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Left behind book series review

The Left Behind: The Kids series is my favorite Christian book series of all time. It is very well written and appealing. Jerry B. Jenkins and Tim LaHaye wrote all forty books with the help of Chris Fabry. The kids' series is about the Rapture, the point in time when all of the Christians are called to Heaven. The 40 books in the series follow four kids who are left behind. Two of the kids were brought up in a Christian home and had not accepted the Gospel. The other two kids were not brought up in a Christian home, but they had heard the Gospel from their neighbors. These books are a very good Christian series. All of the books quote scripture and look at things from a Christian standpoint. The four kids accept Jesus by the beginning of the second book. The four kids spread the Gospel as much as they can. The books should be for kids 12 and up. The books can get a little scary at times. The series is very good and really keeps your attention. There are 40 books in the series, so it will take a while to read. This blog post was written by our homeschool student Eva, homeschool blog, homeschool writer, homeschooling in detroit, homeschooling in Michigan, student blog, The Left Behind Series "Two men will be in the field: one will be taken and the other left. Two women will be grinding at the mill: one will be taken and the other left. Watch therefore, for you do not know what hour your Lord is coming." ~Matthew 24:40-42 The world had a lesson in believing the unbelievable on September 11, 2001, as televisions around the globe displayed time after time in eerily cinematic quality the two jetliners plowing one after another into the twin towers of the World Trade Center. Even the toughest and most jaded among us were shocked and horrified. A relatively safe and secure nation was at once introduced to widespread fear and confusion, bringing many to call out to God for answers, for peace, for solace, and in some cases, salvation. Against this backdrop, many would likely find a heightened timeline and poignancy in Tim LaHaye and Jerry B. Jenkins's novel Left Behind, which tells the story of a world fully in the throes of the greatest and most terrible times the world could ever know—the apocalypse. Addressing the events of September 11, Tim LaHaye wrote, "Doubtless this will spark a renewed interest in the study of Bible prophecy to see how terrorism relates to the end times. And certainly it does." For LaHaye and Jenkins, their aim is nothing short of helping to prepare as many as possible for "His coming at any moment." This aim, while noble, may sound more the domain of a sermon or a lecture series, but Left Behind is a fully entertaining and believable work of fiction that relies as much on the writers' imaginations as it does on end times prophecy. This is undoubtedly a reflection of the authoring team of LaHaye and Jenkins—LaHaye the noted expert in Biblical prophecy and Jenkins a seasoned author of fiction. Together, the two have fashioned a book (and indeed an entire series) that has reached more people with an explicitly Christian message than perhaps any other modern fiction. To carry its message, Left Behind relies on fast-paced action and choppy dialogue in which readers find an almost journalistic account of the rapture and its aftermath. The story unfolds in pieces, as it might across the crowded screens of today's twenty-four hour news networks. This leaves the plot seemingly contrived in places and the characters a bit flat, but the overall effect is compelling. The third-person narrative covers a broad cast but jumps primarily between its two central figures: Rayford Steele, a middle-aged airline pilot who has resisted his devoted wife's efforts to bring him to Christ, and Cameron Williams, a young worldwide news magazine reporter whose ambition has kept him from ever seriously considering faith in anything other than himself. After millions of people across the globe vanish simultaneously, Rayford and Cameron—along with the rest of remaining humanity—are left to figure out how and why this happened as they navigate the instant chaos and confusion that grips the earth. Down separate but intertwining paths, Rayford and Cameron both find the answer to their questions, but instead of bringing resolution, the answer forces Rayford and Cameron each to decide the course he will choose in the face of the terrible truth. Though not overly graphic, Left Behind is intended for a mature audience. Scripture foretells a time of great terror and violence, and Left Behind does not sidestep this element. While the meat of Left Behind is an action-oriented plot, its substance surely lies in the book's sound presentation of its central theme: Christ is returning, be ready. Somehow, as the action throttles on, LaHaye and Jenkins manage to interject entire passages of scripture and full clips of gospel message. One character, after learning the truth of the vanishings and facing up to the reason why he was left behind prays: "Dear God, I admit that I'm a sinner. I am sorry for my sins. Please forgive me and save me. I ask this in the name of Jesus, who died for me. I trust in him right now. I believe that the sinless blood of Jesus is sufficient to pay the price for my salvation." Together, the pieces of the gospel message scattered throughout the book could arguably guide a reader through a decision to accept Christ as Lord and Savior, and the harrowing account of a world facing God's ultimate judgment might even hasten such a decision for any who are wavering. Some Biblical scholars disagree with the premise of a rapture of believers before the foretold period of tribulation, and some Christians fear that believing in it will leave many unprepared if they are to face the tribulation. Perhaps this is true, and perhaps it is not. One thing, however, is for certain: only the Bible can be relied upon entirely in all matters, including prophecy of the end times. It is almost certain that debate among Christians over interpretation of end times prophecy will not be resolved until the times are upon us. Nonetheless, the words of Jesus on the matter in Matthew 24 are unequivocal: "You also be ready, for the Son of Man is coming at an hour you do not expect." For this reason, each one of us should live blamelessly, in full faith and dedication to the gospel, so that none will be ashamed before Him at His Coming. Criticism aside, Left Behind is a fine achievement, artfully and convincingly weaving together well-reasoned Biblical prophecy, a plausible story of the end times, a sound if scattered presentation of the gospel, and a genuinely enthralling story...wow. With the first installment published in 1995, the Left Behind series is about to add its tenth volume, and with 50 million sold in the series, three number one New York Times best sellers, one feature film with more on the way, an audio drama series, and a children's series, Tim LaHaye and Jerry Jenkins stay true to their mission. "That everyone who reads this will be prepared for His coming." To learn more about the Left Behind series and its authors, visit the official website of the series, www.leftbehind.com. Elliot lives in Boone, NC and works at Southern Signature Foods. He is active in the youth ministry and Z-News and we welcome his contributions to The Intercessor. Photo Courtesy: Pacific Press/LightRocket/Getty Images On November 16, 2020, the American Medical Association (AMA) officially designated racism a public health threat. As the country's largest group of physicians and medical professionals, the AMA aims to promote the "betterment of public health," and it found that racism results in major discrepancies in the quality of care white people and people of color receive. This announcement is a meaningful one in large part because it's official recognition from a respected leader at the top level of the healthcare industry. And it's coming from the level where, when changes are made, there's greater potential for far-reaching, positive shifts that could more thoroughly combat the historic marginalization of people of color and their treatment in the healthcare sphere. During a year when we've had the privilege of witnessing what quickly grew into the largest civil rights movement in American history — a movement that's seen millions of people come together to demand deep, lasting change and racial justice — many of us have realized the importance of actively working to combat racism in all forms. In doing so, it's essential that we take the time to learn about the roles society's biggest institutions play in impacting the lives of people of color. The AMA is one of these institutions, and its recent announcement could help drive long-overdue change. Yes, it'll take time to begin implementing and facilitating policies that'll lead to those changes. But as that process finds its footing, it's important to gain a deeper understanding of the potential these changes have, along with how the AMA intends to pursue them.Racism Has Long Been Responsible for Negative Health OutcomesWhy is it such a big step for the AMA to make this statement in the first place? It's a potentially substantial effort to correct the long-term, historical inequalities that have affected people of color's access to healthcare and determined the poorer health outcomes they experience as a result of treatment. Discriminatory attitudes in the medical community — along with overarching ideas about how a person's race could impact their health — continue to negatively influence the care different groups receive. In addition to implicit bias, overtly racist ideas that are deeply ingrained in healthcare as a system put people of color at greater risk for contracting illnesses and subject them to less effective treatments than those white people receive. Photo Courtesy: Marko Geber/DigitalVision/Getty Images All of this to say, racism can impact a person's mental and physical health in innumerable ways. Black people have lower life expectancies than white and Latinx people overall, and they're at much higher risk of developing health conditions like high blood pressure, obesity and Type 2 diabetes. In the United States, Black and Indigenous babies are more likely than white infants to die in their first year of life, and, according to the U.S. National Library of Medicine, pregnant parents in those groups are "three to four times more likely to die from pregnancy-related causes." Additionally, experiencing racism is associated with higher rates of depression, anxiety and other mental health conditions, especially among Asian-American and Latinx populations. And this year, Vox reports that Black Americans are also dying from COVID-19 at twice the rate of white Americans. These statistics are striking. But they illustrate the pervasiveness of racist ideas that exist in the medical community, thus creating lower quality of life for people of color. Those higher risk levels aren't due to any biological differences between races — an idea that's been debunked countless times but still persists. Instead, people of color actually receive different medical treatment that ends up elevating their risk levels. "It's a holdover from the days of slavery," said Dr. Jennifer Lincoln, an OB-GYN from Portland, Oregon, referencing a time when doctors perpetuated incorrect beliefs about Black folks' pain tolerance and other physical attributes to justify the dehumanizing treatment of enslaved people. In fact, a 2016 study found that half of white medical students still think Black people feel less pain than people of other races, which leads to underprescription of necessary pain medications. That these unfounded and racist ideas have persisted this long demonstrates exactly why there's a need for not only the AMA's declaration but for real action. The AMA's Announcement Takes a Holistic Approach to Addressing Racism in HealthcareIn June of 2020, the AMA made a pledge in response to the growing protests and calls for sweeping social reform that swelled after the May 25 police murder of George Floyd. In this document, the medical organization's board of trustees committed to take "action to confront systemic racism and police brutality," which it recognized as urgent public health threats. Also included in the pledge was the AMA's promise to "actively work to dismantle racist and discriminatory policies and practices across all of healthcare" — to intentionally create equitable conditions and opportunities so people of color can benefit from higher-quality medical care than what they've been receiving. Photo Courtesy: MediaNews Group/Pasadena-Star News/Getty Images It's becoming clearer that this pledge wasn't something performative or a surface-level attempt for the AMA to align itself with a movement just to boost its own reputation. The November statement demonstrates that, due largely to the framework it sets up and the actionable steps it outlines for timely implementation. In addition to recognizing that race is a social construct — meaning it's a concept created by people, not something based on biological differences that can be medicalized — the statement also provides "a detailed plan to mitigate [racism's] effects" and "dismant[er] racist and discriminatory policies across all of healthcare." So how does the AMA plan to accomplish this, and what steps will it take? The organization proposes action on multiple levels. First, it plans to encourage structural-level change by advocating for government agencies and nonprofit groups to begin funding more research on the extent of the damage racism causes in healthcare. In addition, it'll push for more thorough research into ways to both repair and prevent those damages. The AMA also plans to encourage educational institutions to develop programs that teach medical students about the causes and effects different types of racism have on various groups — along with ways to prevent racism's negative health effects and to improve health outcomes for the future. In addition to using its influence to encourage other entities to take action, the AMA intends to follow a process its House of Delegates — the group's policy-making body — has outlined to lead by example. Included on this list of steps? The AMA will "identify a set of current best practices" for healthcare institutions, medical offices and hospitals at universities that make it easier for these entities to "recognize, address and mitigate the effects of racism on patients, providers" and other populations. Essentially, the organization will create guidelines that give medical professionals on a variety of levels concrete procedures to follow — a sort of roadmap to direct changes and remove barriers to implementing those changes. Finally, the AMA plans to collaborate with a variety of other medical associations to determine which elements of board examinations and medical education programs teach or reinforce racism so that these elements can be addressed.Is It Enough to Spark Change?Of course, the AMA's new recommendations are preliminary, not sweeping. They're somewhat broad, and they seem to involve ample "encouraging" of other entities, which admittedly feels a bit amorphous. But it's important to remember that this is just the beginning of a process that's going to take time. Systemic racism has been entrenched in American healthcare for centuries, and it's not going to vanish right away. But the new policies the AMA has presented do have the potential to propel widespread change and serve as springboards for other organizations. Photo Courtesy: Michael B. Thomas/Stringer/Getty Images News/Getty Images The early general consensus among the medical community and other healthcare leaders is that the announcement is a positive step. Dr. Ravi K. Perry, the chair of political science at Howard University and a member of the American Lung Association's COVID-19 advisory panel, told USA Today, "I think it has the potential to be a game-changer," explaining how "the AMA's announcement could be a significant catalyst in the progress of national racial dialogue and policy development to fight disparities." Speaking to Business Insider, Dr. Jessica Shepherd, a Dallas-based obstetrician and the founder of online health forum Her Viewpoint, noted that "it's important for organizations [to] take responsibility for making changes like these, rather than leaving the onus on individuals," but that she's been pleasantly surprised with how far things have come — and how far they might go if other groups continue to do this necessary work. Dr. Jose Torradas, a doctor of emergency medicine and creator of the bilingual toolkit COVID-19@home, took a more cautiously optimistic stance — one that does feel more appropriate this early on. "Meaningful impact happens when words become action," said Dr. Torradas. "Our asymmetric approach to public health...has taken form over decades, and change won't happen overnight." And he raises an important point. At this stage — without anything yet put into motion aside from a(n admittedly significant) declaration — it remains to be seen what actual lasting changes might stem from the AMA's proposed policies. But the official designation of racism as a public health threat in and of itself is a vital step. It shows formal, high-level acknowledgement of the life-threatening dangers racist belief systems pose — that leaders are aware something needs to change and are preparing to do something about it. It shows recognition from the same systemic level that's so long been responsible for perpetuating harm, the level where change could have the most notable impacts on society. And those notable impacts are needed now more than ever. Dr. Shepherd sums it up well: "If we don't make changes such as the one[s] we're discussing now, then we'll never really get to the heart of the problem." Things are past reaching a major turning point. And although more time is needed to tell if the declaration is what pushes progress around that corner, it's a step in the right direction. Here's hoping that the AMA's new policies are the first of many successful efforts in achieving long-overdue healthcare justice. MORE FROM ASK.COM

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