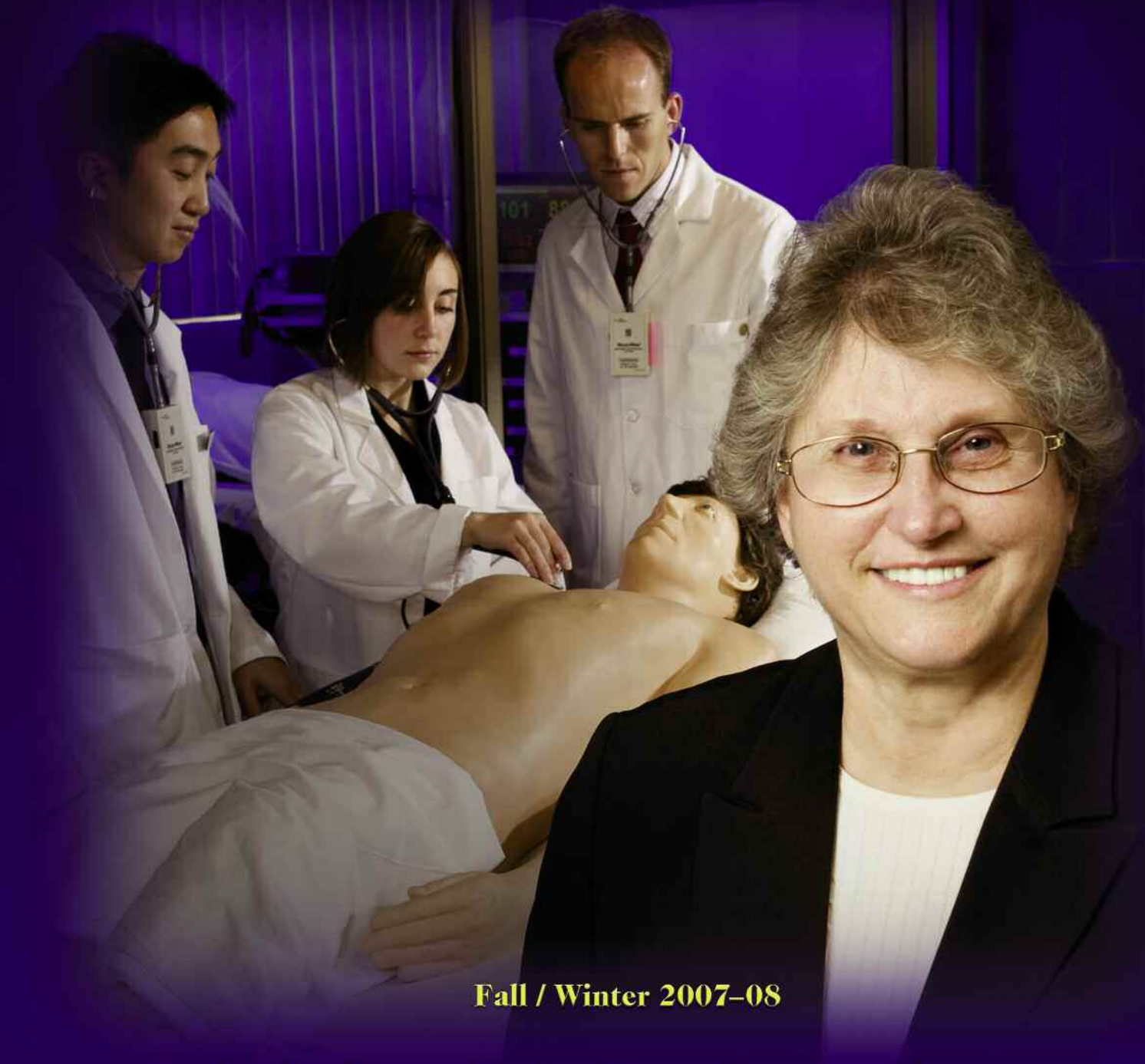


SCOPE

*LOMA LINDA UNIVERSITY ADVENTIST
HEALTH SCIENCES CENTER*



Fall / Winter 2007-08

*LOMA LINDA UNIVERSITY · LOMA LINDA UNIVERSITY MEDICAL CENTER & AFFILIATES
LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL · LOMA LINDA UNIVERSITY MEDICAL CENTER EAST CAMPUS
LOMA LINDA UNIVERSITY BEHAVIORAL MEDICINE CENTER · LOMA LINDA UNIVERSITY HEALTH CARE & FACULTY PRACTICES*



There is tension in the room. This is a baby in crisis. Physician-in-training Allison has seen this child before, but this time it's something new. There are critical decisions to be made—medications to administer—techniques to apply. Quickly, quickly now, there's no time to lose!

***There is tension in the room.
This is a baby in crisis.***

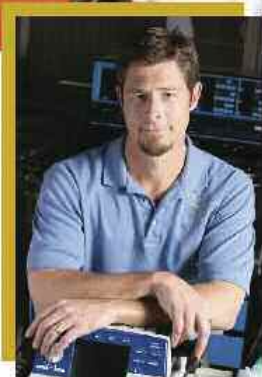
Allison's experience is paying off. She's confident in her skills, and responds with accuracy and speed. Finally, everyone breathes a sigh of relief. The baby is responding. The simulation ends.

Allison's experience has come through dealing with repeated, stunningly realistic patient situations in the Loma Linda University Medical Simulation Center. "Instant Replays" of student performance that include both a visual image and patient condition data sharpen students' capabilities with each simulated patient encounter.

When confronted with the problems of real patients as she begins her medical career, Allison's familiarity with best practices will be apparent in both performance and patient safety. She will be among hundreds of Loma Linda University graduates—physicians, nurses, paramedics and other medical professionals—who will leave this campus superbly prepared to put their training to work in patient care settings around the world.

"The Medical Simulation Center effectively trains health care professionals for real-life situations, under real-life conditions, but without real-life consequences. In its new Centennial Complex home, the Medical Simulation Center will become one of the nation's most advanced and comprehensive simulation facilities for health professions training."

Kent Demark, MD, FAAP, FACEP
Medical Director



LOMA LINDA UNIVERSITY
Medical Simulation Center
11041 Campus Street, Risley Hall, Room 202
Loma Linda, CA 92350



The Practice of Medicine



On the covers...

On the front cover:

PHOTO: Loma Linda University Adventist Health Sciences Center president B. Lyn Behrens, MBBS, is pictured with School of Medicine students in the current simulation laboratory, located in Risley Hall. A new simulation laboratory, greatly expanded in its technological innovation to match or exceed similar facilities in the United States, will occupy the fourth floor of the Wong Pavilion in the new Centennial Complex. This facility will provide Loma Linda University students with the opportunity to practice their medical skills in situations that are as realistic as possible, preparing them to provide life-saving care for their patients in the near future.

On the back cover:

TOP LEFT PHOTO: A young girl poses for a photo on the grounds of Yuka Adventist Hospital, in Zambia. The hospital joined AHI in 2002.

TOP RIGHT PHOTO: Gimbie Adventist Hospital, in Ethiopia, was one of the first hospitals to join AHI. Since then, a new hospital structure has been built, along with a nursing school.

BOTTOM PHOTO: Educators from nearby Gimbie Adventist Hospital, in Ethiopia, lead a health education class sponsored by Adventist Health International.

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Dr. Lyn Behrens announces plans to retire

After serving 17 years as president, the longest for any president in the institution's history, Dr. Behrens has announced that she will retire

BY DELONA LANG BELL AND RICHARD WEISMAYER

The president and chief executive officer of Loma Linda University Adventist Health Sciences Center, B. Lyn Behrens, MBBS, announced on December 12, 2007, that she will retire from her leadership positions in March of 2008.

"Dr. Behrens' 17-year term as president has been the longest for any president in the institution's history," says Lowell Cooper, MDiv, MPH, chair of the LLUAHSC Board of Trustees and general vice president of the General Conference of Seventh-day Adventists. "She has given outstanding leadership for the institutions on campus."

Elder Cooper states that during Dr. Behrens' time in office, Loma Linda University and Loma Linda University Medical Center have experienced remarkable growth and made important contributions for health education and health care regionally and internationally.

"Dr. Behrens has been very effective in creating and leading a team of highly qualified and committed executives," he adds. "She moves to a well-earned retirement from such heavy responsibilities, and does so with high admiration and appreciation from the Trustees."

In a recent interview, DeLona Lang Bell, president of CMBell Company and a consultant for LLUAHSC, sat down with Dr. Behrens as she shared her thoughts and feelings while looking back on a long and fruitful tenure of service at Loma Linda.

I know you would say the Gospel changes how we deliver health

care. But can you describe how that happens?

Illness equalizes all classes of society, and often causes patients to refocus on serious questions about life. Those with faith struggle with the questions about where God is during such times. And those who don't have faith search for meaning.

During this critical time, health care professionals can become agents of God's love to our patients. We listen to our patients' hopes and dreams, lift up Christ, and, as appropriate, pray with them.

This healing ministry matures and deepens over time as we stay connected with Christ. Our spiritual journey will take us to deeper levels in our relationship with Him, and that will impact the lives of those we serve.

How is this ministry aspect of health care incorporated into training for students at LLU?

Spirituality is an integral part of this institution. It is in the hearts of our faculty, staff, and clinicians. It is intentionally woven into the curriculum.

Students are required to take religion courses that address issues such as God and human suffering, living an ethical life, and maintaining a vital relationship with God in the demanding world of health care.

They are asked to check their own moral compass and they learn how to make ethical professional decisions. They are taught about whole-person care, maintaining appropriate personal and professional boundaries, and achieving balance in their lives. Our fac-

ulty model ways to provide spiritual care.

Recently, we have also established a taskforce to address the issue of physician wholeness. Our goal is to understand how we might better nurture these clinical mentors.

Isn't asking physicians to give this much to their patients challenging, particularly for medical students whose hours haven't historically contributed to wholeness?

Yes, it is very challenging to maintain the wholeness of those who care for patients. Fortunately, the hours worked by students, residents, and fellows have been significantly improved since I was a resident, but it is a journey that needs to continue.

Thinking ahead to the future, how do you envision this institution looking in 10 years?

First, I must emphasize three ways in which the institution should stay the same as it is today. We must stay true to our roots as an academic health center, blending together education, health care, and research; we must include a focus on health promotion and disease prevention in all our models of care; and we must continue to promote the concept of being agents of God's love and walking the journey of illness with our patients—not just in North America, but also globally.

We will be different, however, in some exciting new ways. The 21st century provides opportunities with technology, transportation, and medical breakthroughs that transform the way health care can be delivered around the



world. An example is technology-mediated distance education. It wasn't until the early 1990s that we had access to this technology, which has international implications for education and service outreach.

The institution will also experience growth. The hub here on campus will be connected to satellite locations through people and technology.

The Board has voted to build a pediatric and maternal academic campus that will expand our capacity to care for seriously ill patients here and globally through telemedicine and collaborative exchanges. In addition, new and exciting breakthroughs will emerge from innovation and research.

Our current centers of excellence—cancer, heart, behavioral health, children, transplantation, women's care, and the orthopaedic, neurological and rehabilitation program, as well as other centers yet to be identified, will grow and touch lives clinically and through education and expanded research.

Where will the funding for these come from?

It will require careful stewardship of resources. This is particularly challenging as we seek to serve all who need our care. Some dreams will only become a reality as others choose to invest their resources in these projects and leave a legacy to bless future generations.

What evidences of God's leading have you witnessed during your time here?

I could cite many examples of God's

leading, but one example that comes to mind occurred in the late 1990s, when the Medical Center, like many other health care facilities in America, faced financial challenges.

We had to meet some conditions for bond financing, which required that we have a certain amount of cash in the bank at two fixed dates during the year.

In both instances, we came right up to the day when we needed this, and we didn't have the needed money. The first occurred on July 1. The very day that we needed to have the money in the bank, we received two large payments for care and deposited the money in the bank just in time to meet the deadline.

At the December deadline, we had an even more significant occurrence. Once again, we did not have the money to meet the minimal cash requirement for our bond covenant, and it was unthinkable to default on a bond requirement.

We met together for special prayer. A line of credit was needed as a financial bridge. Unfortunately, this would take two weeks, which of course would be too late. We were told by our local bank official that only one person in their San Francisco office was authorized to make that decision and bypass their routine committee process. Unfortunately, he was on vacation. Still, she agreed to call, knowing the chance was remote that he would be in. As it turned out, he had just walked into his office for a few moments. He received the call and approved the request. Once again, we met our deadline.

Many times we have seen God's providence at work. To have lived these experiences is incredible.

You've been the longest-serving president in the history of this institution. What are the most significant lessons you've learned during your tenure in this position?

I am convicted that Loma Linda is a divinely ordained organization. That carries accountability to God for what we

do. We must make sure that our planning, execution, and our relationships are all guided by Him. Everything has to be done in a Christ-like manner. We must work hard and have courage. The more difficult our work, the more important it is that we travel the journey with Him.

Would you say that your career has been a spiritual journey?

Absolutely. Christ is central to all living—our model as teacher, clinician, and leader. The most important realization for me has been the need to live in the reality of His will, and to accept daily His saving grace and love as my Messiah.

Reading the Gospels through that lens is very orienting to one's behavior—guided by our chosen values of compassion, integrity, excellence, justice, freedom, purity, self-control, and humility. These are not just words on paper; they are a personal mandate to me. I must also attend to my own wholeness—the physical, intellectual, social, emotional, and spiritual aspects of life. That is an exciting and fulfilling personal journey.

What most surprised you about leading this institution?

God's intervention has been the greatest surprise and joy. The dedication of those who are members of our institution never ceases to amaze me, as well. One example of this dedication in particular stands out in my mind. When we were going through the toughest financial period, our employees joined the administration in taking cuts in their salaries. They sacrificed to ensure the viability of this place. That is the same selfless dedication demonstrated by the founders of Loma Linda.

Further, every day our people pour out their lives in sacrificial service to others. True humility is real in the lives of even our most brilliant superstars.

Finally, I am impressed by the blessings that we receive from service as we respond to our calling to serve globally, as well as locally.

What about your past prepared you for this position?

Rheumatic fever caused me to spend nearly a year in bed when I was a child. I had a lot of time to think during that period.

At one point, there was concern that the illness would be fatal. Fortunately penicillin became available. Later, I wondered if I would always be in bed, unable to walk. I made a commitment to God to spend my life serving others—hopefully as a physician.

Our family had no funding to make that possible, so if God wanted that, He'd have to provide the financial resources. He did, and the way opened for me to receive all my education, including basic living support, through scholarships.

You're the first woman to assume this role. Has that affected your position, and if so, how?

My being a woman was not the focus of my work. My colleagues and I have always been united in our focus on the mission of this place.

Leadership can be a discouraging road. One sees all that there is to do. One knows the inner challenges of the institution. What is it that keeps your courage up, that allows you to press on?

Every day I must begin with time alone in prayer, Bible study, and reflec-



Dr. Behrens addresses guests during one of the centennial events.

tion. Likewise, my colleagues have a vital spiritual life, and they bless me with their wisdom, collaboration, and prayer partnership. I find excitement and renewal in discovering new and better ways to translate our mission and vision into a reality in the 21st century.

What are the most significant accomplishments you've witnessed at this institution?

I am grateful for the more than 17,000 students who have become our alumni during this time, the countless patients who have been served, and the breakthrough research that has occurred here. Beyond that, the enormous growth in services to children has been unbelievable—in 1966 there was only an eight-bed pediatric unit. Now the Children's Hospital is poised to have its own campus. In 1966, there were four pediatric faculty and one resident, while now there are 117 faculty and 86 residents.

Further, we have witnessed transformation in care. For example, the James M. Slater Proton Treatment and Research Center is a breakthrough technology for providing radiation medicine therapy. Dr. Leonard Bailey proved infant heart transplantation to be life-saving. And our mental health program has remained viable in the face of declining national funding.

Finally, there has been much-needed expansion of our facilities and financial base. At LLU, we have witnessed the construction of the Drayson Center, which exemplifies our motto "to make man whole;" the Coleman and Chan Shun Pavilions; and the Wong Kerlee International Conference Center.

The Centennial Complex is currently under construction as well. At LLUMC, growth in the Children's Hospital facilities, the transformation of the East Campus, and enhancement of the Behavioral Medicine Center have taken place. Also, endowments are being developed to keep education affordable, to support research, and to help fund health care for the most needy.

What have been the biggest challenges?

Two challenges stand out in my mind. The first was the refocusing in 1990 of La Sierra and Loma Linda on their unique missions, which enabled Loma Linda to return to its roots as an academic health sciences center. The second was the financial challenges of the Medical Center that occurred during the late 1990s.

Was there ever a time when you felt that the task at hand was bigger than you?

Every day. I've always said that people would know that the turnaround in the Medical Center was of God's doing, because there was nothing in my life that prepared me for the magnitude of the challenge.

Clearly, God worked through dedicated and competent people—our administrative team, the Board, the turnaround committee, and all the Medical Center family made that happen.

That was a journey of faith because we realized that we had no room for error in our judgment—we had to make the correct decisions. We had an intense sense of prayerfulness during that period, and we also relied on each other.

What do you think is Loma Linda University Adventist Health Sciences Center's unique contribution to the Adventist Church?

Jon Paulien, PhD, dean of our School of Religion, has said that "Loma Linda is the face of the Seventh-day Adventist Church to the world."

We live at the intersection between the Church and the community—both local and international. We have a profound responsibility to be consistent ambassadors for God.

How does the Adventist perspective impact health care?

From the beginning, the Adventist Church has recognized the impact of lifestyle choices on personal well-being

and has emphasized the value of healthful living. Research confirmed the scientific validity of this teaching.

What do you think is the biggest challenge facing Loma Linda?

I believe our biggest challenges will be fulfilling our vision of "transforming lives" through increased growth, innovation, and globalization, while keeping this institution distinctively and joyously Adventist; sustaining our financial strength in the face of health care reform; and continuing to dream boldly about the future and translating these God-inspired dreams into reality.

Is there anything you wish you might have done that you haven't yet had the opportunity to do?

I wish I were 20 years younger! But two things come to mind: First, I'd like to provide opportunities for more donors to live out their dreams of impacting the world through philanthropy, especially as it relates to the pediatric and maternal academic campus.

Secondly, I'd like to bring health, healing, and wholeness to greater numbers of disadvantaged persons around the world.

You've put in very long days here. I can't see you walking away from Loma Linda completely. What are your retirement plans?

In the immediate future, I will give focused attention to my family. Loma Linda will daily be a part of my prayer life. I believe it has a profoundly important place at this time in the world's history. If I can be helpful in pursuing the institutional agenda in any small way, I would be willing to do that.

If you could give one final message to the alumni, students, staff, and faculty here, what would it be?

Experience the joy of living each day, receiving God's gifts of love and saving grace, and personally being about God's agenda in the world. SCOPE

Some major milestones during the Behrens years

1990

- ♦ Board of Trustees formally votes to recognize and designate Loma Linda University (LLU) as a health sciences university.
- ♦ First patient treated at Proton Treatment Center.

1991

- ♦ Behavioral Medicine Center opens.

1992

- ♦ Transplantation Institute founded.
- ♦ Office of Diversity established.

1993

- ♦ First kidney/pancreas transplant performed at Loma Linda University Medical Center (LLUMC).
- ♦ Children's Hospital opens.

1994

- ♦ Groundbreaking for Rehabilitation Institute.
- ♦ Sir Run Run Shaw Hospital, the most advanced hospital in mainland China, which LLUMC and the Adventist Church have helped to establish and manage, opens.

1995

- ♦ Drayson Center opens.
- ♦ Center for Molecular Biology and Gene Therapy opens.
- ♦ Unveiling of bronzed Good Samaritan sculpture.
- ♦ SAC-Norton clinic opens.

1996

- ♦ Roderick conjoined twins separated at LLUCH.
- ♦ First bone marrow transplant performed at LLUMC.
- ♦ Baby Juan Santiago receives first skin transplant at LLUMC.

1997

- ♦ Center for Spiritual Life & Wholeness opens.
- ♦ Wong Kerlee International Conference Center opens.
- ♦ Coleman and Chan Shun Pavilions open.
- ♦ Loma Linda University Adventist Health Sciences Center created.
- ♦ Ronald McDonald House opens.
- ♦ Center for Joint Replacement opens.

1998

- ♦ LLUMC recognized as among "America's Best Hospitals" by *U.S. News and World Report*.
- ♦ U.S. postage stamp honoring organ donors unveiled at LLUMC.

1999

- ♦ 100th liver transplant performed at LLUMC.
- ♦ First stem-cell transplant performed at LLUMC.

2000

- ♦ First autologous stem-cell transplant performed at LLUMC.

2001

- ♦ World's smallest pacemaker implanted into infant at LLUMC.

2002

- ♦ LLU Children's Hospital opens new pediatric emergency department.
- ♦ LLU opens new School of Pharmacy.

2003

- ♦ LLUMC named top company to work for in Inland Empire.
- ♦ LLU adds School of Science and Technology.

2004

- ♦ School of Dentistry assists new residency program in Armenia.

2005

- ♦ Centennial celebrations begin with "Fulfilling the Vision."
- ♦ Centennial celebration: "Fulfilling the Health Care Vision."
- ♦ Centennial celebration: "Fulfilling the Educational Vision."

2006

- ♦ Groundbreaking for Centennial Complex and Pathway.
- ♦ Centennial celebration: "Looking Backward to the Future."
- ♦ Exactly 100 years almost to the day from first dedication service, "Campus Dedication Service" takes place.
- ♦ LLUMC announces plans for new Ambulatory Care Pavilion/Outpatient Facility.

2007

- ♦ East Campus opens new rehabilitation-oriented park.
- ♦ Global Health Institute established.



What in the world is AHI?

Adventist Health International celebrates its 10th year of strengthening Adventist health systems in the developing world

By RICHARD H. HART, MD, DRPH

It began in the scientific and academic affairs committee of the University's Board of Trustees. On a board day in 1996, the LLU strategic plan was being presented for routine approval. The plan was full of our usual commitments to Adventist health care worldwide. Ron Wisbey, a board member at the time, asked the simple question, "Do you really mean all this? And if so, how are you going to do it?"

This simple query turned into a lengthy discussion regarding the many challenges facing the Church's health care institutions worldwide. Many hospitals were struggling to maintain quality services, and were suffering from poor finances and low employee morale. For those of us who knew these institutions, they seemed to be on a long downhill slide, with little hope of recovery. Unfortunately, the local church leadership was talking little about the problem, mainly because no one was sure what to do. And most of the medical missionaries had been sent home long ago due to decreased budgets.

Assessing the issues

Out of that committee discussion grew a major assignment. As dean of the School of Public Health and a concerned committee member, I was asked to chair a committee addressing the situation. We



A young girl poses for a photo on the grounds of Yuka Adventist Hospital, in Zambia. The hospital joined AHI in 2002.

were charged to take the next few months to assess the issues involved and come up with a potential strategy that Loma Linda could use to help with these problems. A small group of faculty was assembled and started meeting regularly for vigorous discussions on each issue.

We recognized many of the usual culprits, including diminishing Church support from North America, resulting in decreased budgets for missionaries and less institutional subsidies. But this led to the question of "Why is this happening, and can it be reversed?" We surmised that the real issue was a decreased interest—even burnout—for traditional international mission work. There were just too many stories of frustrated professionals, deteriorating national politics, threats to safety, misappropriation of funds, and struggling national economies. Many had concluded that the problems were simply more than the Church could solve. In addition, there was a widespread lack of awareness about the state of these hospitals and how much they had deteriorated. Most Church members still thought we were leading the pack, not dragging in the dust.

Should it be fixed?

After some months, our committee started engaging others in the discussion. Did we really want to fix this problem, or should we just declare an era had passed and let these institutions eventually close? Some of the answers shocked us, as a number of Church leaders felt the issue was too complex and too expensive to try and solve. It was easier to just let these hospitals gradually die and focus

our efforts elsewhere. Others thought the secular world had taken up the provision of health care, and there was no longer a need for church-based services. Still others felt that our young professionals were simply not interested in mission service, and this result was inevitable. The final issue that seemed to scare many was the threat of ascending liability, the fear that someone would sue us for poor care abroad and jeopardize the Church's resources.

As our small group reviewed each issue, from the perspective of global faculty with international experience, we started formulating a strategy. First, we concluded the real problem was not a lack of resources, but poor management caused by limited board governance and lack of leadership skills. If we could fix that problem, we felt donors would once again support our institutions. We also were sure that young Adventist professionals, both from Loma Linda University and abroad, if offered the chance to serve in a quality institution, would provide the skills and energy necessary to bring these institutions back to life once again.

And with health care needs increasing, not decreasing, developing countries certainly still needed our help. Life expectancy at birth, a common measure of health care, was dropping rapidly throughout Africa. There was certainly no basis for saying the world did not need our particular approach to health and healing.

Laying the foundation

In 1997, we took a proposal back to our Loma Linda University Board to

establish what we had started calling Adventist Health International. This new organization eventually came to have seven corporate members—the General Conference of Seventh-day Adventists, Loma Linda University, Loma Linda University Medical Center, Adventist Development and Relief Agency (ADRA International), Adventist Health, Kettering Medical Network, and Adventist Healthcare Inc. Careful legal discussions were held to best protect the “deep pockets” of these established institutions, while providing the support necessary to help our struggling partners in service abroad. AHI was fully registered as a 501(c)3 non-profit organization in 1999.

The first hospitals

In the fall of 1997, the General Conference offered two hospitals to the new organization (AHI). Would our new strategies work? Both of these hospitals were ready to close if help was not provided. Gimbie Adventist Hospital in western Ethiopia had deteriorated badly. The local government had given the Church 12 months (six of these had already passed) to fix the hospital or the institution would be closed. Davis Memorial Hospital, in Guyana, was caring for an average of two to three



Beré Adventist Hospital has seen a resurgence after joining AHI, led by James Appel, MD, a graduate of Loma Linda University. Above, Dr. Appel (third from left) poses for a picture with newly made friends.

inpatients and was bankrupt. In our enthusiasm and belief that we could make a difference, we accepted the challenge and began work.

New staff who shared our vision were recruited, buildings and equipment were repaired, and the long road to recovery began. We began to experience all the problems encountered when an institution suffers this much. Poor accounting and mismanagement

had led to unpaid bills, bad credit in the community, low employee morale, and dysfunctional systems. Staff with better employment opportunities had left long ago. It was difficult to convince people who had the skills we wanted and needed that things would be different with the new system. They had heard it all before. It was a real challenge to give them hope once again.

The tide turns

Gradually the tide started turning. Hospital staffs were right-sized, with reduction of redundant employees. New leadership brought effective management to each institution. Patients started returning. Bills were gradually paid. Accounting systems were introduced and monitored. National hospital boards were established in each country with expertise in governing hospitals. And hope gradually returned as progress was made.

The process for joining AHI was established and gradually other countries asked to become members. Zambia, with Mwami, Yuka, and Lusaka Eye Hospital, came on board. Haiti, with its many challenges, joined. Then Rwanda, Cameroon, Trinidad, and others. Within a few years we had grown to 21 hospitals and 52

What in the world is AHI?



Educators from nearby Gimbie Adventist Hospital, Ethiopia, lead a health education class sponsored by Adventist Health International.

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ADVENTIST HEALTH INTERNATIONAL *Countries*



clinics in 12 countries that are now part of the AHI network.

Establishing self-sufficiency

We learned it takes about 5 years to turn a hospital around and make it self-sufficient. It can be done, even in the poorest countries. Careful governance and management, obtaining appropriate grants and contracts, recruiting and training quality staff, and maintaining good donor relationships have been essential to this success. Essentially all of our current 21 hospitals are operationally solvent, though with narrow margins in many countries. We provide the resources from donors for new buildings and equipment, while they generate the revenue necessary to support their staff payroll and local expenses.

The benefits of a thriving hospital

There are many wonderful stories

coming once again from these institutions. It is clear that the local people and governments want us to be there and help with the many challenges of providing health care in the Majority World. The needs are immense. The impact of the “Big Three” infections—HIV/AIDS, malaria, and tuberculosis, as well as many other illnesses and injuries—continues to plague these communities. In many countries, life expectancy at birth has dropped from the mid 50s to 45 years and even lower. We invite you to visit our website at <www.adventisthealthinternational.org> to read about the many patients in these institutions who have been helped because of God’s leading.

Positively impacting others

Probably even more gratifying than seeing these institutions thrive once again has been the impact on our young

professionals. Interest in missions has never been higher at Loma Linda University. Growing numbers of students are asking to serve abroad after graduation. We are still struggling with adequate financial support, and have set up a Global Scholarship Fund that can assist with their educational loans while they go to serve. The local health professionals in each country are also increasingly willing to cast their employment future with the Church, believing they can now have the kind of practice and career they desire.

And as we all suspected, when an institution thrives, the Church grows. Health care has always provided the Church with credibility and political support when it is done well. New churches are being built around our hospitals. Government and international agencies want to contract with us to provide needed services. Opportunities to

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| Table 1. Adventist Health International Services Board | Table 2. Adventist Health International Board | |
|---|---|--|
| Lowell C. Cooper, vice president (CHAIR) <i>General Conference of Seventh-day Adventists</i> | Lowell C. Cooper, vice president (CHAIR) <i>General Conference of Seventh-day Adventists</i> | Allan R. Handsides, director <i>Health and Temperance Department General Conference of Seventh-day Adventists</i> |
| B. Lyn Behrens, president <i>Loma Linda University Adventist Health Sciences Center</i> | B. Lyn Behrens, president <i>Loma Linda University Adventist Health Sciences Center</i> | Richard H. Hart, president <i>Adventist Health International</i> |
| Ronald K. Benfield, vice president and CFO <i>Shady Grove Adventist Hospital</i> | Mardian Blair, president emeritus <i>Adventist Health System/Sunbelt</i> | Harold L. Lee, retired president <i>Adventist Healthcare, Inc. & Kettering Adventist Healthcare</i> |
| Richard H. Hart, president <i>Adventist Health International Services</i> | Maitland DiPinto, director, <i>Hope for Humanity</i> | Kevin J. Lang, vice president for financial affairs <i>Loma Linda University Medical Center</i> |
| Pardon K. Mwansa, vice president <i>General Conference of Seventh-day Adventists</i> | Larry Dodds, senior vice president <i>Adventist Health System/West</i> | Pardon Mwansa, vice president <i>General Conference of Seventh-day Adventists</i> |
| Donald G. Pursley, retired University administrator | George Egwakhe, associate treasurer <i>General Conference of Seventh-day Adventists</i> | Claude Sabot, associate secretary <i>General Conference of Seventh-day Adventists</i> |
| Brett A. Spent, vice president, finance and operations <i>Kettering Medical Center</i> | Ruthita Fike, administrator/CEO <i>Loma Linda University Medical Center</i> | Charles Sandefur Jr., president <i>Adventist Development and Relief Agency</i> |
| Jacqueline Wosinski, student and Swiss national | | |

expand our services to areas with no Church presence are available regularly. There are now four schools of nursing once again stable in AHI hospitals. More educational programs are planned. Often graduates of such programs are the seeds of Church growth.

Broad involvement with AHI

While AHI began at Loma Linda University, it is now reaching out for expertise and assistance from our other hospital systems in the United States and

elsewhere. The AHI board membership is shown in Table 2. We have recently formed a new organization called AHI Services (AHIS), incorporated in Switzerland, to further protect the Church's institutions from ascending liability. Though none of us will live in Switzerland, this seemed the best approach to provide more direct managerial support for the national AHIS organizations. The AHIS board is shown in Table 1.

There are many who assist with this effort here at Loma Linda University.

Donn Gaede, DrPH, assistant professor, global health, School of Public Health, serves as the secretary of AHI, and Lew Mowery Jr., CPA, director of internal audit for Loma Linda University Adventist Health Sciences Center, serves as our chief financial officer. Jerry Daly, MA, MSLS, associate director of our new Global Health Institute (GHI), coordinates equipment and logistics. Jan Zumwalt, RN, MS, MBA, also associate director of GHI, coordinates nursing services. Albin Grohar, PhD, executive director of advancement, manages our fundraising efforts. Dustin Jones, MA, special projects editor, office of University relations, produces our *Annual Report*, DVDs, and other informational services featuring AHI. Quint Nicola, DDS, assistant professor, School of Dentistry, manages the dental services for AHI. Ten dental clinics are now a part of AHI. Beyond this group of officers, there are many others who contribute their time and energy for specific needs.

Building new partnerships

One of the most gratifying parts of this movement has been the response of donors, both in the Church and beyond. The many needs of these institutions are supported by both large and small gifts,



Gimbie Adventist Hospital, Ethiopia, was one of the first hospitals to join AHI. Since then, a new hospital structure has been built, along with a nursing school.

providing around \$1 million annually. These dollars are stretched far, as all the officers of AHI volunteer their time in addition to their "regular" responsibilities. We here at Loma Linda are blessed as we experience the support of colleagues who value the work of AHI.

Expansion of AHI

What does the future hold? We do not know for sure. We continue to gradually expand as resources are available and requests come in. A number of other institutions and countries are waiting to join, while others are watching and wondering about this new organization. There is always a certain hesitancy to share management responsibility, which gives some local church leaders hesitancy about joining AHI. There are probably 50 more hospitals that need serious help. It is hoped that this will come from somewhere before it is too late. The discipline and structures necessary to make these places strong



The kindergarten class at Palo Cedro Seventh-day Adventist Church raised \$500 in quarters for Beré Adventist Hospital, Tchad.

again are sometimes painful. But God's blessings are evident as we remain under His direction. Clearly the benefits of quality health institutions to the Church's objectives have proven that we

should remain in the health care business, and it can be done successfully!

Richard H. Hart, MD, DrPH, is president of Adventist Health International. SCOPE

LLU students take on AHI hospital as mission project

Loma Linda University students, in cooperation with Adventist Health International, have "adopted" an African hospital in Malawi as a mission project for the 2007–2008 school year.

Since joining AHI in 2005, administrators and employees of Malamulo Adventist Hospital (MAH) have been working with the assistance of AHI to stabilize the institution. With one of the best physical plants in all of Africa, MAH represents great potential for the Church.

The Malawi project is an endeavor by Loma Linda University students and others to help Malamulo Adventist Hospital by expanding the health care and education projects at the medical facility.

"This project, initiated by Loma Linda University students, continues to grow daily," says Aimie Apigian, an



MD/PhD student. "Many individuals are involved in the project including students from all LLU schools, various clubs on campus, public schools in San Bernardino, local Seventh-day Adventist academies, students at the University of California, Riverside, and

students at California State University in San Bernardino."

Malawi is one of the 10 poorest nations in the world. Approximately a million children are orphaned as a result of AIDS. Approximately 70 percent of hospital patients in Malawi are HIV positive.

One of the major projects taken on by the students includes a water purification system for the Malamulo Adventist Hospital campus. Estimated total cost for the water project is \$50,000.

Other components in the Malawi project include education, communications, malaria, health care, and AIDS.

"For instance, it costs only \$50 to prepare a soccer field for students," Ms. Apigian says. "School books for one student for an entire year cost only \$35—a small amount for us, but a huge amount for a student taking nursing at Malamulo."



Mission to Nicaragua

Sixty-eight volunteers staff seven dental clinics in Nicaragua

By NANCY YUEN

The sun beat down mercilessly on the elementary school grounds in Anexo Villa Libertad, Nicaragua, where the Students for International Mission Service community health fair was being held.

The heat and humidity were extreme; all of the sunscreen, mosquito repellent, and makeup I had applied earlier in the day were now in puddles inside my shoes.

Setting down more than 30 pounds of video gear inside a darkened classroom, I placed the camera on a tripod and captured students from the LLU Schools of Nursing and Allied Health Professions (physical therapy), giving health talks. Side by side with nursing students from Nicaragua, they interacted with the audience, demonstrating how to safely pick up heavy packages in one session. In adjacent classrooms the students gave presentations on diet and distributed samples of dried local fruit; they also gave away toothbrushes.*

The town's electricity wasn't working, and so the lone electric fan in the classroom remained silent.

Inside classrooms, women and children sat at student desks, listening and asking questions as nursing students from Universidad Politecnica de Nicaragua (UPOLI) translated. The



The dental clinic at Colegio Bautista (an elementary school in Nicaragua) has been held for eight years. Inset (from left): Lisa Gortari, Kurt Sturz, DDS, and Jeff Firestone pose with a young patient.

classrooms were adorned with brightly colored posters on stress reduction, oral health care, nutrition, natural remedies such as charcoal, and body mechanics.

The health fair was the culmination of a public health nursing course taught by Kathie Ingram, MS, RN, assistant professor, and Anne Berit Petersen, MS, MPH, assistant professor, School of Nursing.

Working with Martine Polycarpe, MPH, immediate past director of Students for International Mission Service, they collaborated with UPOLI faculty months before the trip. LLU students met with UPOLI nursing students the day before the event to polish their presentations and create posters. "This proved invaluable," says Ms. Petersen. "They made our students aware of the area's unique public health needs."

The students also presented health talks at an elementary school.

They had raised \$1,800 from car washes and recycling prior to the trip, and had raised an additional \$1,300 in matching funds. The \$1,800 was used for education supplies, vitamins, and other incentives that were used and/or given out at the health fair.

"As for the matching funds," says Ms. Petersen, "the students were so moved by the conditions in the community surrounding the Acahualinca Elementary School that they set up a fund offering grants to organizations working in the community, with the focus on improving the community's health."

Mission to Nicaragua

The SIMS health fair held in June 2007 is part of an annual mission to Nicaragua that first took place eight years ago after School of Dentistry alumnus Mark Carpenter, DDS, MPH, attended a presentation given by a



Students from LLU (wearing blue uniforms) and Universidad Politecnica de Nicaragua held a community health fair.

Nicaraguan physician at the First Baptist Church in Redlands.

Inspired by the picture that was painted of the country's extreme need (it is the second poorest country in South America), Dr. Carpenter took action, establishing a dental clinic at Colegio Bautista and an elementary school in San Marcos. And his passion has spread. In mid-2007, staff in his dental office adopted a small town in Nicaragua.

Thomas Rogers, DDS, MPH, associate professor, dental educational services, joined the team in 2003. The yearly mission has flourished under their guidance along with that of Henry (Hank) Mercado, DDS, a friend and colleague of Drs. Carpenter and Rogers, who joined the team in 2002.

This year 68 volunteers—consisting of faculty and alumni from the Schools of Dentistry and Nursing, along with dental, dental hygiene, and physical therapy students, participated. And a total of 1,029 dental patients received care at seven clinical sites during the two-week mission (June 8 to 23, 2007).

Drs. Carpenter, Mercado, and Rogers each participated in dental mission trips (now organized by the School's service learning program) while they were students at LLU. And each is convinced that these early experiences performing short-term mission projects helped shape their life goals.

Drs. Carpenter and Rogers meet twice each week throughout the year to follow up on tasks that developed during the previous mission, and to plan the next year's trip. They meet during the predawn hours every Tuesday with Dr. Mercado, and with others on Thursday mornings while it's so early that many in the city are still asleep.

Dr. Carpenter recalls his earlier mission service. "While it was inspiring and life-changing to travel to many countries on mission trips as a young person," he says, "it is important to us to sustain and nurture relationships at both the local and national levels, while continuing to staff each clinic that we have started.



Members of the Nicaraguan mission team attend a farewell celebration with some of their young patients.

People are depending on us."

And so when the team travels to Nicaragua for the ninth time in June 2008, the Colegio Bautista clinic will be held for the ninth year. "As our team has treated the students, they have become our friends," says Dr. Rogers. "It has been rewarding to see them grow and finish school."

After they receive their dental care, and when they are asked what they want to be when they grow up, several of the youngsters excitedly reply, "Dentista!"

In addition to Colegio Bautista, the clinical sites now include a dental clinic for the school staff at Ave Maria College, where the entire team stays in dormitories; an elementary school near the Acahualinca dump in Managua, where hundreds of children work every day collecting recyclables to help support their families; and a clinic for children with special needs (held at Hospital Velez Paiz, a children's hospital in Managua).

The clinics this year also included a site for neighborhood schoolchildren in the Carmelite Convent within walking distance of Ave Maria College; a clinic held near the SIMS health fair site; and a clinic managed by Dean Brewer, DDS, held up north near Matagalpa, in a remote agricultural region, where farmers

who grow produce to feed the country received dental care.

Stories of service

Work didn't stop when the clinics closed for the evening. Several young patients had had front teeth extracted, leaving a gap. They felt self-conscious when they smiled or spoke. After volunteers made several trips to town for supplies, Jeff Firestone and Tri Duong worked past midnight outside the dorms where the group was staying. They used what they had learned during a course in restorative dentistry (prosthodontics), and created temporary partial dentures for these young patients.

One morning Ricardo Lopez, a young patient who had received his temporary denture the day before, delivered a hand-written note addressed to his student dentist, Jeff Firestone. It read:

Esteemed doctor, the reason for the present [meaning the note], is to sincerely thank you for having gifted me with my teeth. I give thanks to God for having sent you. I wish all of the dentists much success in your next work. I also hope you reunite soon with your families and those you love a lot. Without more to tell you, I leave you.

Ricardo Lopez

And throughout their stay, the team



Tom Chen, DDS, works with dental student Yojin Chon.

worked together, listening to their young patients. Dental hygiene student Chelsea Doyle befriended a young patient who encouraged her to come back to Nicaragua as an exchange student. Chelsea noticed that one of her front teeth was discolored and learned that the child had injured her tooth when she fell off her bike. Chelsea asked dental student Lisa Gortari to examine the tooth and, with the guidance of Tom Chen, DDS, they fixed the tooth, bringing hugs and smiles from the young patient.

Volunteers

At each busy clinical site, support staff make it possible for the dentists and students to treat more patients—volunteers sort and organize dental supplies, spend long hours sterilizing equipment, and keep generators running to power handpieces and equipment. When there is not enough support staff, the dentists pitch in. On the Nicaraguan mission trip, each participant is valued and vital to the mission.

Dr. Mercado also shares his enthusiasm about the project. During the past six years he has invited college students and retirees—patients from his dental practice in Redlands. Several of them chose dentistry or dental hygiene as a



Nursing students from LLU teach a class to Nicaraguan children.

life's work and are now dental students in their final months of training in the School of Dentistry.

Outside the dental clinic at the Carmelite Convent, generators and containers of fuel were neatly lined up and cords wrapped with precision, cared for by Bill Bagnells, a retired firefighter. "I was a fireman my whole career," he says, "and this is the most fun I've had in my entire life."

Brent and Patti Allan, friends of Dr. Carpenter, spent countless hours in sterilization, running generators, and assisting at virtually every clinic site. Each night while the volunteers ate dinner, the Allans tallied the hundreds of patients and procedures that had taken place that day. Brent also took more than 1,000 photos to document the trip.

**Editor's note: Video from "Nathan's Project," one of the seven clinical sites, is on "Loma Linda 360," segment 5; available on <youtube.com>. SCOPE*

U.S. dentists: Dean Brewer, Mark Carpenter, Tom Chen, Thomas Fitzpatrick, Pete Jimenez, Brad Lockhart, Matt Lyerly, Hank Mercado, Bonnie Nelson, Brian Novy, Tom Rogers, and Kurt Sturz
Nicaraguan dentists: Gabriella Baldano, Mildred Trejos, and Karen Zapata



More than 100 children who attend Acahualinca Elementary School (ACS) work half days in the city dump, collecting recyclables to support their families. The dental volunteers provide care to them at ACS.

LLUMC physician: Jason Smith

LLUMC nurse anesthetists:

Mary Brady and Nina Cortez

U.S. dental hygienist: Ruth Smith

LLU dental students: Lance Alder, Vita Borishkevich, Yojin Chon, Tri Duong, Denver Eslinger, Jeff Firestone, Lisa Gortari, Brent Hiebert, Sherin Johnson, Susan Lee, Nick Marongiu, Kari McCloskey, Tate Montgomery, Gerard Sabate, Angella Santos, Nicholas Wilson, and Ryan Wilson

LLU dental hygiene students:

Rivann Chea and Chelsea Doyle

U.S. assisting personnel: Brent and Patti Allan; Bill Bagnells; Michelle Bernal; Mara Brady; Barbi Carpenter; Alice Chen; Bob Denham; Kari Firestone; Erin and Francis French; Akala Lemus; Rachel Mercado; Quinn Montgomery; Shawna Newbold; Esther, Andrew, and Lindsay Valenzuela

Students for International Mission Service (SIMS): Martine Polycarpe, immediate past director

LLU School of Nursing faculty:

Kathie Ingram, Anne Berit Petersen
School of Nursing students: Jaisper Acosta, Marisa Evans, Patty Garrido, Stefani Girtley, Dino Montilla, Cheryl Mumford, Naomi Muya, Anna Ramirez, Christine-Joyce Santos, and Jessica Willemse

School of Allied Health Professions student (physical therapy): Eliane Naswari



Consumed by eating disorders

Two individuals struggled with anorexia. Today they are recovering, thanks to their hard work at the Behavioral Medicine Center

BY HEATHER REIFSNYDER

Tammy, a 25-year-old from Corona, California, enjoys kids and used to teach preschool. But something forced her to give up this job: an eating disorder she had struggled with since approximately age 15. Due to anorexia nervosa, Tammy would periodically faint.

"I didn't want to be passing out in front of my students," she says.

Still, she planned to become an educator, so in college, she is pursuing liberal studies with an emphasis in child and human development. In December 2006, she spoke with one of her professors about her struggle with anorexia.

The professor encouraged her to get help. Together, they considered a question that had been weighing on Tammy's mind: How would she be able to help children, and their families, if she couldn't even address her own needs?

Now, about one year later, Tammy has a dramatically different life. No longer is she slowly starving herself. Instead, she is journeying on the road of recovery. She's also on track to graduate from college this coming May and hopes to work with young children again. This time, she won't have to worry about passing out.

"I'm filled with joy instead of constantly feeling miserable," she says. "I'm actually living life and enjoying it, and I



For some individuals, food becomes an obsession that takes over their lives—whether it is overeating, purging, or denying themselves food.

can accept myself for who I am, instead of trying to push myself as I had for so long."

This transformation came about because Tammy sought help from her school's counseling center, where she was referred to the eating disorder program at Loma Linda University Behavioral Medicine Center (BMC).

Meegan's story

Yucaipa, California, resident Meegan, 44, is also living a changed life because of her experience in the eating disorder program at BMC. She looks healthy, she feels healthy—she *is* healthy.

"Being able to be comfortable with my body makes me able to also be more comfortable with myself as a person," she says.

Meegan had struggled off and on with anorexia for about 30 years. In her early 20s, she was hospitalized for treatment. Since then, she's relapsed three times.

Her most recent relapse—the one that caused her to come to BMC—began in the summer of 2006 after a spider bit her, causing a bacterial infection that left Meegan ill for a month. As a result, she lost quite a bit of weight—and liked the results. This opened the door to her old struggles with anorexia.

"It just automatically kicked in," she remembers.

For months, Meegan thought she'd be able to get a handle on the problem, but it spun out of control. Her weight dropped to just under 100 pounds. In addition to barely eating, she was using a lot of laxatives. She reached a point

where she couldn't get out of bed.

She spent three months this past summer in treatment at the BMC. Meegan believes that this time, she has been able to truly beat the disorder.

"The program at Loma Linda helped me to address my issues and get to the root cause of my problems," she says.

Dangerous disorders, life-saving help

The Behavioral Medicine Center, which opened in 1991, offers treatment for a variety of behavioral and emotional problems, including anxiety disorders; depression; issues stemming from physical, sexual, or emotional abuse; addictions; suicidal tendencies; and eating disorders.

According to the National Institute of Mental Health, eating disorders are medical illnesses with roots in underlying biological and psychological concerns.

The BMC treats the two main types of eating disorders—anorexia nervosa and bulimia nervosa.

Anorexia is a disease of self-inflicted undernourishment, driven by a distorted body image and the desire to be thin. Anorexics strive to keep their weight down in various ways: dieting, excessive exercise, self-induced vomiting, and misusing laxatives, diuretics, or enemas.

Anorexia can lead to medical complications and symptoms including:

- ▶ Thinning of the bones
- ▶ Brittle hair and nails
- ▶ Dry and yellowish skin
- ▶ Growth of fine hair over the body
- ▶ Anemia
- ▶ Muscle weakness and loss

- ▶ Constipation
- ▶ Low blood pressure
- ▶ Slowed breathing and pulse
- ▶ Reduced body temperature
- ▶ Lethargy

Some medical complications—such as impaired cardiac function, electrolyte imbalance, and fluid imbalance—can result in death.

Thankfully, despite her years of struggling off and on with anorexia, Meegan never experienced any major complications.

“I’m one of the lucky ones,” she says.

Tammy has not been as fortunate in this regard. Her anorexia led to conditions including osteopenia—a precursor to osteoporosis; cardiac and thyroid problems; migraines; low blood pressure; electrolyte imbalance resulting in severe edema in her legs and feet, requiring bedrest; and severe digestive problems.

Within a month following her treatment at the BMC, most of these complications had resolved themselves now that Tammy was getting proper nutrition. However, the osteopenia may never go away. And her digestive problems—which doctors are still trying to diagnose—continue, as do occasional migraines.

Bulimia—a disease marked by a cycle of binge-eating followed by purging, fasting, or exercising too much—can also lead to medical complications, including electrolyte imbalance, gastrointestinal problems, oral/tooth problems, kidney problems, and severe dehydration.

Like people with anorexia, those struggling with bulimia are unsatisfied with their bodies. However, they are not necessarily underweight. The majority of people with bulimia are of average weight.

Metamorphosis

Accredited by the Joint Commission, the BMC’s outpatient eating disorder program is an important source

Eating disorder resources

Loma Linda University Behavioral Medicine Center
www.llu.edu/llubmc/eatingdisorder/index.html
 (800) 752-5999

National Eating Disorders Association
www.nationaleatingdisorders.org
 (800) 931-2237

National Institute of Mental Health
www.nimh.nih.gov/health/topics/eating-disorders/index.shtml

MedlinePlus
www.nlm.nih.gov/medlineplus/eatingdisorders.html

of care for residents of the Inland Empire region.

The program has two components—an adult program, for ages 18 and over, and an adolescent program that treats 13- to 17-year-olds.

Patients go through a major transformation during treatment, says Robyn Hamilton, MS, a clinical therapist.

“It’s as drastic as the difference between a caterpillar and a butterfly,” she says. “They have been so entrenched in their poor relationships with their bodies that they haven’t been living fully.”

It takes a lot of intense work on the patient’s part—as well as the expertise of an interdisciplinary treatment team—to make this change possible.

Patients work with a psychiatrist, registered nurses, clinical therapists, a registered dietitian, clinical counselors, and chaplains. This team offers a structured program that provides holistic care addressing physical, psychosocial, and spiritual needs.

“As a nurse, I find helping the eating disorder population very fulfilling, because eating disorders—due

to medical complications—are the most lethal of all the mental illnesses,” says Sandy Alechman, RN, nurse manager of the eating disorder program.

“As patients progress in treatment, you can see the improvement in their mental, cognitive, emotional, and physical well-being,” she explains.

Patients begin their care in the partial hospitalization program, which involves spending about seven hours per day, five days a week, at the Behavioral Medicine Center. The work includes group sessions, one-on-one sessions with treatment coordinators, and family participation.

Each day includes two meals and two snacks; naturally, this can be difficult for patients who are extremely concerned about their weight.

“You come from a place where you’re barely eating,” Meegan says. “Consuming breakfast and lunch, as well as two snacks, while you’re there—it seems like a massive amount of food.”

But eating is just the start of the work that goes on. Therapy, of course, plays a big role. Patients attend both

individual and group sessions. Family members can also participate in therapy; for adolescent patients, this is a requirement.

Addressing the root cause of eating disorders is key to recovery. Both Tammy and Meegan say they were able to work through some of the issues that contributed to their anorexia.

“There are a lot of misconceptions about eating disorders,” Tammy says. “Some people say, ‘Oh, just eat; you’ll feel better.’ It’s not that simple. It’s very complex and it usually stems from experiences, trauma, or years of distorted thinking.”

Tammy was sexually and emotionally abused as a child, and she now believes this to be the primary cause of her eating disorder.

Meegan, too, was sexually abused during childhood, and she also thinks this laid the seeds for her eating disorder. Physically, she developed early, and the perpetrator told her that what happened was her fault—because she looked the way she did.

Furthermore, Meegan was a ballet dancer. She began dancing when she was 3 years old, and by about age 14, she was dancing seriously, eventually signing on with a ballet company.

In the ballet world, she faced enormous pressure to be ultra-thin. Her dancing instructors would tell her she weighed too much. Her father overheard this and started putting the same pressure on her at home.

“It festered and kept going on and getting worse until being thin became an obsession,” she remembers.

Besides therapy, education is another key component of treatment. Patients are taught about nutrition, stress management, coping skills, and goal-setting, for example. They are also taught very practical matters, such as how to grocery shop or eat in restaurants in a healthy manner.

Body image work also figures into treatment. For Meegan, this training to learn how to accept one’s own body was

especially exhausting—and helpful.

“After going through the program, I think that for the first time in my life, I’m able to look in a mirror and see myself for what I am, instead of seeing a distorted image,” she says.

Finally, a Christian perspective is integrated into the treatment. A spirituality group meets once a week, and one-on-one time with a chaplain is also available.

Tammy has always been a Christian, but she attributes a lot of her newfound joy to a deepened relationship with God, to whom she can give her problems.

“I always did what I wanted; I thought I knew what was right for me,” she explains. “Now, it’s God’s will I follow. I’m going to do what He wants and trust in Him.”

Life after treatment

After spending approximately four weeks in the partial hospitalization program, patients transfer to the intensive outpatient program for another four to six weeks—four hours a day spent at BMC, the rest of the day spent transitioning back into regular life.

Once patients leave the BMC program, their work is not over. They are still encouraged to meet individually with a therapist of their choosing. Furthermore, for six months after discharge, graduates of the program are invited to attend an aftercare group that meets weekly on Tuesdays.

“When you leave the program, you’re on a high. You feel indestructible,” Meegan says. “Then reality sets in. With the aftercare group, if we’re struggling, we have a place to vent, cry, talk about anything.”

Aftercare is also a place for graduates to hold each other accountable.

On a late Tuesday afternoon in early November, aftercare convenes at the BMC, led by Ms. Hamilton. Gathered in the room with her are four regulars in the group, as well as one who has come for the first time after fin-

ishing her treatment—Lisa.*

Since leaving treatment, Lisa had experienced a day where she temporarily slipped back into old behaviors.

She is assured by Ms. Hamilton and the rest of the group that it’s O.K.—it’s good—to share such bumps in the road. That’s exactly what they are there for.

The women go around the room in a circle, each updating the others on what is going on with life. Meegan says things are going great—apart from her highly stressful job.

Amanda is doing well overall but faces decisions about her education and career plans. Lisa is struggling with panic attacks, as well as concerns about her child.

Sarah talks about her relationship with her brother, how she had to get a new therapist because her previous one was behaving unprofessionally, and how school has been really hectic.

It’s a mixed bag for Tammy. She is happy that she is almost done with her medical tests, but on the other hand, she’s experienced some difficulties with her family.

For everyone in the room, life can be complicated, with ups and downs. Aftercare group helps them stay on the track of coping with stress and pain in a healthy manner, using the new skills they were taught as they went through treatment.

At the end of the session, the women walk out of the room and head to their cars. Back to life with the walls of their eating disorders torn down.

“I would not be in the place I am today without going to the BMC for treatment and learning from the people there that I did,” Tammy says. “I’m very thankful and I feel so blessed that I had the opportunity to learn so much.”

She adds, “I believe that I will be O.K. and that I’ll be one who recovers.”

*Some names have been changed to protect privacy. SCOPE



The Pettis papers dedication

*LLUAHSC honors two people
who chose to live extraordinary lives.*

By PATRICIA THIO

It was a day of celebrating the legacy of two people who served their country, led their community, and enriched Loma Linda University. On November 28, LLUAHSC dedicated the Jerry L. Pettis Congressional papers and Shirley N. Pettis Congressional papers that were generously donated by the Honorable Shirley N. Pettis-Roberson.

“Loma Linda has been a special place to Jerry and me, and I’m so honored that this great University will house the joint record of our Congressional service,” stated the Honorable Shirley N. Pettis-Roberson.

The day began with a dedication program held during the University student convocation. About 2,000 people attended the event at University Church, including special guests.

“Today we are recognizing public service,” explained Ruthita Fike, MA, CEO of LLUMC. “I would like to acknowledge two very special guests present on the platform: former First Lady Barbara Bush and Representative Jerry Lewis of the 41st Congressional District.”

Richard H. Hart, MD, DrPH, chancellor of LLU, noted “The remarkable gift of the Congressional papers and assorted memorabilia from the Honorable Jerry Pettis and Shirley Pettis will give our generation and future generations the privilege of remembering and marveling. For indeed these are ordinary people who lived extraordinary lives as they moved comfortably between our local community and its issues and the highest reaches of government.”

The young Jerry

Jerry Lyle Pettis was born at the close of World War I. Born on a farm in Phoenix, Arizona; he often admitted that he could milk a cow with the best of them. That is how he added money to his pockets and the way he even paid for his education.

After graduating from high school, the nearly 17 year old wanted to attend Pacific Union College (PUC) in Angwin, California. There was one problem: He didn’t have enough money. So the determined young man hitchhiked to PUC and walked into the president’s office.

“I’m here to enroll in college,” stated the young Jerry. “I’ll need to work all I can this summer to get a credit built up, and so I’d like

to start immediately.”

The surprised President W.E. Nelson asked, “What kind of work can you do?”

“I can do anything and everything that needs doing on a farm,” Jerry promptly replied. “I worked the last two years on a dairy farm in Arizona.”

The president was pleased with his answer. Most students were city kids and didn’t know a thing about the farm. Now Jerry could help the college farm provide food for the school and pay for his education.

He majored in speech and minored in history and Bible. His freshman year he became president of the speech club, and he served as class president his junior and senior years.



Former First Lady Barbara Bush (left) and Representative Jerry Lewis applaud the Honorable Shirley Pettis-Roberson during the dedication program. Photo credit: LaFonzo Rachal Carter / The Sun (San Bernardino)

The young Shirley

During the “Roaring 20s,” Shirley Neil McCumber was born, 700 miles away from where Jerry grew up in Mountain View, California. She lived a carefree life, moving from college town to college town since her father was a history professor.

“As I think back on it now, when we got beyond Peter Rabbit and all those wonderful stories that he told me,” shares the Honorable Shirley Pettis-Roberson, “we moved on pretty rapidly to the people who were instrumental in forming our country. I realized that this created in me a great interest in America.”

But it wasn't just history that interested her. This young girl had a passion for catching butterflies and was also a good baseball player.

After graduating from academy, Shirley studied pre-nursing at Andrews University in Berrien Springs, Michigan, and was accepted into the nursing program at Glendale, California. It was in school that Shirley met John McNulty, a premedical student. After they were married, Jack, who by then had graduated from LLU School of Medicine, was detached to the Fourth Marines and sent to the Pacific theatre. While on medical rounds at a base hospital, Dr. McNulty died of a coronary.

“When I think back,” shares the Honorable Shirley Pettis-Roberson, “that was where I learned that when you can't put your foot on the floor and take a step, you ask God to get you through the next hour and He does.”

Jerry and Shirley Pettis

In 1946, Shirley decided to attend Pacific Union College. It was here where she met Jerry. Although Jerry had already graduated and become a pastor and speech professor, he was now an airplane pilot for United Airlines. Shirley was an English major and worked for her professor, Dr. Richard Lewis. Unbeknownst to her, her teacher was playing matchmaker.

Dr. Lewis invited her over for lunch after church. While walking to the front door, she heard an unrecognizable melodious voice.

“I went to the door, and said, ‘I think you have company. Why don't you let me go back to the dorm?’ ‘Oh, no,’ they said and took me in, and Jerry was in his United Airlines uniform,” remembers Shirley.

“We just sort of looked at each other and visited a bit, and it was practically love at first sight.”

Shirley found that he was a tremendous campaigner. There were either flowers or phone calls to follow up. Perhaps he was practicing for his future career in politics.

Six months later they tied the knot and moved to Southern California, where they soon found themselves in Loma Linda. Jerry took the position as vice president for the College of Medical Evangelists, now known as Loma Linda University.

While serving at Loma Linda, Jerry initiated the University Councilors, an organization that continues to this day—but is now called the Loma Linda University Adventist Health Sciences Center Councilors.

A couple of years later, the Pettises created the Audio-Digest Foundation—a voice recording of medical journal articles on cassette tape. They also developed and owned the first high-speed duplicators of magnetic tape in the world. The company was a huge success.

The next quest: politics

While the Vietnam War raged, Jerry decided to run for Congress. It was a challenging campaign race. The current congressman had been in the House for 32 years. Furthermore, the district was largely Democrat and Jerry was a Republican. The results were close, but he lost by less than 1 percent.

In 1966, it was a different story. He won the seat for the 33rd Congressional District in California, becoming the first Seventh-day Adventist



Congressman Jerry Pettis poses with then-governor, Ronald Reagan. Congressman Pettis served in the House of Representatives from 1966 to 1975.

to be elected to Congress.

His first four years in Congress he served on the Science and Astronautics Committee. It was then, in 1969, when United States astronauts were the first to land on the moon.

While Congressman Jerry worked with fascinating pieces of legislation, Shirley decided that the wives needed someone to brief them about what their husbands were working on, “... because women who had lively minds and were interested in the issues were the ones I wanted to know, and we wanted to know each other,” explains the Honorable Shirley Pettis-Roberson. “And so we became close, bonding friends.”

Every other week, a dozen women would meet to discuss the most pertinent pieces of legislation. It was out of this group that she became close friends with Barbara Bush.

In 1970, Congressman Pettis was elected to the powerful Ways and Means Committee. He had the distinction of being the second man in the 20th century to gain this post after only three years of congressional service.



B. Lyn Behrens, MBBS (right), president and CEO of LLUAHSC, presents the Honorable Shirley Pettis-Roberson with the LLUAHSC President Medalion as Mrs. Barbara Bush looks on.

After joining the committee, Congressman Pettis helped author many laws, including comprehensive welfare reforms, new trade agreements, and Social Security increases.

On a local level, his efforts built a Veterans Affairs hospital in Loma Linda to replace the one destroyed in Sylmar during the 1971 San Fernando earthquake.

His major legislative efforts focused on enactment of his California Desert Protection Bill, which he introduced in three Congresses.

In the eight years that Congressman Pettis served his country, he was recognized by many. *Christian Science Monitor* honored him as Outstanding Congressman. He received the Watchdog of the Treasury Award for support of thrift in government spending, achieved a 100 percent national security index rating, and was given numerous commendations for service and leadership in Congress.

But on Valentine's Day, in 1975, a tragic accident took his life. The Pettises had separate appointments that morning. Their plane was at the Palm Springs airport since Congressman

Pettis planned to fly back to Tri-City Airport in San Bernardino. Mrs. Pettis planned on driving their car to Glendale for an appointment.

As they drove together to the Palm Springs airport, Jerry told Shirley that he would tip the wings of his aircraft when he saw Shirley driving their car below him. When they pulled up at the airport, he kissed her good-bye and got out of the car.

“See you tonight, Love,” he told her. Shortly after, Shirley heard a plane overhead. She looked up and saw the plane that Jerry was piloting tip its wings. His plane went down shortly thereafter in the Banning Pass area.

Memorial services were held on the campus of Loma Linda University at University Church with more than 3,000 people paying their respects.

Days after his death, his colleagues encouraged Mrs. Pettis to run for his seat.

“I kept hearing Jerry,” remembers the Honorable Shirley Pettis-Roberson. “He'd be exhausted at the end of the day... and he would say to me so many times, ‘You know, Shirley, you'd make a

good Congresswoman.’ We'd laugh. But I remembered it. I realized that there were many unfinished things that he would have really wanted to finish—bills halfway through.”

On April 6, 1975, the news reported that Shirley Pettis had a landslide victory, defeating 12 opponents. Congresswoman Pettis was the fifth woman from California to serve in the House of Representatives.

One of the first projects Congresswoman Pettis decided to work on was to finish the California Desert Protection Bill that her husband started.

Her hard work paid off. The *L.A. Times* wrote an op-ed piece how the “woman in red” was able to pass her bill. They stated, “It was the most monumental piece of land legislation in our era.”

The California Desert Protection Bill secured wilderness status for nearly half a million acres in Joshua Tree National Monument.

While on the committee of Interior and Insular Affairs, she played a significant role in environmental issues, winning federal funding for a cleanup of the Salton Sea, which was home to migratory birds, preserving the timber wolf, and bringing the first solar power plant in the nation to her district.

As a representative for 16 Native American tribes, Congresswoman Pettis aimed to improve the health and welfare of Native Americans.

During her second term in the House, she visited the Middle East often as part of her seat on the International Affairs Committee.

Under the Congresswoman's leadership, the VA hospital in Loma Linda was named in honor of her late husband. In 1977, it opened as the Jerry L. Pettis Memorial VA Hospital.

Congresswoman Pettis, who helped co-found the Women's Caucus in 1977, recalled that she had to prove herself since she was one of the few women in the House.

“In the Capitol, there's an elevator

that says 'members only' above it," remembers the Honorable Shirley Pettis-Roberson. "And I got in the elevator one day and a very prestigious chairman of a committee was in the elevator with me. As I got off the elevator he said, 'Now whose secretary did you say you were?'"

Such experiences led Congresswoman Pettis to encourage young women to enter politics, not only to fight gender discrimination but also to fulfill their responsibilities as good citizens.

"Politics isn't a far-off thing that happens in a state capital or in Washington," she once remarked. "It involves the road you drive on, the schools you attend; it's the groceries you buy. It isn't far away from you. It's important that everyone become involved in the issues central to their lives."

Congresswoman Pettis retired from the House in 1979 after choosing not to run for reelection. But the Pettis Legacy of honor and service still lives on.

"I don't know anybody who was liked more or respected more by their colleagues than Shirley and Jerry," says former Rep. Paul N. "Pete" McCloskey, who served in the House with both of

them. "They added something that I wish existed today. They added respect for others of differing views and that is essential to the legislative process."

The Pettis papers dedication service

After audience members viewed "The Pettis Legacy," a video tribute, the program continued with speeches from significant individuals.

Lowell C. Cooper, MDiv, MPH, chair, Board of Trustees, stated, "These papers not only illuminate, preserve, and extend access to this nation's past from their unique perspectives, but they also help to bridge the gap between the academic world and public life. And for this we express our gratitude to them."

"But, in this particular community and in these health science institutions, we are indebted to these two individuals for so much more. Their contributions on behalf of the Loma Linda University and the Children's Hospital extend far beyond their roles and years in public service. Their legacy here is a strong thread in the fabric of our institutional history."

Elder Cooper continued to share

how their legacy includes Jerry Pettis' organization of the University Councilors, now known as LLUAHSC Councilors. That group has since then provided leadership and financial support for such projects as the Drayson Center, the Chan Shun complex, and the Centennial Complex, which is currently under construction. In fact, Jerry Pettis initiated the publication of the University's current magazine, *Scope*.

The Honorable Shirley Pettis-Roberson was the founding Chair of the Children's Hospital Foundation Board and founding member of the Big Hearts for Little Hearts Desert Guild.

She has also served as a member of the University and Medical Center Boards of Trustees and as a LLUAHSC councilor.

The Shirley N. Pettis Award established by Children's Hospital was named in her honor to acknowledge the contribution of individuals who model her outstanding dedication to children.

Next, Representative Jerry Lewis stood at the podium, noting, "I can't remember a crowd like this in this church since my most meaningful visit—the funeral of Jerry Pettis."

Rep. Jerry Lewis and his wife, Arlene, played a key role in Jerry Pettis' first successful campaign for Congress. "Indeed, when we were trying to put Jerry's successful campaign together, one of our biggest challenges was to get people in this community to register to vote for the first time."

Next, the Honorable Shirley Pettis-Roberson spoke about her experience in the House (read her full speech on page 26) and shared a lesson with the audience. "First, each of us can make a difference, every day, and in everything we do. Further, we need the company and support of others, for none of us works alone."

Former First Lady Barbara Bush expressed how honored she was to speak since she and the Honorable Shirley Pettis-Roberson have been friends for so many years. She continued to disclose

her insights on life (read her full speech on page 28).

"While I may not have served in Congress myself or been a CEO of a large company," said Mrs. Bush, "I would like to share with you some of the things I have learned, which I feel define a successful life. Remember that includes 82 years of life, 62 years of marriage to George Bush ... five wars, four dress sizes ..." The audience roared in laughter. "That's not funny!" replied Mrs. Bush.

Dr. B. Lyn Behrens, president and CEO of LLUAHSC, presented the Honorable Shirley Pettis-Roberson with the LLUAHSC President's Award: "Because of your dedication to democracy and freedom and walking on the stage of the world with dignity and wisdom, at the same time maintaining a common touch and friendship, because of your devotion to children in this region and around the globe, and because of your extraordinary life of service, it is my honor and privilege to confer upon you the LLUAHSC President's Award. We do that today with great appreciation."

The Pettis Papers Dedication Luncheon followed the ceremony. Guests were surrounded by red, white, and blue decor in Wong Kerlee International Conference Center to honor the Jerry and Shirley Pettis' service to the country.

After the buffet lunch, the Honorable Shirley Pettis-Roberson and Mrs. Bush reminisced about their time together in Washington, D.C. It was evident that after Representative Jerry Pettis passed away, Mr. and Mrs. Bush were very protective of Congresswoman Pettis.

"Remember when George slid a note under your front door that said, 'The CIA is watching you?'" laughed Mrs. Bush.

The ribbon-cutting ended the day's celebration. Guests were led to the special Pettis display in the Del E. Webb Memorial Library.



The dedication concluded with the ribbon-cutting for the special Pettis display in the Del E. Webb Memorial Library. From left are: Lowell C. Cooper, MDiv, MPH, chair, Board of Trustees, LLUAHSC; Representative Jerry Lewis of the 41st Congressional District; former First Lady Barbara Bush; the Honorable Shirley N. Pettis-Roberson; B. Lyn Behrens, MBBS, president and CEO, LLUAHSC; and Richard H. Hart, MD, DrPH, chancellor and CEO, LLU. The display case will feature different memorabilia about every three months.

Lori Curtis, MLS, associate chair and archivist of University libraries, assembled the display. "Before launching into the project, I worried that I was facing two-hundred-plus boxes of meeting minutes, and bills and resolutions. Nothing to really grab my attention. But I was wrong!" admits Ms. Curtis. "I was very surprised at the number of letters both Jerry Pettis and Shirley Pettis answered from their constituents."

One letter even included a Valentine from a young boy. Congresswoman Pettis wrote back, wishing him a Happy Valentine's Day and even answering his questions, such as "do you have a dog?" Ms. Curtis estimates that the number of letters written to constituents by the Pettises is in the tens of thousands.

"Working with the collections has given me a much better understanding of our representative government in

action," expresses Ms. Curtis. "My only regret with the Pettis papers exhibit is that I didn't have a half-dozen more cases to fill! There is so much more material I wanted to show."

Luckily, Ms. Curtis will get that chance since she will change the display case about every three months.

During the ribbon-cutting ceremony, Mrs. Barbara Bush summed up the day, "It's amazing that this University will house the papers of not one but two widely respected individuals across the political spectrum. They were both committed to serving with integrity and sound judgment. And in their career they showed a commitment to equal justice and faithful adherence to the constitution and the laws of the land. It seems safe to say that these papers have found their perfect home." *SCOPE*

Editor's Note—Lori Curtis and Miriam Wood contributed to this article.



The Honorable Shirley Pettis-Roberson and Former First Lady Barbara Bush reminisce about their time together in the capital during the dedication luncheon.

Comments by the Honorable Shirley Pettis-Roberson

I'm really honored to be here today. I know that many of you have traveled a great distance to share in this special occasion. I see Jerry's old roommate, Kenneth Wood, who is here from Washington, D.C.; Congressman McCloskey—Pete, you are wonderfully incorrigible! and Barbara—thank you, my dear friend, for traveling so far. Considering your hectic schedule, it is really a gift.

And, I thank each of you who chose to be here today. Indeed, as I gaze out, I am heartened by the presence of many friends, and you students who are shaping the future.

Loma Linda has been a special place to Jerry and me, and I'm so honored that this great University will house the joint record of our Congressional service. These papers capture a dynamic instant in our country's history, from the turbulence of Vietnam through to the post-Watergate era.

This was a period when the baby boomers were coming of age politically and making their voices heard loud and clear—both metaphorically and quite literally. Sacred traditions and institutions were being shaken to their cores. There was much debate within the citizenry, and it was not always civil.

However, as the late 1970s gave way to the 1980s, our fundamental way of life was reaffirmed. Discordant rhetoric gave way to reasoned, respectful, yet still passionate, discourse. We came to better appreciate the strength in our diversity, while recognizing that we are united by the essence of what makes us each American—freedom—and the majesty within each single one of us to contribute and make a difference.

My opportunity to serve in Congress was literally thrust upon me by fate. My husband, Jerry, was just over a month into his fifth term, when in February 1975, he perished in an airplane accident. A special election was held, and less than three months later I succeeded him as

representative in the 37th District.

To say that period in my life was overwhelming is decidedly an understatement.

Though I'd been a Congressional wife for eight years, I was now entering into the sanctum of the old boy's club. At that time, only 18 House members were of the female persuasion. Indeed, shortly after my swearing in, a well-known senior member mistook me for a secretary, to which I responded, "I'm pleased to meet you. I'm your new congressional neighbor just down the hall."

I came to rely on keeping a sense of humor. Besides being outnumbered gender-wise literally by better than 25 to one, I was the newest member—thus with the lowest seniority—in the minority party, where House Democrats outnumbered Republicans by better than two to one.

This was the stark reality against which I contemplated my future service in Congress. One option, readily available, and quite frankly, expected of any freshman member, was to lay low, not make waves, and simply go along to get along. But, I saw an opportunity, instead, to continue Jerry's distinguished legacy and to try and make a difference.

Jerry hailed from Arizona. He grew up in the desert, cherished it, and wanted to see it protected and preserved.

Jerry carried this passion for the land into adulthood. Indeed, he was a dedicated environmentalist, which frankly did not align with the priorities of his Republican colleagues.

Indeed, at that time, environmentalists were typified by boisterous youth of the radical left. And, more pointedly, there was no serious advocacy among the Republican constituency.

That didn't deter Jerry, however. He championed for the preservation and protection of the desert lands. His House colleagues listened respectfully and perhaps bemusedly.

Jerry was no left-wing crackpot. He was one of them, a Republican, with a distinguished record in the military, academia, and the world of business. Besides, Jerry represented a district in which 96 percent of the total land mass was public, yet overseen by a hodgepodge of governmental authorities.

Jerry sensed an opportunity to help fashion legislation which would consolidate these responsibilities and bring order to fragmented, inefficient, and inconsistent land-use policies. He saw the necessity to take stock of these vast land resources in the unique desert Southwest to preserve their value for current and future generations.

Clearly, in the political landscape of that time, despite Jerry's popularity and persuasive demeanor, this cause did not sufficiently resonate among his colleagues. However, he opened the door for future discussion.

Upon my election, it became my calling to pick up the banner, to advance the conversation, and, in my fantasy vision, to get some smidgeon of legislation on the books.

Of course, I also had to confront the reality of my situation, being the newest kid on the block, in the minority gender, and in the minority party. Thus, pragmatically, I sought out others having similar interests, and necessarily from both sides of the aisle.

Further, I sought out a complimentary committee assignment to Interior and Insular Affairs. And my request was readily granted, as this was not one of the more sought-after positions. However, this seat supported my personal objective. I shared Jerry's passion and found myself thoroughly consumed, devouring countless pages of research and testimony late into many evenings.

One particular issue under our committee's review truly resonated with me: strip mining. The debate distilled as follows: whether companies engaged in



The Honorable Shirley Pettis-Roberson speaks to approximately 2,000 audience members during the Pettis papers dedication program. Photo credit: LaFonzo Rachal Carter / The Sun (San Bernardino)

strip mining should be required to restore scarred acreage, to clean up the debris left by their efforts, and pointedly, could these added costs be economically justified? Recall, this was an era when chemical companies dumped effluents into rivers without regard.

Within the committee, the political divide was clear, if not predictable. The majority Democrats favored restoration of the land, while the Republicans were focused more on the potential financial consequences on companies and their surrounding communities, and frankly, hoped to maintain the status quo.

Notably, I received a call from President Ford, just prior to our vote, encouraging me to support my Republican colleagues. I thanked him for his interest, but as was my custom, I relied on my study of the issue, where I had carefully weighed the merits of both sides. And when it came time to vote, I sided with my conscience and not with my party.

The ranking member was utterly dismayed and shocked that I did not

offer my support. I responded that he never actually asked for my opinion, and that my vote reflected my careful review of the issues, and that he should never take my point of view for granted.

My comeuppance impressed the committee chair and provided an opening to advance my particular interest: preservation of our desert public lands. Indeed, this cause was readily supported by the Democratic majority. They picked up on Jerry's original vision, and amplified it to encompass a revamp of disparate pieces of land-management legislation, some literally dating back to the colonial era.

This was an exciting time. I found common ground with many—frankly, more from the other side of the aisle.

In my mind, it's a blur ... so many meetings, hearings, and late nights. But less than a year into my term, a bill emerged which would become a landmark piece of environmental legislation: The Federal Land Policy and Management Act of 1976.

This new law consolidated literally

hundreds of disparate governmental authorities and encompassed virtually all public federal lands in the United States. Under the aegis of the Bureau of Land Management, there would be an accounting of all public lands, and more unified oversight to ensure their productivity for the present and sustainability for the future.

To my particular interest, this bill established the California Desert Conservation Area, which broadened the reach of Joshua Tree National Monument, and established the first environmental reviews for use and development of lands beyond the park boundaries. Notably, these protections would be further amplified by the California Desert Protection Act of 1994, which upgraded Joshua Tree to National Park status.

There's a lesson here which speaks to my motivation in sharing these anecdotes: First, each of us can make a difference, every day and in everything we do. Further, we need the company and support of others, for none of us works alone.

Individuals with the drive and belief in their objectives can serve as effective catalysts. But great results ultimately come from exciting others, and motivating them to the cause.

There's nothing easy here. Realistically, results do not come as fast or even as anticipated, but they do come with sustained belief in yourself and commitment to others.

This, I hope, distills the legacy of our joint Congressional records, which, again, I am so honored to dedicate today.

In this great University where Jerry spent 17 years as a professor, administrator, and chairman of the Board of Councilors, here will sit a slice of our government in action, from the perspective of two humble participants.

Ultimately, I hope these papers reinforce the privilege and honor of service, and the possibilities within each one of us to contribute and make a difference.

Once again, thank you all for participating today in this special occasion.

Comments by former First Lady Barbara Bush

The following comments were made by former First Lady Barbara Bush during a special chapel service that began a day of dedication events for the joint Pettis Congressional papers.

A very good audience—you obey perfectly! (After motioning the audience to stop clapping). I want to thank Shirley very much for that kind introduction. I should say “Congresswoman Pettis,” but old friends are allowed to use first names. It is wonderful to see Shirley today and thank you to all her friends and family.

I want to thank all of you for a very warm welcome as well. A special thanks goes to Dr. Lyn Behrens, president of Loma Linda University, as well as the wonderful students and faculty who are

making me feel very, very welcome today. I’m also glad to see Congressman Jerry Lewis and Pete McCloskey. I’m not sure, Pete, that you and George always got along, but he loves you as a friend! Finally, a special thanks is in order for Myrna Hanna for all her hard work to make today a reality.

You know, I feel quite honored to be your speaker as Congresswoman Pettis and I have been friends for many, many years.

In thinking about the amount of time that has passed since we first met reminds me of a story of two elderly ladies who had been friends for many decades. Over the years they shared all kinds of activities and adventures. Lately, their activity had been playing

bridge several times a week. One day they were playing cards when one looked over at the other and said, “Now don’t get mad at me. I know we have been friends for a long time, but I just can’t remember your name. I have thought for a long, long time and I just can’t remember it. Please tell me what your name is.” Her friend just glared at her, for at least three minutes, and then she finally said, “How soon do you need to know?” NOT so funny when you are 82, let me tell you!

You must be wondering what this has to do with the call to leadership. Absolutely nothing at all! But there is proof that I’m happy to be here today with my beautiful friend, Shirley. See, I do remember her name!

Now let’s get down to business. I often joke that my successful life has been the result of marrying well. To be honest, it’s not a joke, but indeed, the truth. My fulfilling life, full of wonderful friends, truly is because I made the most important decision of my life and that was to marry George Bush. And having just watched that amazing video on the Pettises makes me wonder why on earth you invited me at all!

You do understand, don’t you, that I married one president, I gave birth to another, and I was never a president. One night I absolutely couldn’t sleep and found myself thinking about what I have learned in life, sometimes the hard way, and what I would really like my children to know from these experiences. So while I may not have served in Congress myself or been a CEO of a large company, I would like to share with you some of the things I have learned which I feel define a successful life.

Remember, that includes 82 years of life, 62 years of marriage to George Bush, 6 children, 17 grandchildren, 5 wars, 4 dress sizes—(audience laughs)—it’s not funny! 2 governors, 5 parachute jumps, 1 aircraft carrier, and now 2 pres-



idents. So now, maybe some of this will make sense to you.

Try to find the good in people and not the bad. Someone once asked the Red Cross founder, Clara Barton, if she remembered a wrong a friend had done to her years before. Clara said very firmly, “I distinctly remember forgetting that.” Or as George put it, “Isn’t it better to make a friend than an enemy?” And they were both right.

Do not buy what you cannot afford. Don’t try to live up to your neighbors and be sure to pay people back.

What matters most is how you treat others and not what you have done. Value your friends and remember that loyalty is a two-way street. My George is the best example in the world of that particular truth.

Love your children. George and I have loved ours more than life itself. Remember what Robert Fulton wrote, “Don’t worry that your children never listen, worry that they are always watching.”

My father gave me much the same advice about parenting before I was married. He said there were three very important things in life that you should give your children. “Give them the best education in the world, set a good example and give them all

the love that you have.”

Enjoy life as much as you possibly can. You really only have two choices—you can like it or you can dislike it. I choose to like it, just as Shirley has done. No matter what our problems, we can always find people who are worse off than we are. Help them and forget self.

Above all, seek God. There is absolutely NO downside. God will come to you if you only ask.

Now seeing as we have many students and professors here today, the true definition of keeping your feet on the ground in the successes of life can be best illustrated by the following story.

One day an expert in time management was speaking to a group of business students and to drive home a point, he used an illustration those students will never forget. As he stood in front of high-powered over-achievers he said, “Okay, time for a quiz.” He filled up a one gallon, wide mouth Mason jar and set it on the table in front of him. Then he took one dozen fist-sized rocks and placed them one by one in the jar. When the jar was filled to the top and he could fit in no more rocks, he asked, “Is this jar full?” Everyone in the class said, “Yes.” He said, “Really?”

He reached under the table and pulled out a bucket of gravel.

Then he dumped some gravel in, shook the jar, causing the pieces of gravel to work themselves down into the spaces between the big rocks. Then he asked them once more, “Is this jar full?” By this time, the class was on to him. “Probably not,” one of the students said.

He reached under the table and brought out a bucket of sand.

He started dumping the sand in the jar and it went into all the spaces that were left between the rocks and the gravel. Once more he asked the question, “Is this jar full?” “No,” the class shouted, and he said, “Good.”

Then he grabbed a pitcher of water and began to pour it in until the jar was full to the brim. Then the expert in time management looked at the class and asked, “What’s the point of this illustration?” One eager beaver raised his hand and said, “The point is, no matter how full your schedule is, if you try really hard you can always fit more things in to it.”

“No,” said the speaker. “That is not the point. The truth this illustration teaches us is this—if you don’t put the big rocks in first you will never get them in at all.”

What are the big rocks in your life? Your children, your loved ones, your education, your dreams, a worthy cause, teaching or mentoring others, doing things that you love, your health, your significant other?

Remember to put these big rocks in first or you will never get them in at all. If you sweat the little stuff, the gravel, the sand, you will fill your life with little worries that don’t really matter. You will never have the real quality time that you need to spend on the big stuff.

So, tonight or in the morning when you are reflecting on this short story, ask yourself, “What are the big rocks in my life?” Then put those in your jar first. Big rocks will bring you greater joy and happiness than any sand or pebbles.

Thank you very, very much.



Former First Lady Barbara Bush addresses the audience during the dedication program. Photo credit: LaFonzo Rachal Carter / The Sun (San Bernardino)



Baby Kirillos' epic journey

Iraqi toddler receives life-saving heart surgery at Loma Linda at great risk to himself and his family

BY JAMES PONDER

A routine flight from California to a secret and undisclosed location in “a free nation” marks the closure of an epic medical voyage for 15-month-old Kirillos George, known to the doctors and nurses at Loma Linda University Children’s Hospital who saved his life as Baby Kirillos.

At every step along the way, his journey underscores the tragic realities of life and death in the war-torn Middle East and the overriding providence of a merciful and mighty God.

Baby Kirillos was born July 5, 2006, in Baghdad, Iraq. His parents, Faris and Vivian George, were delighted to welcome their first-born child into the world.

But their joy turned to desperation and fear shortly after his birth when their son was diagnosed with a rare, and often fatal, congenital heart defect known as tetralogy of Fallot.

The condition—also known as TOF—is very serious. Unless a patient’s heart is completely overhauled, 75 percent of children born with TOF do not survive beyond age 4.

The good news is, Faris and Vivian learned, that the condition is treatable. The bad news... well, the bad news is that there’s no place in Iraq where it can be performed.

Samir Johna, MD, a former soldier in the Iraqi Army from the now-infamous



Baby Kirillos and his mother, Vivian George, enjoy a special moment together following his life-saving heart surgery. They traveled to Loma Linda at great personal risk.

village of Abu Ghraib, explains the situation this way.

“Forty years ago, we could have performed the procedure in Iraq,” he shares. “But right now, the Iraqi health care system is a shambles. Hospitals have been destroyed, equipment has been looted, and most of the nation’s physicians have fled the country under threats of kidnapping, torture, extortion, or death.”

When his parents learned that Baby Kirillos couldn’t receive the help he needed in Iraq, they turned to friends and acquaintances for advice.

Both Faris and Vivian were professional educators at the time. Faris taught math, and Vivian taught computer science and social studies at Baghdad high schools. They felt certain that one of their colleagues would surely know where they could turn for help.

At the advice of friends, they knocked on every door they could find, but no one would assist them. They were instructed to appeal to the Christian churches of Baghdad. They did, but to no avail.

And even though the couple are members of Iraq’s once sizable—but now decimated—Assyrian Christian minority, they were counseled to solicit help from the many Muslim mosques in town. They diligently pursued that lead.

After countless days of increasingly disappointing efforts, the picture became clearer: “We’d like to help you,” Faris and Vivian heard time and again, “but we just don’t have the resources to save your son’s life.”

As they prayed earnestly for a mir-

acle, the frantic parents pursued every lead they received, including a suggestion to post a notice on a website highlighting the problems of Iraq’s persecuted Christian minority.

They logged on to <ankawa.com> and shared their dilemma with whoever might be surfing the web anywhere in the world.

It was a desperate plea driven by their rock-solid commitment to saving the life of their son, regardless of the cost. And against seemingly insurmountable odds, their efforts paid off.

The miracle came when Samir Johna, MD, associate clinical professor of surgery, Loma Linda University School of Medicine—whose last name is pronounced like Jonah, the biblical prophet—logged onto the website and read their story.

In addition to his responsibilities as a general surgeon at Loma Linda University Medical Center and teaching in the School of Medicine, Dr. Johna volunteers his time and services as medical director for the Assyrian Aid Society of America, a charitable organization representing the Assyrian, Chaldean, and Syriac communities of the world.

As he read the couple’s impassioned plea, Dr. Johna knew he had to become involved. After verifying the couple’s story, the former soldier began compiling a list of medical facilities capable of performing the procedure Baby Kirillos needed.

Not surprisingly, Loma Linda University Medical Center sat atop the list.

“I placed a call to the office of the director of the global outreach program at

Loma Linda University,” Dr. Johna recalls. “I identified myself and told them the heart-wrenching story of Baby Kirillos. Then I described the treatment he needed to survive.”

During a conversation with Walter Johnson, MD, professor of neurosurgery, School of Medicine, and a member of the selection committee for the global outreach program, Dr. Johna was told he would have to secure an angiogram of Baby Kirillos’ heart in order for Dr. Johnson to approve the case through the committee.

“I told him that was impossible,” Dr. Johna remembers. “Just as no one could perform the life-saving operation in Iraq, no one could produce an angiogram there either.”

He continues, “I explained how desperate the baby’s parents were and how hard they’d been working to save the life of their very beloved son.”

Dr. Johnson said he would go to bat for the Iraqi couple and their child, despite the fact that their application fell short of meeting the requirements.

“I really can’t say enough about Walter Johnson and his associates at global outreach,” Dr. Johna reveals as he turns to look out the window for a moment.

Then he looks back and says, “They really went way out of their way to help us! I’ll never forget the day, a few days later, when he called back and told me to get Baby Kirillos and his mother over here as fast as I possibly could. The life-saving rescue mission was on!”

Faris and Vivian George were understandably overjoyed when they heard the news. God had answered their prayers. Their son was going to live!

Even so, the project was shrouded in intrigue with many important details purposely withheld from them.

For one thing, because of rampant anti-American sentiment among certain sectors of the Iraqi population, the couple told their friends that the procedure was going to take place at a prominent hospital in India.

The date of their flight from Iraq was also shrouded in mystery. This meant, of course, that Vivian and Baby Kirillos must be ready to travel at a moment’s notice. For reasons of security and international diplomacy, Faris remained behind in Baghdad.

Why the shroud of mystery and intrigue? Because, as Dr. Johna points out, the religious and political polarization of Iraqis is all-pervasive and very dangerous—especially for people who are not members of the Muslim faith.

“It wasn’t always this way,” he explains. “For thousands of years, Muslims, Christians, and Jews lived and worked together side by side in a

state of peaceful co-existence.”

He continues, “But today, the insurgents—or whatever you want to call them—are a powerful force in Iraq. They are very suspicious of Christians and Jews because they perceive them as pro-West.”

The reason for this assumption, he adds, is simple: Christians and Jews tend to be educated and more fluent in foreign languages than Muslims in Iraq, so they receive the best jobs from the Americans. Therefore, because insurgents hate the West, they are very suspicious of Christians and Jews.

“Had their Muslim neighbors found out that Vivian and her son were headed for America, they would have killed Faris—no questions asked,” Dr. Johna conveys. As it turns out, they nearly did.

The fact that the miracle they had been praying for would soon arrive did not mean all was smooth sailing from there. Where were Faris and Vivian going to come up with the money for airline tickets, and how would they pay for several months of lodging for Vivian while she waited to bring her son home?

More than that, the couple wondered if Dr. Johna would be able to obtain sufficient cooperation from the international diplomatic community to cut through the red tape and secure the needed visas, passports, and emergency security clearances in time.

They knew that such bureaucratic impediments can sometimes take years to resolve. But Baby Kirillos didn’t have years; his very survival depended on getting him onto the operating table as soon as possible.

While Vivian packed for the trip, Dr. Johna petitioned the leadership of the Assyrian Aid Society of America. He warned them that no one could discuss the case outside the society’s walls for fear of putting the life of Faris George in danger once his wife and son were en route to America.

Would the society be willing, Dr. Johna needed to know, to accept full responsibility for financing transporta-



tion to the United States, as well as several months of lodging for Vivian once they arrived?

When the answer came back a few days later, Dr. Johna could hardly wait to share the news with Faris and Vivian. Thanks to the generosity of the Assyrian Aid Society members, Vivian and Baby Kirillos would receive round-trip airline tickets to “India” (i.e. Loma Linda, California) and Vivian would have a place to stay there until they were ready to return to Iraq.

Next, Dr. Johna intensified his contacts within the U.S. embassy inside the famous Green Zone of Iraq. The embassy would not authorize Baby Kirillos to enter the United States until Dr. Johna produced a letter from Loma Linda University Children’s Hospital stating that the hospital was willing to provide all of the medical care Baby Kirillos might require—and strictly on a charity basis.

U.S. immigration policy made it absolutely clear that the baby and his mother would, under no circumstances, be allowed to remain in the United States once the operation was successfully concluded.

The news wasn’t exactly a shock to Dr. Johna. He and Layla, his wife of 16 years, chose to evacuate their native Iraq in 1991 shortly after the outbreak of the first Gulf War.

“We just got tired of living under the oppressive regime of Saddam Hussein,” he recalls. “So like millions of other Iraqi Christians displaced in 33 countries of the world, we got out of there in a hurry. They only had to show up on my doorstep once.”

Wistfully, he recalls that it wasn’t always so. Growing up in rural Abu Ghraib, Dr. Johna spent summers enjoying the simple farming life in his grandfather’s orchards.

“Those were wonderful days,” he remembers. He recalls watching shepherds holding their staffs with crooks in the end just like King David.

“Some days I’d join them,” he describes. “My mom would give me a piece of bread wrapped in cloth. When we got hungry, I’d unwrap the bread, milk one of the sheep, and that was lunch.” They would stay out all day watching the flock. Nothing was essentially different from the shepherd’s job in biblical times.

There was still much to do if Dr. Johna was to succeed in his mission of shepherding Vivian and Kirillos to life-saving surgery in the United States.

Once again, he contacted Walter Johnson at the global outreach program. Would the good people at Loma Linda University Children’s Hospital be willing to put in writing their commitment to saving the life of Baby Kirillos to satisfy



the demands of the U.S. embassy?

Just hours later, the vital document arrived at the U.S. embassy in Baghdad. It was estimated that the cost of the surgery and extended care for Baby Kirillos would be approximately \$218,000. And yes, the document said, LLU Children's Hospital would shoulder the bill with no strings attached. A short while later, the embassy alerted him that all required documents were ready to go. Dr. Johna notified Vivian of the date for her upcoming departure to "India."

As they said their goodbyes that fateful morning in August 2007, Faris and Vivian knew they were assuming some enormous risks. There were so many questions: Would their baby survive? Would they really be allowed to leave Iraq? Might there be some unforeseen bureaucratic snafu at the last second to prevent her and the baby from boarding that plane? Would the family ever be reunited again? The answers were, as they had been all along, in the hands of God. Vivian and Baby Kirillos set out for Loma Linda.

On the morning of August 15, 2007, Leonard L. Bailey, MD, celebrated pioneer in infant heart transplantation at Loma Linda University Children's Hospital, opened the chest of Baby Kirillos and began the delicate operation to repair four separate problems in the tiny child's heart: ventricular septal defect, pulmonary stenosis, overriding of the aorta, and right ventricular hypertrophy.

As the skilled physician corrected the problems, blood began to flow freely throughout Baby Kirillos' heart. One can only imagine the enormous sense of relief that overcame Vivian, Dr. and Mrs. Johna, and other well-wishers in the waiting room as Dr. Bailey came out to announce that the operation was a solid success, and the prognosis for Baby Kirillos was to live a long and healthy life.

For Vivian, the news was profoundly significant. Thanks to the generosity of the people at Loma Linda University and the Assyrian Aid Society, she and Faris owed nothing for the operation that

had saved their son's life.

Thanks to the expertise and dedication of Dr. Bailey and the members of his team, the biggest worry Vivian had ever known in her life was lifted from her shoulders.

And because of the larger-than-life efforts of Dr. Johna, the entire miraculous operation had come together just in the nick of time.

Although Vivian spoke no English, she made sure that her heartfelt thanks were expressed over and over from the bottom of her heart. Victory in the biggest battle of her life had just been handed her by an interlocking network of caring strangers who felt her pain and championed her cause.

She couldn't stop thanking God for opening so many doors. She couldn't believe how merciful He had been to her and Faris.

But as the days rolled by, large shadows began to gather on the horizon for Vivian and Faris. First, she received an e-mail from a Muslim neighbor in Iraq asking how she liked living in the United States. Despite all of the diplomatic secrecy imposed regarding the location of her actual destination, word had somehow leaked out on the street.

Vivian chose not to respond.

Next, Faris was paid a visit at his Baghdad home by insurgents. Their mandate was clear and direct: "We know your wife and baby have gone to America," they warned. "If we find you here the next time we return, we will take your life. We hate Americans and people like you who are slaves of the West!"

Faris packed a few simple belongings and fled during the night. He traveled across the desert between Iraq and Syria, and soon crossed into that nation to join a million or more of his fellow Iraqi compatriots in Damascus, most of whom had entered Syria for very similar reasons.

Dr. Johna puts the situation in perspective. "Iraqi Christians are people of peace," he offers. "We don't take sides in

the fighting. But in the Sunni areas, we have been told to either evacuate our homes, pay an exorbitant tax, convert to Islam, or face certain death—usually by beheading."

He notes that many Christian girls have been forced to marry Islamic boys against their wills, and that many forms of torture and persecution are levied on a regular basis to quell dissent.

"Americans aren't being told half the story," Dr. Johna insists.

As soon as Vivian learned that Faris was safely in Syria, a new cloud of questions and anxieties began to form. Could he find work? Not likely; he was one of a million Iraqi drifters looking for work, food, and shelter in Syria—a nation poorly equipped to handle the enormous demands the influx of Iraqis imposed on its infrastructure.

The other burning question that gnawed at her soul night and day was where would she go?

October 22, 2007, the deadline her visa imposed as the outer limit of her permission to remain in this country, was less than a month away. She couldn't stay in Loma Linda; but neither could she return to Iraq.

If anything, prospects were almost as bleak in Syria as they were in Iraq. How could she and Faris create any kind of stability for Baby Kirillos as exiles in



Dr. Johna spends time with Baby Kirillos during a recent picnic.



the crowded refugee camps established throughout Syria by the United Nations?

Once again, she turned to Dr. Johna. This time, he had to tell her—rather painfully—that although he was willing to do everything he could, it might not be enough to resolve this latest round of difficulties.

"I finally told her," he recalls, "that all I had ever promised her was that we—Loma Linda University, the Assyrian Aid Society, and all the others who helped with the project—would do our best to save her son's life."

He adds, "I reminded her that now it was up to her to pray and believe that the same God who had answered her prayers months before in Baghdad was still listening right now. It was an enormously difficult thing to say!"

Fortunately, Vivian had friends with connections to a variety of Christian organizations and relief efforts in other

countries of the world. She prayed that one of these organizations might somehow, somewhere, persuade the nation's government to open its doors to Vivian, Baby Kirillos, and Faris.

Privately, however, Dr. Johna wasn't holding his breath. The U.S. immigration policies made it abundantly clear that the family would not be allowed to immigrate to the United States. He wondered if similar policies might apply in other nations as well. "The rules and regulations of international immigration are very strict," Dr. Johna reflects. "There isn't much room for overriding those rules for humanitarian reasons, much as they may want to."

But there is still a God in heaven and still the burning reality of a mother's heart pleading for her son, her husband, and herself to find a peaceful place to live. "Please, God," Vivian begged. "You saved my son's life! Please bring us to a

land where we can live in safety."

Miraculously, that's just what God did. Vivian's friends and relatives suddenly reported good news. Less than three weeks before the date of their scheduled flight to a very uncertain future in the Middle East, an organization secured an invitation for Vivian, Baby Kirillos, and Faris to visit Canada and apply for permission to immigrate.

What about Faris? At this moment, he is still trying to carve out a minimal existence in the slums of Damascus.

But the same Christian charity that financed travel for Vivian and Baby Kirillos to reach their new homeland is busily working through diplomatic channels to help him rejoin his family as soon as possible.

Dr. Johna is currently working to bring four more infants to Loma Linda University Children's Hospital for life-saving surgeries. *SCOPE*

Loma Linda University Annual Report

Loma Linda University is experiencing a period of major growth in enrollment, as well as a much-needed expansion of its facilities

BY VERLON W. STRAUSS, CPA, MBA

As the 2007 calendar year draws to a close, we have much to be thankful for at Loma Linda University. Our campus is growing. We are offering more academic programs than ever before. Our student enrollment continues to grow. And new construction on the campus will help us meet the demands of our growth.

We just completed our June 30, 2007, audit of the financial statements. The change in our net assets is looking positive. Some of the factors effecting the institution's bottom line include unrealized gains on investments, new permanently restricted gifts for endowment purposes, and specific gifts for the construction of our new Centennial Complex, to be completed sometime in 2009.

Enrollment continues to grow. We are nearing 4,000 students on campus. While our increased enrollment has helped to fund the operations of the institution, it has also put a strain on the

campus—primarily in the areas of space and parking.

This past summer, we completed the first phase of parking at the new Centennial Complex site, adding more than 800 paved parking spaces in an area that was formerly dirt and gravel. We have also added more than 200 spaces near to the main campus for overflow purposes.

In addition, we are planning the construction of two parking structures, as well as some additional surface parking on campus.

The new Centennial Complex is perhaps the most noticeable change. This new facility will provide more than 147,000 square feet of much-needed classrooms, laboratories, study areas, and offices. It will house the School of Religion faculty and administrative offices, the School of Medicine's department of anatomy faculty, as well as an assessment center, the educational support services



Verlon W. Strauss, CPA, MBA

department, and the simulation laboratory. The project is on schedule, on budget, and is expected to open in the spring of 2009.

We are also in the process of building some additional housing on campus for students. Projected to open in the fall of 2008 is a new 55-room facility, with apartment-style living for students. There will also be a dean's apartment and 33 spaces of underground parking. This facility is located next to the Daniells Residence Complex for graduate students. This facility will help us begin to increase our on-campus housing from accommodating 10 percent of our students to nearly 25 percent.

Other major projects in the development phase include a major remodeling of the Campus Cafeteria, a redesigned north entrance to the campus, our Centennial Pathway, which will commemorate the institution's 100 years of education and service, and a landscape master plan, which will help guide us in the future as we develop a cohesive look for our campus. SCOPE



The artist's drawing above depicts a finished Centennial Complex and Pathway.

Loma Linda University Consolidated statements of financial position

| | Years ended June 30 | |
|---|----------------------|----------------------|
| | 2007 | 2006 |
| Assets | | |
| Cash | \$11,947,128 | \$13,046,920 |
| Marketable securities | 46,804,130 | 40,110,733 |
| Pooled investment | 509,868,270 | 423,744,042 |
| Accounts receivable, less allowances of \$9,958,604 in 2007 and \$6,065,119 in 2006 | 28,773,410 | 26,902,400 |
| Student loans, less allowances of \$590,567 in 2007 and 2006 | 37,746,399 | 35,755,408 |
| Trust deed notes receivable | 260,697 | 285,031 |
| Pledges receivable | 8,923,710 | 6,695,000 |
| Inventories | 4,534,570 | 4,692,723 |
| Investment in real estates | 7,702,545 | 7,709,379 |
| Construction in progress | 27,903,667 | 12,832,039 |
| Plant facilities, net of depreciation and amortization | 117,322,211 | 108,117,440 |
| Irrevocable trusts | 79,430,163 | 73,525,938 |
| Other assets | 13,153,446 | 11,959,032 |
| Total assets | \$894,370,346 | \$765,376,085 |
| Liabilities and net assets | | |
| Accounts payable | \$18,256,667 | \$15,793,731 |
| Accrued compensation | 5,258,654 | 5,032,035 |
| Deferred income | 18,123,898 | 16,586,351 |
| Annuities payable | 5,838,638 | 5,785,992 |
| Trust liabilities | 45,380,539 | 41,735,550 |
| Amounts held for others | 239,194,930 | 174,570,375 |
| Notes and loans payable | 422,758 | 633,730 |
| Federal student loan obligations | 22,302,321 | 21,077,925 |
| Total liabilities | \$354,778,405 | \$281,215,689 |
| Net assets: | | |
| Unrestricted: | | |
| Unrestricted | 104,895,730 | 87,573,498 |
| Unrestricted — Board designated | 65,859,942 | 52,579,858 |
| Unrestricted — administration designated | 25,963,209 | 23,192,502 |
| Total unrestricted | \$196,718,881 | \$163,345,858 |
| Temporarily restricted | 207,015,724 | 200,580,400 |
| Permanently restricted | 135,857,336 | 120,234,138 |
| Total net assets | \$539,591,941 | \$484,160,396 |
| Total liabilities and net assets | \$894,370,346 | \$765,376,085 |

Loma Linda University
Consolidated statement of activities

Years ended June 30

| | Unrestricted | Temporarily restricted | Permanently restricted | 2007 | 2006 |
|--|---------------|------------------------|------------------------|---------------|---------------|
| Revenues | | | | | |
| Student tuition and fees | \$94,046,735 | — | — | \$94,046,735 | \$83,680,333 |
| Less student aid | 5,832,472 | — | — | 5,832,472 | 5,471,521 |
| | 88,214,263 | — | — | 88,214,263 | 78,208,812 |
| Educational department | 29,125,293 | 181,067 | — | 29,306,360 | 28,697,739 |
| Independent operations | 36,337,491 | — | — | 36,337,491 | 36,495,148 |
| Auxiliaries | 1,299,818 | — | — | 1,299,818 | 1,174,375 |
| Contributions | 11,656,307 | 585,939 | 988,304 | 13,230,550 | 16,190,255 |
| Private gifts and grants | 3,246,608 | 13,907,613 | 2,203,061 | 19,357,282 | 15,378,298 |
| Contracts and other exchange transactions | 35,638,079 | — | — | 35,638,079 | 37,172,162 |
| Interest, dividends, and other | 7,023,934 | 15,325,256 | 1,649,211 | 23,998,401 | 20,954,583 |
| Rental revenue | 598,433 | 972,455 | — | 1,570,888 | 1,421,777 |
| Realized gain on investments, net | 457,283 | 130,013 | 708,910 | 1,296,206 | 2,060,570 |
| Change in value of irrevocable agreements | — | 4,134,332 | (254,973) | 3,879,359 | 1,394,643 |
| Other revenues | 22,208,610 | 1,668,454 | — | 23,877,064 | 14,586,726 |
| Net assets released from restrictions | 32,249,073 | (32,403,585) | 154,512 | — | — |
| Total revenues, gains, and other support | \$268,055,192 | \$4,501,544 | \$5,449,025 | \$278,005,761 | \$253,735,088 |
| Expenses | | | | | |
| Instruction | \$96,748,650 | — | — | \$96,748,650 | \$89,323,653 |
| Research | 40,136,458 | — | — | 40,136,458 | 42,353,437 |
| Public service | 2,578,430 | — | — | 2,578,430 | 2,547,420 |
| Academic support | 27,237,682 | — | — | 27,237,682 | 24,845,200 |
| Student services | 7,247,673 | — | — | 7,247,673 | 6,721,435 |
| Auxiliary enterprises | 954,230 | — | — | 954,230 | 773,042 |
| Independent operations | 33,031,276 | — | — | 33,031,276 | 32,298,107 |
| Other expenses | 7,867,968 | — | — | 7,867,968 | 7,886,009 |
| Management and general | 20,067,522 | — | — | 20,067,522 | 15,988,243 |
| Fundraising | 1,737,246 | — | — | 1,737,246 | 1,500,956 |
| Total expenses | \$237,607,135 | — | — | \$237,607,135 | \$224,237,502 |
| Changes in net unrealized gains on investments | 2,924,966 | 1,933,780 | 10,174,173 | 15,032,919 | 6,444,501 |
| Changes in assets | 33,373,023 | 6,435,324 | 15,623,198 | 55,431,545 | 35,942,087 |
| Net assets at beginning of year | 163,345,858 | 200,580,400 | 120,234,138 | 484,160,396 | 448,218,309 |
| Net assets at end of year | \$196,718,881 | \$207,015,724 | \$135,857,336 | \$539,591,941 | \$484,160,396 |

Loma Linda University
Consolidated statements of cash flows

Years ended June 30

| | 2007 | 2006 |
|--|----------------|----------------|
| Operating activities | | |
| Changes in net assets | \$55,431,545 | \$35,942,087 |
| Adjustments to reconcile changes in net assets to net cash provided by operating activities: | | |
| Depreciation and amortization | 8,393,746 | 8,368,526 |
| Net unrealized gain on investments | (15,032,919) | (6,444,501) |
| Net gain on sale of real estate investments | (10,634,552) | — |
| Other changes in assets and liabilities: | | |
| Accounts and pledges receivable, net | (4,099,720) | (3,754,369) |
| Other assets | (1,194,414) | (990,280) |
| Inventories | 158,153 | (290,517) |
| Accounts payable | 2,462,936 | 548,115 |
| Accrued compensation | 226,619 | (2,723,712) |
| Deferred income | 2,237,547 | 9,208,615 |
| Restricted contributions, investment income, and other | (15,632,198) | (10,441,472) |
| Net cash provided by operating activities | \$22,325,743 | \$29,422,492 |
| Investing activities | | |
| Proceeds from sales of marketable securities | 3,026,914 | 17,908,613 |
| Purchases of marketable securities | (3,085,364) | (2,786,425) |
| Proceeds from sales and pooled investments | 166,809,869 | 59,731,714 |
| Purchases of pooled investments | (244,536,125) | (94,806,391) |
| Payments received on trust deed notes receivable | 24,334 | 430,105 |
| Purchases of trust deed notes receivable | — | (130,906) |
| Proceeds from sales of investments in real estate | 10,720,162 | 73,981 |
| Purchases of investments in real estate | (778,776) | (2,297,622) |
| Purchases of plant facilities and construction in progress | (32,670,154) | (19,724,534) |
| Repayments of loans from students | 6,202,192 | 7,272,289 |
| Disbursement of loans to students | (8,193,183) | (5,442,441) |
| Irrevocable trust agreements | (5,904,225) | (1,597,110) |
| Amounts held for others | 64,624,555 | (3,055,580) |
| Net cash used in investing activities | \$(43,759,792) | \$(44,424,307) |
| Financing activities | | |
| Annuities payable | 52,646 | (75,796) |
| Trust liabilities | 3,644,989 | 2,803,553 |
| Repayments of notes and loans payable | (210,972) | (246,323) |
| Federal student loan obligations | 1,224,396 | 385,013 |
| Restricted contributions, investment income, and other | 15,623,198 | 10,441,472 |
| Net cash provided by financing activities | 20,334,257 | 13,307,919 |
| Net decrease in cash and cash equivalents | (1,099,792) | (1,693,896) |
| Cash at beginning of year | 13,046,920 | 14,740,816 |
| Cash at end of year | \$11,947,128 | \$13,046,920 |

Newscope

LLU appoints new dean for new School of Religion

Jon Paulien, PhD, has recently joined the new School of Religion as dean. Dr. Paulien has served as professor at the Andrews University Theological Seminary since 1992.

Born in New York City, Dr. Paulien received his bachelor of arts degree in theology from Atlantic Union College, South Lancaster, Massachusetts, in 1972.

In 1975, he received his master of divinity degree from Andrews University, Berrien Springs, Michigan.

Dr. Paulien also received his doctorate in New Testament from Andrews University in 1987.

Dr. Paulien has served the Adventist Church as a pastor in the Greater New York Conference of Seventh-day Adventists for several years.

Since 1982, he has served as an educator at Andrews University.

Dr. Paulien is the author of 18 books, more than 100 articles, and a 40-hour set of taped lectures on the Book of Revelation.

Dr. Paulien is a specialist in the study of Johannine literature (Gospel of John and Book of Revelation) and the intersection of faith with contemporary culture. He also takes special delight in seminars and presentations to non-specialists who can make practical use of the material in the real world.

Dr. Paulien has traveled extensively, reaching all 50 states of the union, in addition to a plethora of other countries.

When not at work, Dr. Paulien enjoys being with his wife, Pamela, and

their three children, and also enjoys travel, golf, and photography when time permits.



Jon Paulien, PhD

Groundbreaking held for Beaumont Healthcare Center

Officials of Loma Linda University Medical Center and faculty physicians from the School of Medicine joined forces with their counterparts from Beaver Medical Group and Redlands Community Hospital to break ground on the soon-to-be-constructed Beaumont Healthcare Center on Tuesday, September 25, 2007. Completion is projected for 2009 at a cost of \$42 million.

A variety of dignitaries spoke at the groundbreaking ceremonies.

"We are here to commemorate a watershed moment that will significantly enhance the delivery of health care to the families of the Inland Empire," said Mel Sauder, JD, MBA, MDiv, senior vice president of health care business development at LLUMC, at the event.

He also noted that the health care center will offer comprehensive, high-quality medical services in an 85,000-square-foot facility on a seven-acre

campus housing a medical office building, outpatient surgery center, and urgent care facility.

H. Roger Hadley, MD, president of Loma Linda University Health Care, expressed his pleasure at representing

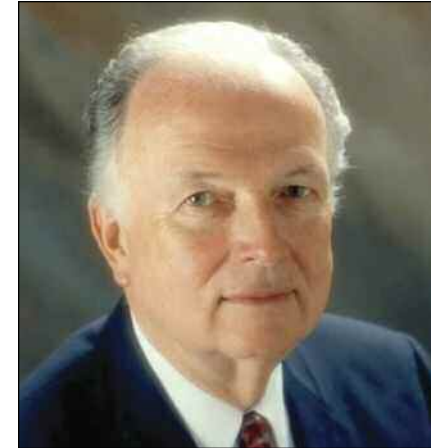
more than 600 physicians from more than 20 different physician groups affiliated with Loma Linda University Medical Center. "By teaming with LLUMC, Redlands Community Hospital, and

Continued on page 48



Administrators pose for a picture on Tuesday, September 25, prior to the groundbreaking ceremonies for the Beaumont Healthcare Center.

Loma Linda mourns passing of long-time resident and administrator



Tom Zirkle, MD, FACS

Born in Loma Linda in 1936, Tom Zirkle, MD, FACS, joined the medical pursuits of his father in a distinguished professional career that focused on cleft palate, hand, and cosmetic surgery, burn and trauma care, and emergency medicine, as well as myriad administrative duties.

He served as senior vice president of Loma Linda University Medical Center, assistant dean of the School of Medicine, special assistant to the president at the University, and president of the School of Medicine's Alumni Association.

In a career that spanned the globe, Dr. Zirkle taught, treated, and consulted in six continents, and covered hospital appointments at the Medical Center, Jerry L. Pettis Memorial VA Hospital, Riverside General Hospital, and City of Hope Medical Center, in Duarte. He often traveled to places where he would perform medical missionary services.

His 2008 calendar shows proposed continuing education appointments in Greece and at Camp MiVoden in Idaho, the latter being a long-time annual commitment. Overseeing Sir Run Run Shaw Hospital in Hangzhou, China, from its inception, he made more than 70 trips to ensure the building and operation met Western standards.

A complex spectrum of interests brought balance into Dr. Zirkle's life. His

marriage to Carol Rudy, a nursing student from Spokane, on December 26, 1961, came a few months before the two were awarded their respective medical and nursing degrees. The couple's children recall rich conversations initiated by their father at the dinner table. They also remember airplane trips, often with their father piloting flights to Spokane, Monument Valley, San Diego, and the Grand Canyon. During his plastic surgery residency at Johns Hopkins Medical Center in Baltimore, the family was evacuated to avoid the 1969 neighborhood riots. Secure in his father's protection, Dr. Zirkle's son recalls watching with absorbed interest from a high-rise apartment the violent outbreaks.

Spearheading an emergency medical service program for Loma Linda fire fighters, Dr. Zirkle developed and taught the courses, and ultimately became deputy chief of the department, active in all aspects of fire fighting. According to his colleagues, "His knowledge of the fire service was impeccable, even though he was a physician. A great asset to the community, his medical skills gave added dimensions to his service."

An interest in media developed when young Dr. Zirkle participated in radio productions at the Hill Church's radio station. In the 1970s with Roland Zimmerman, MD, he determined to transmit Loma Linda University Church events to patient rooms in the Medical Center. He raised funds, purchased cameras, and learned production skills for the project. The effort has grown to become a 24/7 operation at Loma Linda Broadcasting Network, where he was serving as chair of the board, moderator on several programs, and presenter for a devotional "One-on-One" weekly television show.

His adventurous spirit took Dr. Zirkle and Norman Meyer to Alaska in 1974 to purchase army surplus helicopters for the Medical Center, which has had helicopter ambulance service ever since. Interspersed with flying, gar-

dening, reading, and musical talents have been Dr. Zirkle's church affiliations: serving as board chair and head elder at Loma Linda University Church, as board chair of Loma Linda Academy during its successful fund drive to build a grade school accommodating more than 1,000 students, and as associate director of the General Conference of Seventh-day Adventists Department of Health Ministries in the mid 1990s till his death, which took him to the Philippines, Australia, Thailand, Africa, and India.

Active in spite of a week-old bypass surgical procedure, Dr. Zirkle helped granddaughter Maddie with her homework in science and mathematics on his final day. His attention to family ties will be cherished by those mourning his death: wife Carol; daughter Karen of Redlands and her children, Madison and Forest; sons Jonathan and Thomas (and wife Jennifer) and their children, Thomas and Theodore of Tempe, Arizona; brother George of Redding; and brother-in-law Larry Rudy (and wife Carol) of Spokane, Washington.

Faculty of Religion becomes School of Religion

In addition to a new crop of students this fall, the Faculty of Religion is welcoming a new name also.

Effective July 1, 2007, the Faculty of Religion has become known as the School of Religion. The transition was voted by the LLU Board of Trustees in December 2006.

In addition to serving the broad spiritual needs of the University, the new school will feature a division of humanities.

The School of Religion, with 13 full-time faculty and more than a dozen adjunct faculty, teaches courses in religion

Continued on page 48

The life of a missionary: Nursing alumna celebrates 75th anniversary

When Marjorie Whitney was a little girl in grade school, she read a poem about the many challenges that disadvantaged Chinese families face. She decided then and there that she wanted to be a missionary and serve in China.

"As far back as I can remember, my ambition was always to go to China," says Ms. Whitney.

Nursing was the area she wanted to work in, so she set her sights on coming to Loma Linda.

After graduating 75 years ago from Loma Linda University with her diploma in nursing in 1932, Ms. Whitney stayed in Loma Linda and worked at the hospital there.

Marjorie Whitney received her first mission call in 1946. The General Conference of Seventh-day Adventists was sending her to the newly constructed hospital in Montemorelos, Mexico. She went, serving as the first and only nurse at the hospital for more than a year.

Thus began a long and storied career in mission hospital nursing. For the next 30 years, Ms. Whitney would devote her life to helping others less fortunate.



Ms. Whitney, finally fulfilling her dream of working in China, poses for a picture next to Tsuen Wan Adventist Hospital in Hong Kong.

Every mission call that she took was either at a newly constructed facility that needed a seasoned nurse to get things started, or a hospital that had no medical doctor and was desperately in need of leadership.

"It was pioneering work to a great extent," says Ms. Whitney of her career.

After her time in Mexico, she received another mission call, this time for Kingston, Jamaica, where she led the nursing department for eight years.

Upon hearing that LLU was developing a master's degree in nursing, Ms. Whitney returned to Loma Linda and began the program. She graduated in the first class to receive their master's in nursing degree from Loma Linda. The year was 1957.

Ms. Whitney didn't have to wait long to receive her next call. That very same year, she was called to Nicaragua.

It was there that she supervised the move of Clinica y Hospital Adventista from Puerto Cabezas on the east coast to La Trinidad on the west coast. Ms. Whitney had to have enough supplies to last for six months before new supplies would arrive.

Just after relocating, the doctor asked Ms. Whitney to set up for surgery. Unfortunately, the surgery suite hadn't been built yet. Ms. Whitney and the doctor looked around for a suitable area for surgery. The only thing available was the doctor's own office desk. The two prepared the desk and performed the surgery right there in the office with the use of a flashlight.

"I just had to depend on the Lord in these times, knowing that He would guide and direct," Ms. Whitney says.

She was then sent to the small island of Trinidad to help forge the beginnings of Community Hospital in the capital of Port-of-Spain. For three years, she provided supervision for the nursing staff and organized nursing supplies.

"Practically every place I went was just starting—you had to improvise for

everything," she recalls.

Marjorie Whitney soon received another mission call, this time to Shashamane, Ethiopia, in 1967, teaching pre-nursing for one year.

In 1970, at the age of 61, Ms. Whitney decided it was time to retire, never having fulfilled her dream of mission work in China. She moved to Whitmore, California, to care for her mother.

While in retirement, she took more than 20 trips every summer for eight weeks with Pacific Union College, Angwin, California. This also was only through Europe and Australia, but never China.

Five years later, at the age of 66, Ms. Whitney finally received the call to serve as a missionary in China.

"I had been retired for five years when I finally got a call to China," she remembers. "I was so excited!"

For the next four years, she lived out her dream, supervising the nursing department at Tsuen Wan Adventist Hospital as a volunteer.

In 1981, she was asked to travel to Haiti for a little more than a year. She worked there as a nurse at the newly built Hopital Adventiste d'Haiti, organizing and supervising in surgery and obstetrics/gynecology, an area that Ms. Whitney had never worked in before.

"When you're in the mission field, you have to specialize in everything," she says.

From Haiti, it was off to Puerto Rico for six months helping to organize the nursing school at Universidad Adventista de las Antillas.

At the age of 73, with more than 50 years of nursing and more than 30 years of mission work under her belt, Ms. Whitney finally retired—this time for good.

In 2000, she moved to Calhoun, Georgia. She lives alone and drives by herself. In 2009, she will turn 100.

"I have no regrets whatsoever," she says. "Well, let me take that back; the only one I have is that I'm not able to still go out into the mission field."

School of Dentistry begins facility expansion plans

Major plans to expand the Loma Linda University campus call for buildings now used by the School of Dentistry to be reallocated for other uses.

And so change is coming soon—within the next six months, the building housing the faculty dental offices (FDO) on Taylor Street will be leveled to make room for a parking structure. FDO will temporarily relocate to leased space in San Bernardino.

According to Charles J. Goodacre, DDS, MSD, dean, fundraising for a new dental school complex (two structures and a parking facility) is being included in the LLUAHSC and School of Dentistry annual campaigns for next year.

And so planning for a new dental school complex (to be located across the street from Loma Linda Academy) has begun. The first phase to be constructed (2009) will house the graduate programs, faculty practices, and a research facility.

LLU chosen as study center in unparalleled children's health study

A landmark nationwide study that will track 105,000 children across the United States—including 1,000 in San Bernardino County—will keep track of what they eat, drink, touch, and breathe from birth until age 21.

Other information to be studied includes some of the nation's most pressing health problems, such as autism, birth defects, diabetes, heart disease, and obesity.

Loma Linda University and California State University, San Bernardino, have been selected as a study center in the National Children's Study to assess the effects of environmental and genetic factors on child and human health in the United States for the local region.

The two institutions will partner to lead the San Bernardino County study



Major plans to expand the Loma Linda campus call for structures now used by the School of Dentistry to be reallocated for other uses.

The move-in date for the second phase, housing the dental and dental hygiene programs, will take place a few years later.

"We are being given latitude," says Dr. Goodacre, "to plan and create the environment in which dental education will take place for the next 50 years or more."

On Monday, October 22, a committee of faculty, staff, and students met with staff from a space-planning firm

chosen by the School.

Additional discussion included planning for advanced education programs needs many years from now.

Several meetings will take place over the coming months to establish specific space needs, followed by creation of architectural plans for the new complex.

center, which will manage local participant recruitment and data collection in the largest study of child and human health ever conducted in the United States.

"This is an unparalleled study," says Jayakaran S. Job, MD, associate professor in the Schools of Public Health and Medicine, one of the principal investigators for the study. "It takes into account a range of factors such as genetic, cultural, biological, and social—how often they see a doctor and the safety of their neighborhoods."

Dr. Job says that the results will be worth the wait because it will give health care practitioners a wealth of data to use in developing strategies to combat chronic disorders at an early age.

"Unlike other studies, the National

Children's Study will include children, their families, and communities from different parts of the country—from different backgrounds including ethnic, racial, social, economic, religious—that make up the very diverse American populations," says Dr. Job.

Results of the study will be made public as the study progresses. Even though the study spans more than two decades, researchers will begin to analyze data as soon as it is collected and will release findings as children in the study reach certain developmental milestones.

The federally funded study will cost about \$2.7 billion over 25 years. Congress appropriated \$69 million recently to set up study centers and begin recruiting.

Annenberg Foundation awards \$500,000 toward Centennial Complex

Loma Linda University recently received a \$500,000 grant from the Annenberg Foundation to support the capital campaign for the construction of the new Centennial Complex facility.

Being built presently on the north end of the campus, the Centennial Complex will be a new, 151,000 square foot, student-oriented facility. This facility will transform the way LLU delivers health professions education and telemedicine to its students.

Some of the main features of the complex include an anatomy pavilion, a clinical skills assessment center, a technology hub, two large amphitheaters (350 and 250 students), and a series of high technology laboratories and classrooms. The complex is designed to be a "smart" building. It will allow students to access vast amounts of information electronically and enable them to access data from anywhere on and off campus. The University expects to complete the new facility in 2009.

"We are pleased about this significant grant, a first-time award to Loma Linda by the Annenberg Foundation,"



In the photo above, taken Thursday, December 14, the steel girder outline of the Centennial Complex is nearly complete.

notes Richard H. Hart, MD, DrPH, chancellor of the University.

"Through this grant, the Foundation is assisting the University as it redefines itself for the present century. By using the best leading-edge communication technology, we can transform the way this institution educates students in health professions."

According to Dr. Hart, there are three key reasons that stimulated the University to plan the complex.

"First is growth," he says. "We expect that the University's enrollment will increase by about 25 percent, from 4,000 to 5,000 students by 2010.

"Second is innovation. Technology has impacted the way our students learn.

The complex integrates technology into all of its functions.

"Third is global connectivity. In any given year, the University coordinates and implements education, public health, and service programs in 60 countries around the world. Information technology in the complex will facilitate the two-way communication between Loma Linda and many institutions around the world," adds Dr. Hart.

Established in 1989 by Walter H. Annenberg, the Annenberg Foundation provides funding and support to nonprofit organizations in the United States and globally through its headquarters in Radnor, Pennsylvania, and offices in Los Angeles, California.

LLUSM students outperform counterparts in other medical schools

Loma Linda University School of Medicine students received the highest score of all medical students in California in a practical examination that tests history and physical diagnostic skills, according to H. Roger Hadley, MD, dean, School of Medicine.

For the past 10 years, all medical students in California's eight medical schools participate in an identical practical examination that tests history and physical diagnostic skills, according to Dr. Hadley.

"The examination utilizes profes-

sional patients who not only mimic the signs and symptoms of certain diseases, but also grade medical students on their skills," Dr. Hadley says.

"Although Loma Linda's medical students have consistently performed better than their counterparts at other medical schools, this year [2007] was a banner year."

The mean of the eight medical schools was 68 percent, and the second highest score was 69 percent. Loma Linda medical students scored an astonishing 74 percent, placing them a whole

standard deviation above the mean, according to Dr. Hadley.

"In other words, 85 percent of our students outperformed 85 percent of the other medical students in California.

"I want to congratulate Dr. Leonard Werner, Becky Bartos-Specht, Nancy Heine, Kathy Herzberger, and the physical diagnosis teaching team for their outstanding work."

The series of examinations are conducted by the California Consortium for the Assessment of Clinical Competence.

School of Science & Technology professor saves endangered sea turtles

On June 17, a team of marine scientists returned to the Bay Islands of Honduras to continue studies of one of the ocean's best-loved representatives.

Stephen G. Dunbar, PhD, professor of biology, School of Science and Technology, heads the team that is based at the Reef House Resort in Oak Ridge, Roatan, where they monitored and tracked sea turtles until mid-September.

Known locally as "Señor Tortuga," Dr. Dunbar has been working since November 2005 to establish a turtle conservation program on the island. As a result of their efforts, the group, along with marine data modeler Joe Breman and LLU nursing professor Sabine



Stephen Dunbar, PhD, observes a recently released, radio-tagged hawksbill.

Dunbar, has developed the Protective Turtle Ecology Center for Training, Outreach and Research, Inc. (ProTECTOR), a nonprofit organization dedicated to the study and conservation of marine turtles in Honduras.

Some sources estimate that populations of hawksbills throughout the Caribbean have declined from more than 11 million to less than 30,000 individuals. "There are so many threats to their survival; if we don't work quickly and don't

get help from local communities, we could see this important and beautiful species disappear in the very near future," Dr. Dunbar states.

"We're already working with local resource managers, the Bay Islands Conservation Association, and others to ensure that our research and conservation efforts in Honduras will continue in the future. We hope that the turtles and ProTECTOR will be there for a long time to come."

Refurbished unit 7100 opens for cardiac patients in Medical Center

The grand re-opening of Loma Linda University Medical Center's cardiothoracic surgery wing took place on Tuesday, August 28.

Attending the event was an estimated audience of 220 individuals. Members of the Medical Center Board of Trustees joined administrative officers, Medical Center staff, and representatives of the local news media to commemorate the re-opening.

After describing the new features, Daniel Fontoura, MBA, senior vice president and administrator, Univeristy Hospital, noted that "what makes this place really special is the people." He reported that unit 7100 earned the highest patient satisfaction rating of any patient care wing at the Medical Center. He attributed its success to the love and commitment of the 7100 staff.

Anees J. Razzouk, MD, chief of car-

diothoracic surgery, noted that "the success of the cardiothoracic surgery program at Loma Linda is 10 percent skill and 90 percent teamwork. We are known as a team that not only heals the bodies of our patients, but also comforts their souls and points them in the direction of the Divine Healer."

After praising unit 7100 as a "clean, warm, inviting, and lovely environment of healing," Dr. Razzouk concluded his remarks with a message for the patients of the cardiothoracic surgery wing and their families. "We value your trust," he asserted. "Your comfort, safety, and well-being are our number one priority. We will take good care of you."

Jesse Mock, vice president for facilities and environment, discussed the role of evidence-based design in the renovation of the unit and described the planning process from a

patient-centered perspective.

"The evidence-based design methodology that was used to select, plan, and install the elements you see here today is part of our strategic plan," he said. Mr. Mock noted that everything from the colors of the patient rooms to the art on the walls was carefully evaluated to eliminate clutter, improve staff efficiency, and reduce noise. He emphasized the staff's desire to "seek God's blessing as we move forward with this therapeutic environment for our patients."

To conclude the official ceremonies, Mr. Fontoura called upon Chaplain Hendrik Hutagaol to offer the benediction.

"We are very pleased with the renovation of unit 7100," Mr. Mock noted. "We like the way it looks and are excited about the positive message the healing motif conveys. We see it as an extension of our mission to make man whole."

Allied health students travel to Mexico for Spanish course

Students enrolled in the physician assistant (PA) program, part of the Loma Linda University School of Allied Health Professions, traveled to Mexico in August for a course in Spanish.

The course, "Practicum in Spanish" (SPAN 123), held August 12 to 19 in Cuernavaca, Mexico, included classes to learn the Spanish language, experiences in a Spanish-speaking hospital setting, living with a host family, and visits to cultural points of interest for 24 PA students in the class of 2008.

For many in the group, the Mexico trip provided their first experience in a clinical setting.

"The hospital was the first real clinical experience we had as a class," comments PA student Eric Hilmes. "We had just completed our didactic year, and we had not started our clinical rotations yet."

For some in the group, living with the host family was particularly memo-



Members of the physician assistant class of 2008 pose for a group photo outside the Instituto Mexicano de Seguro Social.

orable. Stacy Montz, another PA student, says, "I had a wonderful host mom. She was a fantastic cook, and she even taught me a thing or two in the kitchen."

Other students were impressed by the cultural and historical sites they visited. "There was a moment," PA student Ruthie Martin remembers,

"when I left my friends and walked up the Pyramid of the Moon, sat down, and looked toward the horizon." She continues, "It was very peaceful and an excellent closure to the trip."

Governor names LLU pharmacy professor to board

On Thursday, November 1, California governor Arnold Schwarzenegger released a list of his latest appointees.

Among the appointees was Stanley Weisser, associate clinical professor of pharmacotherapy and outcomes sciences at Loma Linda University School of Pharmacy.

From 1969 to 2000, he served as president and chief executive officer of Network Pharmaceuticals Incorporated.

He is currently a member of the boards of trustees for Redlands Community Hospital and the University of Redlands—both located in the city of Redlands.

The California State Board of Pharmacy, founded in 1891, oversees all aspects of pharmacy in the state, including the practitioner (pharmacists), the practice site (pharmacies), and the product (drugs and devices).

Alumni notes

The editorial staff would like to hear from you as an alumnus of Loma Linda University regarding professional and personal news. Please e-mail your submissions to <scope@llu.edu>. If you have a digitized photo, please attach it to your e-mail. If you would like to be more traditional, mail your submissions to SCOPE, Loma Linda University Adventist Health Sciences Center, Loma Linda, California 92350. Please visit us on the Web at <www.llu.edu>.

1950s

Edward (Ted) H. G. Hon (SM'50) passed away at home on November 6, 2006, in Bradbury, California. Dr. Hon earned his select place in medical history when his years of diligent research culminated in a commercially available fetal heart-rate monitor in the late 1960s, and which is used around the world to this day. The goal had been to obtain the healthiest neonate possible in the process of childbirth, and it is common knowledge that his fetal monitor was and largely still is a giant step toward achieving this end.

His father, Gee Hon, was a native of Shekki, a village outside of Guangzhou (old Canton), China, who had emigrated to Australia and ran a general goods store in Tenterfield, New South Wales, to support his family. His mother was Cecilia Wong See, Sydney-born daughter of Wong See, another immigrant from Guangzhou. In 1917, Little Teddy (the fifth of what would eventually be 10 siblings) arrived unexpectedly while Cecilia was visiting her in-laws in Shekki. When she returned home to Australia with the baby, he had to carry a Chinese passport and Chinese citizenship. Around this time the family became acquainted with Seventh-day Adventists and felt impressed to join the Church. Since then the Hons have intimately participated in various Church organizations and activities. His sister, Dulcie, worked with Professor William Scharffenberg at the Adventist Language School in pre-World War II Shanghai, and elder brother Eric

W. Gee Hon was the first Chinese Adventist minister in the South Pacific Division of Seventh-day Adventists, who subsequently also served in New York City, and Weimar Institute in California.

While a teenager, Ted began to focus on a medical missionary career for his life-work. Unfortunately, he had dropped out of high school at 15 to help out in the family's Tenterfield store. The daunting hurdle then was to matriculate by taking a comprehensive challenge test in competition with regular school attendees. He placed second in the state of New South Wales, and was assigned a place in the next class of medicine at the University of Sydney.

By the time the results were released, he was well into preparations for furthering his studies in the United States. He completed his pre-medical requirements from March to September, 1945, at Union College. Then, it was off to the College of Medical Evangelists, graduating at the top of his class in 1950. In 1948, he married Audrey Quay (SN'51) of Sydney, Australia. Still aiming to work in medical missions (preferably in China since he was still a Chinese citizen), he twice applied for a residency position in the obstetrics/gynecology program at the White Memorial Hospital when it was an integral part of CME, but was not placed. Instead, he received an invitation from Herbert Toms, MD (of the Toms pelvimetry technique fame), professor and chair of the obstetrics/gynecology department at Yale University School of Medicine, to participate in its program.

Once there, Dr. Hon thrived in the eastern academic environment. Under C. Lee Buxton, MD (Dr. Toms' successor), he engaged in gynecologic endocrinology, and subsequently in his unique area of electronic fetal heart monitoring.

His academic career included teaching and research appointments at the schools of medicine at Yale University (11 years), Loma Linda University (4 years), and the University of Southern California (13 years). In retirement, he was a senior research scientist at the Drew Post-graduate School in Los Angeles. He authored 149 scientific publications.

His myriad of prizes and awards include: Markle Scholar in Medical Science, Yale University Medical School; Distinguished Service Award, American College of Obstetrics/Gynecology; Fellow ad eundem, Royal College of Obstetrics/Gynecology, London, England; Virginia Apgar Award in Perinatal Pediatrics, President's Distinguished Achievement Award, The Society for Gynecologic Investigation; and Lifetime Achievement Award, Los Angeles Obstetrics/Gynecology Society.

In 1999, he was summoned by Sir William Deane, the governor-general of Australia, to receive the Order of Australia Gold Medal.

Mrs. Audrey Hon predeceased him on September 25, 2003. He is survived by sons Robert Hon, PhD (computer science), Ted Hon, MD (anesthesiology), daughter Shirley Hon, MD (SM'76-B, internal medicine), six grandchildren, and other family in Australia.

LLU research among 'remarkable advances'

Richard Hartman, PhD, assistant professor, department of psychology, LLU, continues to make breakthroughs in Alzheimer's disease research. Most recently, the Dana Alliance for Brain Initiatives included his immunology study in *The 2006 Progress Report on Brain Research*—a publication about the top findings in neuroscience.

"In neuroscience ... the field is clearly 'making a life,' as we are giving more to society than ever," states the book's introduction, written by Thomas Insel, MD, director of National Institutes of Mental Health. "This progress report documents many of the areas where remarkable advances were reported in 2005."

Dr. Hartman's study found that the buildup of Alzheimer's-like plaques in mice was associated with learning and memory problems very similar to those seen in Alzheimer's patients.

When Dr. Hartman and his colleagues gave the anti-plaque antibody to

mice that already had significant plaque buildup, their brain plaque levels were reduced, they got smarter, and their brain cells worked better when tested with electrophysiology.

"This showed that the buildup of plaques in the brain is the likely culprit for the memory problems in Alzheimer's disease," says Dr. Hartman, "and that clearing (or preventing) the plaques could slow, halt, or even reverse the progression of the disease."

According to Dr. Hartman, because Alzheimer's disease is a disease of aging, delaying its onset by only five years could effectively reduce the incidence by half.

The study, titled "Treatment with an Amyloid- β Antibody Ameliorates Plaque Load, Learning Deficits, and Hippocampal Long-Term Potentiation in a Mouse Model of Alzheimer's Disease," can be found in *The Journal of Neuroscience*, June 29, 2005.

In his three-page tribute to Dr. Hon, Charles J. Lockwood, MD, editor-in-chief of *Contemporary OB/Gyn* (December 2006) concludes, "To his students, residents, and fellows, Dr. Hon blended critical thinking with gentle encouragement. To his peers, he was a role model of creativity and innovation. But it is America's parents who owe Dr. Hon the greatest debt of gratitude for improving their chances of delivering a healthy child."

Donald E. Casebolt (SM'53-B) was presented the Community Advocacy Award by the San Juan Regional Medical Center, Farmington, New Mexico, at a recent physician's recognition dinner. The award was presented in honor of his role as chair of the Citizens Concerned About Secondhand Smoke, which was successful in obtaining a ban on smoking in the workplace at the Farmington City Council meeting in late 2006. Dr. Casebolt notes that it took many hours of work and more than three years to obtain the ban for a city of 40,000 in the northwest corner of New Mexico.

1960s

Arthur R. Davis Jr. (SM'69) was the subject of a feature article in the July 26, 2007, *Riverside [California] Press-Enterprise*. The article notes that his parents died more than 15 years ago, but this month [July 2007] "Arthur Davis Jr. shared his father's corny jokes and easy-going banter, his mother's religious faith and soft voice, and his family's everyday worries with a radio audience of more than 1.8 million people." Forgotten for years, a letter-on-tape to Dr. Davis from his parents, Anetta and Arthur Davis resurfaced at the Salvation Army. A Chicago artist bought the old reel-to-reel tape in a box covered in old stamps and crossed-out addresses.

Julia Glick, the *Press-Enterprise* reporter, noted that the Chicago resident passed it on to a radio producer

friend, and the recording inspired one of the "radio show staff's favorite episodes, an hour devoted to intimate glimpses of people's lives caught on tape."

The producers of the program found Dr. Davis living in Indio, where he practices family medicine, and asked for his permission to air the recording, which he had not heard since he was 24 years old.

"It isn't often, at least in my life, that I get to go back and touch my family," says Dr. Davis. "I am glad people can listen to it and it makes them happy."

The program's 30-minute segment reveals in sound clips the Davises' private musings, passions, and tensions at that moment in time. The program also presented Dr. Davis a chance to relive moments listening to his parents and to hear their voices talking to him again so many years after their deaths.

Dr. Davis says that each time the radio program runs, he hears from old classmates, his father's co-workers, and others who recognize them on the radio. Interested individuals may find the recording online at <www.thislife.org/Radio_Episode.aspx?episode=14>.

1970s

John A. Randall III graduated from Loma Linda University, La Sierra campus, in 1974 with his associate in science degree, granted by the School of Education. In 1990, the Loma Linda and La Sierra campuses separated, with Loma Linda University exclusively becoming a health sciences institution, and La Sierra University becoming a liberal arts campus.

Currently, Mr. Randall is a 2008 candidate for the doctor of education degree from La Sierra University. He works as an educator for Paloma Valley High School in Temecula, California.

He received his master of arts in education from California State Polytechnic University, Pomona, in 1982. Mr. Randall retired in 2006 from the United States Marine Corps after 28 years of service.

1990s

Wong Chi Wing, RD (SAHP'97), department head of food and dietetics at Hong Kong Adventist Hospital, has been retained as a consultant by the luxury hotel group Shangri-La Hotels and Resorts to assist in developing menus that bring healthy dining to a higher level of creativity.

Since nutritional needs are unique to each individual, the new menus will allow guests—from business travelers to active, health-conscious vacationers to conference participants—to select from a variety of dishes that are specific to their dietary needs while on the road.

Mr. Wong has 10 years of experience as a dietitian, has served as vice president of the Hong Kong Practicing Dietitians Association, and is often featured on the radio and in publications as an expert on nutrition and diet.

Groundbreaking...

Continued from page 40

Beaver Medical Group," he offered, "our physicians are actively participating in one of the most important new health care initiatives in the Inland Empire. The Beaumont Healthcare Center will enable us to bring the medical expertise of teaching-hospital faculty members to patients who may never have otherwise been able to access our services."

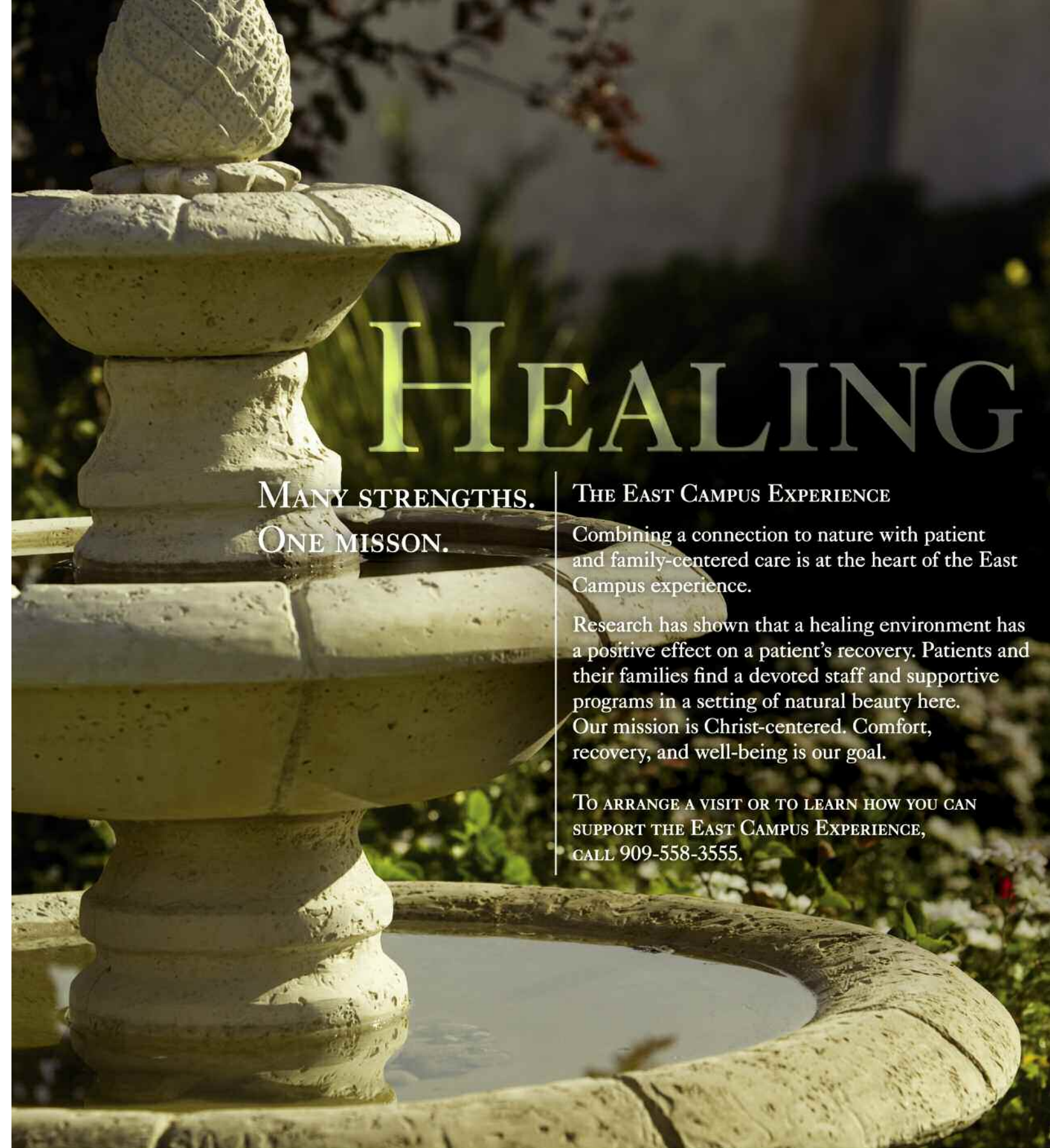
School of Religion...

Continued from page 41

for all of the schools of Loma Linda University. In addition, the School of Religion directs the master of arts programs in clinical ministry, religion and the sciences, and biomedical and clinical ethics.

Additionally, the School of Religion is responsible for the operation of the Center for Spiritual Life & Wholeness (in conjunction with Loma Linda University Adventist Health Sciences Center) and the Center for Christian Bioethics.

In the new Centennial Complex, the School of Religion will occupy a suite of offices on the third floor.



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