – we all share the same calling. Love the Lord your God, and Love your neighbor as yourself. And your neighbor may be that constituent in your riding, or that family in your congregation – or your neighbor may be a 12-year old Liberian boy named Michael. But this much is certain – you cannot love God if you do not love your neighbor.

So my question to you this morning is this – how will you love your neighbor today?