8-2015

Alumni Journal - Volume 86, Number 2

Loma Linda University School of Medicine

Alumni Journal

Alumni Association, School of Medicine of Loma Linda University

May–August 2015

APC 2015 in Review

Photos, awards, and more

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Alumni Journal
May-August 2015
Volume 86, Number 2

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The *Alumni Journal* is published three times a year by the **Alumni Association, School of Medicine of Loma Linda University**
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Printed by Color Press
Walla Walla, Washington

MIX
Paper from responsible sources
FSC® C103525

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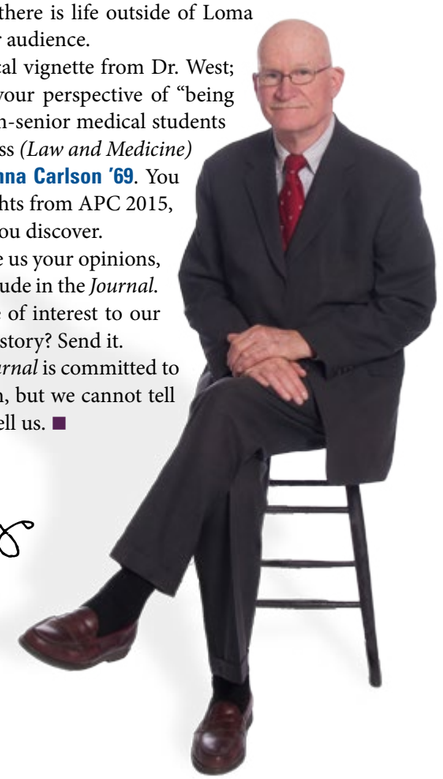
Corrections

In the Physician Vitality article of the January-April 2015 issue, we mistakenly wrote that Barbara Hernandez, PhD, MFT, was a graduate of the LLU School of Nursing. In fact, she was a graduate of the School of Behavioral Science. In addition, the Physician Vitality website was created in conjunction with the Graduate Medical Education office, not the General Medical Office. Our apologies.

The Mission of the *Alumni Journal*

Recently our assistant editor, Chris Clouzet, sent me copies of editorials written by previous editors of the *Alumni Journal*. These included editors **R. Theodore Bergman '30**, **Carol S. Small '34**, **Raymond O. West '52**, and **Henry Yeo '68**. From each editor there was consistency in enumerating the mission of the *Journal*. It was and still is, ***to be a medium of communication by, for, and between alumni of Loma Linda University School of Medicine***.

With that mission we, your *Alumni Journal* editorial team, will attempt through the *Journal* to encourage loyalty to the Alumni Association, foster pride and respect for our alma mater, share news from and to our audience, and give recognition to our alumni. We cannot accomplish this in a vacuum. We will do the best we can to make the *Journal* interesting, informative, and insightful, but we are not the source of all information, stories, and news (there is life outside of Loma Linda). That has to come from you, our audience.



In this issue you will find a historical vignette from Dr. West; a review of a book that may change your perspective of "being mortal"; and two essays written by then-senior medical students as part of an elective medical school class *(Law and Medicine)* conducted by our associate editor, **Donna Carlson '69**. You will also find plenty of pictorial highlights from APC 2015, plus other features and news I will let you discover.

I would ask that you write to us: give us your opinions, provide us with ideas about what to include in the *Journal*. If you have a great picture that will be of interest to our readers, send it. An article, opinion, or story? Send it.

To quote Dr. Small: "The *Alumni Journal* is committed to tell the truth and nothing but the truth, but we cannot tell the whole truth until we learn it"—so tell us. ■

Burton A Briggs

Burton Briggs '66
Editor

Job Opening: Executive Director

The Alumni Association, School of Medicine of Loma Linda University is seeking applicants for the open position of Executive Director. This is a permanent full-time management position.

For details on qualifications and/or to request an application, please visit our website at www.llusmaa.org/jobopenings or call 909-558-4633.

SAN ANTONIO 2015
SEVENTH-DAY ADVENTIST CHURCH
Arise! Shine! Jesus is coming!

Video Presentation at the GC:
Alumni Stories from Chad, Africa

Inviting all alumni, Deferred Mission Appointees, and everyone interested in medical missions to attend an Alumni Association video presentation featuring those involved with the medical work in Chad, Africa, including **James E. Appel '00**, **Olen '07** and **Danae Netteburg '06**, and **Scott C. Gardner '96** (photo below, on left).

General Conference Session, San Antonio, TX
Loma Linda University Health exhibit

Sunday, July 5, 1:00 p.m.
Monday, July 6, 10:00 a.m.

Construction in Loma Linda

Alumni who routinely travel Barton Road through Loma Linda may have noticed construction activity at the northeast corner of Barton Road and Campus Street. A six-story above-grade patient parking structure (artist's rendering above) is slated for completion in March 2016. The parking structure will hold approximately 740 spaces, with plans for approximately 10 electric vehicle charging stations. The entrance and exit will be located on Campus Street across from West Hall.

In September of this year, the University will begin construction on another high-rise patient parking structure. This structure, scheduled for completion in September 2016, will be located on the northwest section of the Faculty Medical Offices parking lot and will parallel Barton Road. These two parking structures must be completed and operational before construction begins on the new hospital complex.

Attention: The APC Gala 2016 has been moved to Sunday night. Look for more information in upcoming issues and at www.llusmaa.org.

Letters to the Editor

Too Engaged What a surprise it was to find a picture on page 48 of the January-April 2015 issue of me and my then fiancé, Connie Amos, admiring the student award medal I had just received at the APC banquet in 1965! Incidentally, the date on the back of my medal is 1964. I remember feeling a bit apprehensive that evening as a guest of the Alumni Association at the most elegant banquet either of us had ever attended and surrounded by so many distinguished people, none of whom we knew. Also, neither of us realized that the venue was such a famous iconic hotel. Perhaps such a celebratory event as this was for me failed to leave me with more memories because I was in love. I had become engaged a few months earlier, and Connie and I were married July 25, 1965. –**Arnold R. Hudson Jr. '67**

Strengthening the Alumni Association

I am truly honored to be your new Alumni Association president. I would like to begin by thanking my predecessor, outgoing president **Roland C. Zimmermann '66**, the executive committee, and the board of directors for the faith and courtesy they have shown me this past year during my tenure as acting president. I have been supported by a dedicated Alumni Association team and the many alumni who have assisted on committees doing the work of the Association.

We all send special get-well wishes to Dr. Zimmerman, who has served the Association under extraordinary circumstances caused by serious health issues he has battled this year. We understand that he is getting stronger as he convalesces and we pray God's blessing for his continued progress.

Please welcome our new officers this year: president-elect, **Mark E. Reeves '92**; chief financial officer, **Anton N. Hasso '67**; assistant financial officer, **Tamara L. Thomas '87**; and spiritual vice president, **Debra L. Stottlemyer '86**.

The Alumni Association continues to do well, but there are areas which the Alumni Association Executive Committee and Board of Directors feel need strengthening. These include the following:

LEADERSHIP—The executive committee has appointed a search committee to begin looking for an executive director, as the post became vacant. **Dennis E. Park '07-hon** has been serving as interim executive director since January 2015.

FINANCIAL—A CPA firm, Rogers, Anderson, Malody & Scott, LLP, is currently auditing the Alumni Association books. The firm will also audit the Holding Fund books—the first time this will have been done. When finished, they will provide a consolidated balance sheet and statement.

OPERATIONAL—The boards of the Alumni Association and the Holding Fund are studying ways (via policies and procedures) by which the Holding Fund investment income (i.e., the annual interest, dividends, and capital gains) can better be distributed to the Alumni Association as needed to build and maintain a viable annual operating budget.

INSTITUTIONAL RELATIONSHIPS—As Mr. Park noted in one of our meetings during APC 2015, "[the Alumni Association] is an organization, it is not an institution. As an organization, its sole purpose is to serve: to serve students and to serve Alumni."

Former Alumni Association president, the late **Jack W. Provonsha '53-A**, eloquently stated: "The Alumni Association School of Medicine of Loma Linda University has a self to give. A self to give to: medical students, Alumni, and to Loma Linda University in particular the School of Medicine which nurtured them." How best to accomplish and strengthen these institutional relationships in the twenty-first century and in this digital age is a priority to the executive committee and the board of directors.

MEMBERSHIP—The leadership continues to seek ways to strengthen the Alumni Association through annual and perpetual memberships: silver, gold, platinum and diamond. We ask those of you who are annual members to consider converting your status to one of these levels, and those of you who are already perpetual members to consider upgrading. (Note: payment for new and upgraded perpetual memberships can be made over a five-year period.)

STUDENTS—The executive committee and the board of directors will be placing special emphasis on our medical students this year and in the years to come. With guidance and help from Dean **H. Roger Hadley '74**, we will make this endeavor a top priority. I will be telling you more about our medical student involvement in an upcoming issue.

The leadership of the Alumni Association asks for your support; we ask for your prayers; and we seek your counsel. God bless you, our Association, our School, and our University. ■

P. Basil Vassantachart

P. Basil Vassantachart '79-B
Alumni Association President

Divinely Led

Several months ago, in Ann Arbor, Michigan, I had the unique opportunity of having dinner with former School of Medicine dean, **David B. Hinshaw '47**. He lives there with his daughter, **Kathleen M. Hinshaw '78-A**, and near his youngest son, **Daniel B. Hinshaw '78-A**, professor of surgery at the University of Michigan.

In 1962, Dr. Hinshaw, then only 39, was appointed dean of the School of Medicine, a position he held for 13 years. Amid much controversy, he soon facilitated the consolidation of the School of Medicine on the Loma Linda campus. He also oversaw the completion, in 1967, of the now-iconic circular towers of the Medical Center, and served as its CEO until 1995.

During the 1970s, Dr. Hinshaw successfully lobbied the federal government to build the Jerry L. Pettis Memorial Veterans Medical Center in Loma Linda; it opened in 1977. During the early 1990s, he led in the building of LLU's Children's Hospital and the Proton Treatment Center.

Each of these many accomplishments is singularly extraordinary—together they seem almost an impossible achievement for one person.

Over that home-cooked meal, Dr. Hinshaw told me about a faculty meeting in 1962 where a senior physician made a parliamentary motion to notify the national medical school accreditation body that consolidation in Loma Linda *should* jeopardize the School's accreditation status. Dr. Hinshaw responded courageously: "I will not accept the motion." A few months later, the accrediting body sent a survey team to visit both the Loma Linda and Los Angeles campuses. From the top of Lawton Avenue, Dr. Hinshaw painted a picture in the visitors' minds of a large hospital in the middle of the orange groves. Providence impressed the once-skeptical team to extend accreditation for four years. When the team returned in 1966, the hospital was three-fourths complete and the School received full accreditation.

As we talked, it was important to Dr. Hinshaw to convey his tightly held conviction that Loma Linda University has been, and continues to be, divinely led. This prompted me to tell him about the recent unveiling of the bronze statues of Ellen White, her son Willy, and Elder John Burden near the site of the original sanitarium. I reminded Dr. Hinshaw that the evening's stories we shared, and the millions of other stories and lives affected by the School's 109-year history, would not have been possible had not Mrs. White turned to her son on that long-ago day and exclaimed, "This is the very place."

H. Roger Hadley '74 poses for a photo with David B. Hinshaw '47, former dean of the School of Medicine, and his daughter, Kathleen M. Hinshaw '78-A, at her home in Michigan.

It indeed has been "the very place" where over 10,500 medical students have had "the privilege of maintaining a living connection with the wisest of all physicians." I am grateful to my dean, teacher, and colleague, Dr. Hinshaw, for his courageous leadership; most of all, I am thankful for his willingness to be led by God. ■

H. Roger Hadley

H. Roger Hadley '74
School of Medicine Dean

Division of Human Anatomy Hosts Annual Memorial Service

On Thursday, April 16, 2015, the LLUSM Division of Human Anatomy hosted the Annual Memorial Service honoring the deceased patient donors from the Bodies for Science program. The service was attended by about 600 family, friends, students, and faculty members. The program demonstrated the broad impact these donors have on health education at LLU with students from the schools of allied health, dentistry, medicine, and nursing participating together in honoring their patients and teachers.

The students shared music and personal reflections on the incredible benefit that had been gained through the donors' gift. Many attendees were moved with a special rendition of "Thank You" by Ray Boltz, with lyrics adapted by **Christopher Lee ('18)**. Students from the different schools joined in the chorus reflecting the widespread "lives that were changed" through the generous gift of this years' donors.

Two family members attending the service voiced their deep appreciation for the service and how it had opened their eyes to the significant value of their loved one's gift. One recounted: "We were angry with our sister when we found out that she had determined to be a donor. We did not understand how she could do this. Now … we understand. Now, we too will consider donation. This was a really meaningful service." ■

Students performed a special rendition of Ray Boltz's song "Thank You."

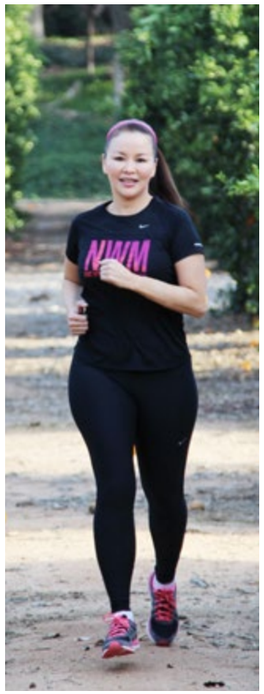
LLUSM Curriculum and Faculty Motivate Students to Make Healthy Lifestyle Changes

Bonnie I. Chi-Lum '91, associate professor of preventive medicine and course director for Lifestyle and Preventive Medicine, conducted a study showing a unique aspect of how our medical school curriculum and faculty impact the lifestyle choices students make. This is the first study to examine the impact of medical school instructors and course materials during the first two years of medical school on a student's view and motivation to exercise.

The study found that 82 percent of LLUSM medical students identified their course materials as positively impacting their view on the importance of engaging in regular exercise, and nearly half of all students also identified their teachers as role models that motivated them to exercise. It has been shown previously that physicians with better personal health habits counsel their patients more aggressively. Our medical school faculty and curriculum can potentially increase the rates at which future LLUSM graduates will counsel their patients to make positive lifestyle changes.

Our institution's motto, "To Make Man Whole," applies not only to the patients we care for but also the students here on our campus.

A poster on the study was presented at the 2015 Annual Association for Prevention Teaching and Research Conference in Charleston, South Carolina. ■



Bonnie Chi Lum '91 serves as an example to students by making exercise a priority in her own life.

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Twitter: @LLUMedSchool
Student Blog: www.llu.edu/llusmblog
The Dean's Instagram: @RogerHadley

Medical Students Present at Western Medical Student Research Forum

Thirty-three LLUSM medical students visited Carmel, California, January 29 and 30, 2015, to share their scientific findings with physicians and other medical students at the Western Medical Student Research Forum. The forum is integrated with the larger Regional Meeting of the American Federation for Medical Research.

The students were accompanied by faculty sponsor **Kerby C. Oberg '91**, professor of pathology and human anatomy and scientific director for the Summer Research Program. Arlin Blood, PhD, associate professor of pediatrics, basic sciences, and gynecology and obstetrics, and **Subhas Gupta, PhD, '01-Fac**, chair and professor of plastic and reconstructive surgery, both chaired two sessions.

Students gave talks and poster presentations on basic science, clinical research, and case reports. Their published abstracts can be found in volume 63 (January 2015 issue) of the *Journal of Investigative Medicine*.

Many of the projects presented were the fruition of the School of Medicine's Summer Research Program experience. The Walter E. Macpherson Society is a major supporter of this program and these students were an exceptional demonstration that the society's support of the Summer Research Program is accomplishing its goal of promoting excellence in research and education. ■

School of Medicine Hosts First UltraFest Symposium

On Sunday, February 22, 2015, the medical students of the LLUSM Ultrasound Interest Group debuted their first UltraFest, a one-day ultrasound symposium designed to introduce and educate medical students in point-of-care ultrasonography through hands-on training. Over 150 medical students representing seven medical schools across Southern California participated in this interdisciplinary event.

Students received hands-on training with live models utilizing specialized bedside ultrasound techniques in cardiac, otorhinolaryngology, ultrasound-guided procedures, eFAST, obstetrics, musculoskeletal, and advanced case simulation. Over 60 physician instructors—representing more than 10 medical specialties from 15 hospitals and universities—provided expert demonstration and guidance during each training session.

The LLUSM Medical Simulation Center and Clinical Skills Education Center both played prominent roles in hosting the training sessions. The Ultrasound Interest Group is already planning for UltraFest 2016 and looks forward to even more student and faculty involvement. ■

Left: **Christopher Jobe '75-AFF**, *professor of orthopedic surgery, leads students in a musculoskeletal ultrasound.*
Above: **Jason Smith '96**, *head of interventional radiology, walks students through an interventional ultrasound simulation.*

To Know the Truth

Jeffrey A. Bounds '72 on the realities, rewards, and challenges of being an expert witness physician

Interviewed by Chris Clouzet, *staff writer*

Dr. Bounds is an associate professor of neurology at Loma Linda University and staff neurologist at Jerry L. Pettis Memorial Veteran's Medical Center. After finishing medical school in 1972, Dr. Bounds took a residency in neurology at Oregon Health & Science University in Portland, Oregon. To enhance his knowledge in important areas of ocular function, ocular movement, and visual fields in neurology, he spent several months during the last year of his training focusing his studies on neuro-ophthalmology. Years later, concerned that HMO administrators and government bureaucrats were taking over medicine, he felt a need for options. He earned a JD degree and passed the California bar exam. His dual background soon generated requests for him to serve as an expert witness. Since the late '90s, Dr. Bounds has split his time among teaching, clinical work at the VA, and lending his expertise as a physician in reviewing and testifying in medical injury cases and court proceedings. He was kind enough to share his thoughts about his experience in a phone interview.

How does a physician become an expert witness?

First, one has to have an interest in the work. Many doctors don't feel comfortable in court, probably because they have never been called upon to testify or to serve as an expert witness. If you like the area—and I do because I'm also an attorney—being an expert witness allows you to teach the jury and even the judge. But you always have to be aware of the need for independence. You have a duty to give the court, as well as the attorneys that engaged you, solid truthful information. You cannot merely act as a "hired gun" for one side.

In my opinion, neurology is one of the best specialties in which to be an expert witness. When a patient has a severe injury, it's usually the brain, the spinal cord, or a nerve that's involved. It's not a heart bruise or a kidney

bleed; it is neurological and if it comes to court, it frequently requires a neurological expert witness.

And you have a law degree?

Yes, I do. I passed the California bar in 1992 and now, although I retain my bar card, I'm an "inactive" attorney. I have never practiced law per se. I decided early on that if I ever took a case as an attorney, it would diminish my credibility as a medical expert.

How did you become interested in law?

My realization of the importance of law to the practice of medicine arose as I saw HMOs and bureaucrats taking control of the profession. I wanted to have an option so that if I didn't like the way things were going, I could switch into medical malpractice defense work; or consider plaintiff representation when there was a serious medical error resulting in a bad outcome to a patient.

Did you get your law degree while practicing medicine?

Yes, I did. It was a challenge, but it worked out well. I passed the bar the first time attempted—and I must admit that it was harder than any medical exam I have taken.

If an expert witness physician doesn't have a law degree, does that make him or her less likely to be asked to be an expert witness?

You do not have to be an attorney to be an effective expert witness. But I think it helps to know how a court works, how trials proceed, what questions are likely to be asked, and how those questions will be framed. However, the vast majority of medical experts have no formal legal training.

What is the process of being hired by a client? Do you volunteer? Are you on a list somewhere?

No, I don't volunteer, and I've avoided over the years being on any "expert witness for hire" lists. I don't want to be viewed as a legal doctor for hire, because you lose credibility. When attorneys in the area get to know you, or hear about you, you will be called.

People might be surprised to learn that attorneys—for both sides—almost invariably really want to know the truth.

Have you ever faced an ethical dilemma where you examined the case and didn't agree with your client's position?

It is not a dilemma, as I must always be truthful and unbiased—even when it's not what the person who hired me might prefer to hear. People might be surprised to learn that attorneys—for both sides—almost invariably really want to know the truth. They want to know if the patient is injured and if so, how severely injured. They also want to know if the patient wasn't injured or may be malingering, or if the injury is psychological.

So you're basically trying to share your findings as truthfully as you can?

Right. I examine the patient, analyze the problem, review the record, and remain as independent as possible. I must also give an accurate opinion so that the attorney knows what to do in preparing for trial. It's very straightforward, but it does take a lot of time.

How much time do you usually spend on a case?

They are time intensive; a relatively large case may take 25-30 hours to review, plus a week to do the dictation and the editing. And of course it all has to be done between teaching and clinical work at the VA on the neurology ward, so I'm chronically behind! I could decide to do medical-legal work full-time but that can generate a real credibility problem. Imagine a lawyer saying: "You know, doctor, you don't even practice medicine any more do you? Aren't you behind the times? How can we trust what you say?" The medical expert must keep a strong medical connection.

Do you remember your first experience as an expert witness and what that was like?

Yes. During the last year of my residency, I was called to testify about a nerve injury in a patient in whose care I had participated. Even though I was called as an expert, I probably knew the patient better than anybody else and my name was in the records. The first few times you testify, it is intimidating, because we're just not trained in that way. It helps to remember that attorneys have the same problem; they're very nervous the first few times they try cases. The main thing is that if you want to get good at something, you've got to step out and do it; you've got to get your feet wet. If you're a doctor who wants to be an expert witness, you've got to give those depositions and then go to trial.

Do you know how many times you've been involved with a case?

Probably 1,000 cases over the years. I've probably given 150 depositions and been in trial 60 or 70 times. Often, after I look at a case, it settles. And I like to think that I helped by showing both sides what the problem really was and permitting them to come to an agreement. After so many years of doing this work, attorneys call from Oregon, Utah, and Nevada. Right now I'm working on a case from Florida.

I understand the pay can be good and that there are doctors who make a career out of being an expert witness. Have you seen that?

Yes, but again, if that's all you do you lose credibility. I'm lucky in that I have a perfect mix: I spend every other month on the neurology ward at the VA seeing patients and teaching, and I get to do interesting legal work too.

Do you always get to choose how much you charge?

Yes, basically you do. But you try to stay in the middle of the road, because if you charge $1,500 an hour for a deposition, you won't get any calls to be an expert. However, $400-$600 per hour is not unusual.

You should try to present your information clearly, be respectful even when the other attorney is getting angry, and never argue with the judge.

What would you say to alumni who might be interested in law? Is being an expert witness a good way to get your feet wet?

The ideal way is to talk to an attorney friend or two. But if you don't have any attorney friends (and many doctors don't) you just have to say "yes" when you are called to testify about a case. Let's say you're taking care of an injured patient and, because you are the treating physician, you are called to court to give your opinion about what happened. You should try to present your information clearly, be respectful even when the other attorney is getting angry, and never argue with the judge. You want to look and act like Marcus Welby up on the stand.[1]

What are some challenges you've faced as an expert witness?

Some of the biggest challenges lie in the interpretation of pain. Pain, especially chronic pain of unknown cause, is a subjective phenomenon and can be difficult to evaluate. I have a set of tests to determine a patient's credibility. If they pass the tests and the weight of evidence favors truthfulness and credibility, my obligation is to let the legal system know that they're injured so they can get help—whether I'm working for plaintiff or defense.

What are some of the rewards?

Well, I like the variety; expert witness work is interesting and I would not want to be in clinic every day. It also helps financially by supplementing a relatively modest paycheck from the VA Hospital. And of course nobody knows about "Obamacare" and the outcome for patient and doctor. Neurology has already suffered deep cuts in payment for electro-diagnostic testing and interpretation; it's unfortunate, but we do have to think about reimbursement changes.

Do you travel for your depositions? How does that work?

When a case is from another state, I may have to go for a deposition and possibly for the trial. Otherwise, because I don't like to leave home, I don't do a lot of traveling. Occasionally everything, even the trial, is conducted electronically. I was in the hospital myself once when the trial in a case I had reviewed began. The parties agreed that I could testify from my hospital room and it worked out fine.

Do you know how the number of LLU physicians with expert witness experience compares with that of other schools or the nation as a whole?

I know of only one other doctor here who engages in legal areas regularly and that is dermatologist **Abel Torres '82-R**. He went to law school and passed the bar about the same time I did.[2] I'm not sure how often a dermatologist is going to be needed in a trial, as opposed to a neurologist, but I'm sure he's very effective when he is called. I don't know of anybody else. I've asked some of my friends: "Why don't you let me refer this patient to you and you can get your feet wet?" But most physicians just don't want to try—maybe because of anxiety over something new; maybe because they're just fed up with attorneys.

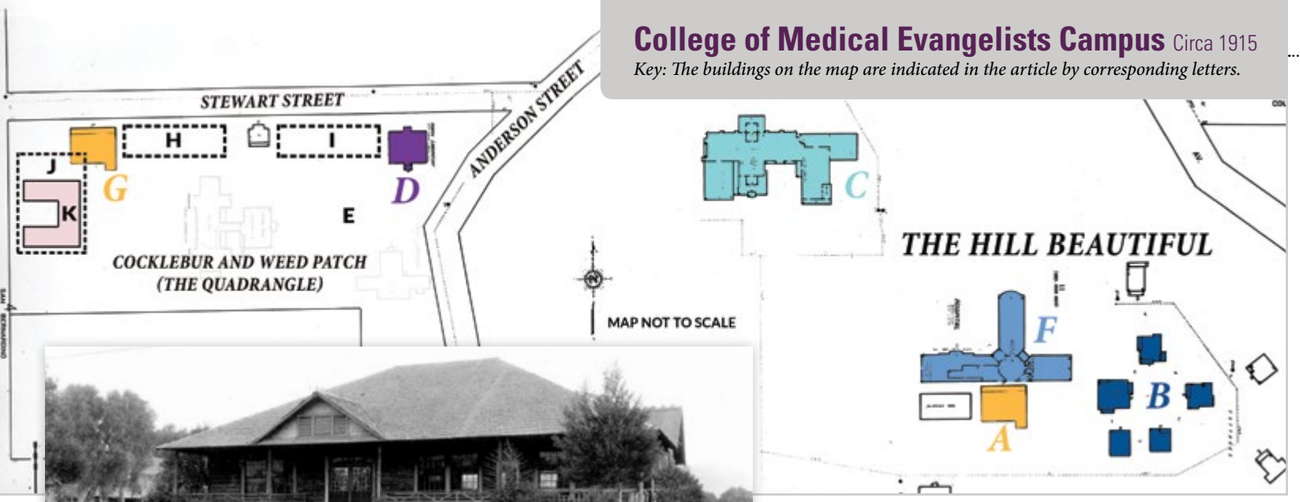
Some of the biggest challenges lie in the interpretation of pain. Pain, especially chronic pain of unknown cause, is a subjective phenomenon and can be difficult to evaluate.

What is some advice you'd give to a physician who might be interested in working as an expert witness?

Be a good doctor! Be very knowledgeable in your field. The attorneys, on both sides, will have had time to focus on the case and research your area of medicine. If you don't know what you're doing, they can make you look foolish in court. I know some people have taken dual degrees in law and medicine in six-year programs or who go right from medical school into law school, but I don't think that's the best route. You have to take time to become a good doctor before you start talking about legal issues in medicine. ■

Endnotes

1. Dr. Marcus Welby was the central character on Marcus Welby, M.D., a TV drama from the 1970s.
2. Dr. Torres was professor and chair of dermatology at LLU until last year. He earned his JD from Loyola Marymount School of Law in Los Angeles in 1991.



The newly named Alumni Hall (G) sits in its new location after its transfer—sponsored by alumni—down from the hill in the late 1920s.

Rec Hall No More

How a recreation hall on the hill became much more

By **Dennis E. Park, MA '07-hon**

In the story of the founding of Loma Linda's small medical college on the hill, there is an intriguing vignette about the life and times of a building known as the "recreation hall" (A). The hall was spacious. It included a bowling alley, dance floor, and billiard table. It was located on the east side of the knoll, near the five cottages (B), and was an orphan in appearance in that it was the only building that looked as if it had been made of logs. Upon closer inspection, one could discern that the exterior was made from wide strips of bark-covered clapboard. While the recreation hall looked rustic and foreboding, the exteriors of the main buildings on the hill—which included the old hotel and cottages—were finished with clapboard painted gray (later painted white) and could easily be seen from the valley below.

The new medical college's mission was an urgent one, and as such, the pioneers had to make do with what they had and build "upon the foundations … others [had] laid."[1] Quickly, administration, faculty, and staff set about converting the property into an educational center and sanitarium: arriving patients were admitted to rooms of the former hotel.

In somewhat sterile terms, Ellen G. White, in a September 1905 letter to friends, referred to the recreational hall. "There is another building," she wrote, "which is known as the recreation building. In this building is a billiard table, which must have cost several hundred dollars. This, of course, will be disposed of. A partition runs through this building, and we have thought that one side could be used for meetings, and the other side for classrooms."[2]

Edmund C. Jaeger (1887-1983) recalled the original purpose of this building when he spoke of attending the sanitarium's dedication months later in the summer of 1906 (C). Of that day he said: "I don't remember much, but I do remember one thing. I went up on the hill to look around, and there we found the old bowling alley (recreational hall). The people here sort of looked down upon that old bowling alley as though they were ashamed that it was ever there. It was with some hesitation that they later allowed some of the patients who knew how to bowl to go up there. The administration thought they were really pretty wicked people if they would want to bowl."[3]

Soon after the sanitarium had been dedicated, the recreation hall was, as Mrs. White opined, converted into suitable accommodations for classes. The recreation building, the progenitor of the School of Medicine building, was renamed Assembly Hall. **Alfred Q. Shryock AMMC 1899*** expanded on the use of the building when he wrote: "The class work was all conducted in the building which was originally a dance hall and bowling alley, and which is now known as the Assembly Hall. The building was remodeled, the bowling alley being converted into small but quite well equipped laboratories, and the dance hall served admirably as classrooms."[4]

In the beginning, the classrooms and laboratories in Assembly Hall proved satisfactory, but as enrollment increased it soon became apparent to the faculty and administration that a larger facility would be needed. Plans were drawn up for a new building to house the medical school. In 1911, a new four-story School of Medicine building, later known as the North Laboratory (D), was constructed down the hill in the "cocklebur and weed patch" (E) on the northeastern corner of Anderson Street and Stewart Street, just east of where Evans Hall stands today. The School of Medicine building holds the distinction of being the first structure to anchor what would later be known as the quadrangle (E). However, its prominent height and functionality was short lived. Just seven years later, the top two floors were demolished due to severe damage caused by the 1918 earthquake.

The purpose of Assembly Hall changed once the medical students began classes in the new School of Medicine building. The small compartments on the south side of the building served as living quarters for medical students, social evenings were spent in the main assembly room, and Sabbath School was conducted there for medical students, nurses, and faculty members.[5]

By 1925, a decision had been made to build a new hospital on the hill (F), and the survivability of Assembly Hall was in doubt. "There was talk of the necessity of wrecking the old Assembly Hall. At this time, the Alumni Association became sentimental and financed the moving of the old landmark to a new location down on the College Campus."[6] The October 15, 1927, Alumni Association Executive Committee minutes confirm the sentimentality of saving the building. The minutes state: "Voted: that the Assembly Hall be not wrecked but be kept intact and moved to another location when the [hospital on the hill] is started."[7] On February 18, 1928, the executive committee voted again, "to appropriate $500 ($6,826 in today's dollars) toward the moving and preservation of the old Assembly Hall at Loma Linda when the new sanitarium building is begun; $150 of this to be paid at once."[7]

With its new location, the old building was also given a new name: Alumni Hall (G). The building was then "used for community gatherings and [had] a familiar function as it used to when on the hill but [served] a larger number of people."[8] Following its relocation, the building served the campus and community well for eight more years.

In 1936, two buildings, paralleling the south side of Stewart Street, were completed: the anatomy building (now known as Shryock Hall) (H) and the pathology building (known today as Evans Hall) (I). Soon after these two buildings were occupied, Alumni Hall (to the west of the anatomy building) and the North Laboratory (to the east of the pathology building) were razed.

Although the footprints of Assembly Hall and the North Laboratory are now covered with lush green lawns and those who once walked their halls are silent, their stories are imperishable and are forever imprinted on the academic tapestry of Loma Linda University.

Postscript

Nearly half a century later, in 1984, the alumni of the School of Medicine of Loma Linda University became involved in another Alumni Hall project. Largely through their fundraising efforts, the Alumni Hall for Basic Sciences (J) was constructed on the west end of the campus quadrangle on a plot of land where Daniells Hall (the men's dormitory) (K) stood from 1942 to 1980. Ironically, the northeast corner of Alumni Hall for Basic Sciences lies on what was the southwest corner of the former Alumni Hall site. The rest of the Alumni Hall footprint, covered with lawn, butted up to the west side of Shryock Hall (H) and extended to the corner of Campus Street (formerly known as San Bernardino Ave.) and Stewart Street. ■

Dr. Shryock was an 1899 graduate of the American Medical Missionary College.

Endnotes

1. John A. Burden, The Story of Loma Linda: A Divine Providence Leading in the Founding of the College of Medical Evangelists, (The College of Medical Evangelists Press, c. 1940), 19
2. Ellen G. White to Addie and May Walling, Glendale, California, September 4, 1905, Doc. W. 239, '05. LLU, LL, Heritage, doc. File.
3. Raymond C. Ryckman, PhD, and James L. Zackrison, MA, Son of the Living Desert, Edmund C. Jaeger 1887-1983: Ecologist, Educator, Environmentalist, Biologist, and Philanthropist (Loma Linda University Press, 1998), 23
4. Alfred Shryock, MD, "Early Struggles in the College of Medical Evangelists," The Medical Evangelists, (May-June, 1923) Vol. 9; No. 6, p. 5
5. Walter E. Macpherson, "Alumni Hall," The JOURNAL of the Alumni Association, College of Medical Evangelists (January-February, 1931) Vol. 1; No. 1, p. 7
6. Macpherson, "Alumni Hall," p. 7
7. Alumni Association, "Action of the Executive Committee," October 15, 1927; February 18, 1928
8. Walter E. Macpherson, "Alumni Hall," The JOURNAL of the Alumni Association, College of Medical Evangelists (January-February, 1931) Vol. 1; No. 1, p. 7

Dennis Park is former executive director of the Alumni Association and enjoys studying and writing about the history of the Association.

2014 Class Giving Report

In 2014, medical alumni of Loma Linda University contributed nearly $2.5 million through the Alumni Association and/or the University. These funds went toward various projects, including campus and hospital improvements, mission projects, student scholarships, and research.

Listed below are the total dollar amounts donated by class in 2014, as well as the percentage of class members who gave. This information was put together by the LLUH Office of Philanthropy.

The Alumni Association applauds and thanks you for your generosity!

Class Year	Class Representatives	Total 2014 Giving	Participation Rate
1939-1945	Dr. Ellsworth E. Wareham	$11,060.00	28%
1946	Dr. Marlowe H. Schaffner	$12,800.00	50%
1947	Dr. Robert D. Mitchell	$11,650.00	21%
1948	Dr. Frank S. Damazo	$50,085.00	20%
1949	To Be Named	$2,955.00	35%
1950	Drs. Helmuth F. Fischer and Dorothy Jeanne Andrews	$200.00	11%
1951	Dr. Herbert I. Harder	$26,105.00	35%
1952	Dr. Roy V. Jutzy	$15,160.00	38%
1953	Drs. Robert L. Horner '53-A and Milton E. Fredricksen '53-B	$27,897.00	44%
1954	Dr. Edgar O. Johanson	$3,578.00	32%
1955	Dr. Irvin N. Kuhn	$71,095.00	40%
1956	Dr. Rodney E. Willard	$41,718.00	40%
1957	Dr. Harvey A. Elder	$122,512.66	40%
1958	Drs. Stewart W. Shankel and John C. Stockdale	$4,590.00	27%
1959	Dr. Richard A. Jensen	$3,850.00	31%
1960	Dr. Clifton D. Reeves	$25,359.00	32%
1961	Dr. Edwin H. Krick	$51,363.00	48%
1962	Dr. Hubert C. Watkins	$329,971.04	39%
1963	Dr. Robert E. Soderblom	$12,480.00	22%
1964	Drs. Edward C. Allred and John W. Mace	$316,999.00	49%
1965	Dr. Richard L. Rouhe	$45,712.00	46%
1966	Drs. Glenn D. Garbutt and Mary L. Small	$44,227.00	29%
1967	Dr. Anton N. Hasso	$38,045.00	21%
1968	Dr. M.C. Theodore Mackett	$27,625.76	25%
1969	Dr. Joseph G. Billock III	$10,792.00	34%
1970	Dr. John D. Jacobson	$46,717.00	23%
1971	Dr. Jeffrey D. Cao	$10,326.00	29%
1972	Dr. John E. Kaiser	$8,347.00	13%
1973	Drs. Donald L. Anderson '73-A and Elmar P. Sakala '73-B	$345,810.00	16%
1974	Dr. H. Roger Hadley	$32,112.00	21%
1975	Dr. Cherry Brandstater	$71,341.00	17%
1976	Drs. Nancy J. Anderson '76-A and Richard D. Catalano '76-B	$28,820.00	16%
1977	Drs. Robert K. Nakamura '77-B and Randall E. Wilkinson '77-B	$15,005.00	13%
1978	Drs. V. Reinaldo Ruiz '78-A and Jane Marxmiller Bork '78-B	$11,877.00	16%
1979	Drs. Dennis D. Reinke '79-A and Linda H. Ferry '79-B	$20,175.00	14%
1980	Drs. Steven W. Hildebrand '80-A, Virgil J. Nielsen '80-A, and Ruth J. Koch '80-B	$25,825.99	20%
1981	Dr. Roger D. Woodruff	$26,210.00	14%
1982	Dr. Craig H. Leicht	$21,815.00	17%
1983	Dr. Gary L. Baker	$12,145.00	11%
1984	Dr. Ricardo L. Peverini	$31,642.00	15%
1985	Dr. Ronald L. Hebard	$11,840.00	15%
1986	Dr. Steven C. Herber	$29,663.00	12%
1987	Drs. Claudette Jones and Tamara L. Thomas	$33,993.00	16%
1988	Drs. Gerard & Marigold Ardron	$20,085.00	14%
1989	Drs. George M. Isaac and Leonard S. Kurian	$24,283.00	19%
1990	Dr. Andrew C. Chang	$29,305.00	11%
1991	Dr. A. Jo Orquia	$25,440.00	7%
1992	Dr. D. Greg Anderson	$10,300.00	7%
1993	Dr. Karen V. Wells	$2,940.00	6%
1994	Dr. Lisa D. Palmieri	$5,945.00	10%
1995	Dr. Joycelyn L. Heavner-Manullang	$20,936.00	5%
1996	Dr. Eric K. Frykman	$22,358.00	8%
1997	Drs. John W. Samples and David Kenneth Tan	$18,974.62	8%
1998	Dr. Columbus D. Batiste II	$20,694.56	7%
1999	Dr. Mark Emery Thompson	$4,595.00	4%
2000	Dr. Paul C. Herrmann	$14,110.10	6%
2001	Dr. Samuel Chang	$8,467.00	7%
2002	Drs. Elizabeth A. Giese and Anthony A. Hilliard	$27,389.00	5%
2003	Dr. Cameo Ashley Carter	$17,429.55	6%
2004	Dr. Joseph Marshall Bowen	$9,050.00	8%
2005	Dr. Merrick R. Lopez	$2,670.00	8%
2006	Dr. Audley V. Williams	$3,125.00	4%
2007	Dr. Evelyn Law	$4,730.00	3%
2008	Dr. Monique S. Nugent	$6,555.00	4%
2009-2014	Drs. Joshua M. Jauregui '09, David J. Puder '10, Luke C. Strnad '10, Daniel E. Westerdahl '10, Michael J. Matus '11, Shammah Williams '11, Brandford A. Hardesty '12, Benjamin D. Bradford '12, G. Stephen Edwardson '13, Wayne G. Brisbane '13, Martha C. Henao '14, and Marcus W. Heisler '14	$6,532.00	2%
	2014 Class Giving Report	Total 2014 Giving	Participation Rate
	TOTAL	$2,397,407.28	13%

Quick Stats

24 classes had a participation rate of **25%** or higher

9 classes had a participation rate of **40%** or higher

8 classes gave more than **$50,000**

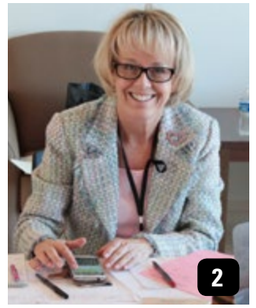
4 classes gave more than **$100,000**

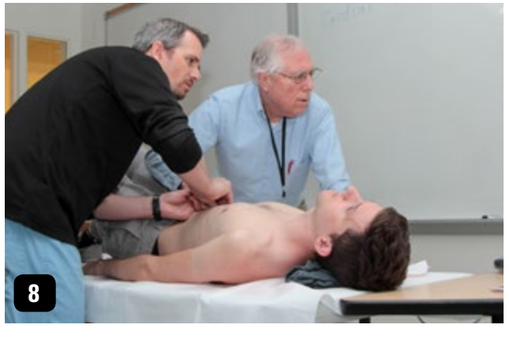
APC 2015 in Review

A Photo Essay

In the following pages, we've put together a pictorial overview of the 83rd Annual Postgraduate Convention weekend that took place this past March on the Loma Linda University campus. It was great to see all the School of Medicine alumni and friends who came for the array of lectures, reunions, and activities! We hope everyone stays in touch and joins us for next year's APC, March 4-7, 2016.

In this photo essay we've done our best to include as many of the faces and facets of APC as we could, but of course there's so much more we don't have space to print! For more APC photos and a short highlight video, be sure to visit The Central Line, our online media hub, at: www.thecentralline.llusmaa.org/apc2015.



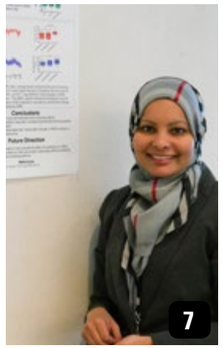


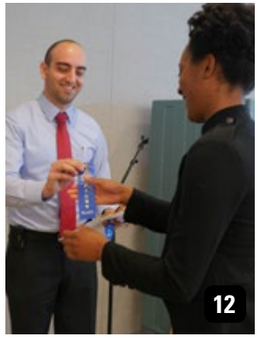
This page

1. **David E. Wilson '69** *registers for APC with some assistance from Marilyn Roberts, one of the many APC weekend staff.*
2. *Beverly (***Edwin H. '61***) Krick helps attendees register for the gala.*
3. **Virgil J. Nielsen '80-A** *(left) and* **John D. Wuchenich '77-A** *attend a continuing medical education lecture.*
4. *Lecture attendees at the Damazo Amphitheater soak up information in different ways.*
5. *Karl Haffner, senior pastor of the Kettering SDA Church, speaks for Friday night vespers. He also presented the morning devotionals.*
6. **Richard H. Hart '70** *talks about mission work with* **Constanza Burciaga-Calderoni ('17)** *at the Friday vespers service.*
7. **Dennis E. Park, MA, '07-hon**, **P. Basil Vassantachart '79-B**, *and* **Mark E. Reeves '92** *review the program before the Alumni Luncheon Sunday.*
8. **David Macias ('18)** *plays mannequin as Destry Washburn, MD, a pulmonary and critical care fellow at LLUMC, helps* **George H. Kuzma '70** *at the Point of Care Ultrasound Workshop Friday afternoon.*

Opposite page

Richard Schaefer, standing left of the group in a beige jacket, leads the Historical Walking Tour of LLU Campus. For reference, the shot faces south and the University Church steeple is to the right of center.





1. **John Elloway '64** *talks with Edward Prodanovic, MD, and Madeline Torres at the Guam Seventh-day Adventist Clinic exhibit.*
2. **Takkin Lo '86**; *Barbara Hernandez, PhD, MFT; Danielle Ofri, MD, PhD, featured speaker from Bellevue Hospital and New York University School of Medicine;* **Philip Gold, MD, '01-Fac**; *and Carla Gober-Park, PhD, are some of the principal participants and organizers of Monday's popular Physician Vitality Conference.*
3. *Muhannad Alsyouf, MD, research coordinator at LLUMC (far left), and* **D. Duane Baldwin '91** *(far right) pose with the medical student poster winners Monday afternoon.*
4. **Robert E. Soderblom '63** *makes announcements about the Saturday night program at the opening session Friday morning.*
5. **Gregory E. Saunders '85**, **Bradley Smith '93**, **John C. Anderson '00**, **Scott C. Nelson '96**, **Bjorn Harboldt '15**, *and* **Corey Burke ('16)** *concentrate during a hands-on orthopedic surgery workshop.*
6. **Merrick R. Lopez '05** *and his daughter smile for the camera at the Class of 2005 reunion.*
7. *Farha Vora, MD, a fellow in neonatology at LLUMC, poses beside her poster after pinning it up for the scientific poster session.*
8. *Byron Moe (left) and* **Dennis Anderson '66** *perform their trumpet solos with the Sanctuary Brass at LLU Church's main worship service Sabbath morning.*
9. **Vernon R. Chan '57** *and his wife, Victoria, enjoy the Class of 1957 reunion.*
10. *Dr. Judd Bonner and the California Baptist University Choir and Orchestra fill the LLU Church stage for their Saturday night performance.*
11. **William H. McGhee '72** *scans the map of all the Deferred Mission Appointees located across the globe at the AIMS Meeting and Mission Symposium Sabbath afternoon.*
12. *Dr. Alsyouf presents an award to* **Tedean Hunter ('17)**.
13. **Sigve Tonstad '79-A** *listens to a question during his opening lecture Friday morning.*

Dr. Bob's Programs

For 25 years, both as a member and as chair of the APC governing board, **Robert E. Soderblom '63**, or "Dr. Bob" as he is often known, has helped plan many APC events. What follows provides a glimpse into his experience putting together the special Saturday night cultural programs.

When and how did you start organizing these programs?
In 1998, the 25th anniversary year for my class, I asked permission to organize the APC cultural program. Ever since that time I have somehow become responsible for organizing the cultural programs.

What gives you the greatest satisfaction in putting the cultural programs together?
First of all, I enjoy organizing and planning programs. Then sitting back in the audience and watching alumni and guests from the community enjoy the program gives me tremendous satisfaction.

Have any of the cultural programs stuck out in your mind?
Two of the best featured the Three American Tenors, joined by the Redlands Symphony Orchestra at Redlands University Memorial Chapel; one was entitled "If You're Irish." Another great program was when tenor Steve Amerson and soprano Laurie Gayle Stephenson (who had played Christine in "Phantom of the Opera" on Broadway) joined the Redlands Symphony in Riverside.

These three stand out in my mind because the performers were great, many people from surrounding communities attended, and working with the Redlands Symphony gave one a wonderful feeling that Loma Linda was reaching out to the entire Inland area.

How much work goes into putting on a cultural program?
Anyone running such programs has to have a passion for the job. It takes hours. Work starts nine months to a year before the event and involves many meetings. Promotion is critical to success. I personally hang almost 150 posters from Yucaipa all the way to La Sierra University.

There is also a lot of budget work. We need to secure money for the honorarium, for advertising, for performers' traveling expenses, for auditorium costs. We have to decide how much to charge per ticket, being sure not to "out price" the program, yet meet the budget and hopefully make a profit.

Anything you'd like to add?
I have appreciated the opportunity to serve Loma Linda University School of Medicine Alumni Association in this way. Over the years, most of out programs have been sellouts, thanks to the support of our alumni and community friends. ■

Gold and Silver Year Honor Classes

Class of 1965 | 50th Anniversary

(Sitting, L to R) Rolf Nieman, Duane S Bietz, David F. Walther, Alex J. Norzow, Richard L. Rouhe, Eleanor R. Fanselau, Kathryn Nelson Magarian, Orville Ward Swarner, Donald L. Madison, Jack L. Gilliland, David M. Bee (aff), Lawrence W. Holmes

(Standing, L to R) Daniel K. Kido, Jon A Reiswig, Arthur J. Arner, Charles L. Bensonhaver, Vernon P. Wagner, Charles H. Wilkens, Alan S. Nakanishi, Gary K. Frykman, Raymond Michel Evard, Clive F. Possinger, Larry L. Kroll, Andrew S. Boskind, Donald R. Kellogg, Gene L. Krishingner, Carlyle D. Welch, Donald P. Sickler, David V. Kon, Samuel M. Chen, Roy M. Rusch, Jefferson A. Hamlin, Wendell E. Willis, Julius M. Garner, Dale M. Isaeff, Frederick V. Stong

Class of 1990 | 25th Anniversary

(Front row sitting, L to R) Wendy S. Perrott, Kristin Kuhlman Slattery, Nora Evans, Sheralene H. Ng, Pamela Y. Tsuchiya, Teresa R. Graham, Teresa L. Thompson, Elizabeth A. Ghazal, Karita E. Goulbourne, Judi A. Krogstad, Besh Rhyl B. Barcega, Bessie L. Hwang, Cynthia A. Herzog, Adina M. Mercer

(Second row sitting, L to R) Steven E. Hodgkin, Douglas M. Hughes, Alvin Umeda, Felix N. Ajayi, Kevin G. Drew, Michael B. Ing, Tae-Woong Im, Anthony T. Fenison, David P. Breyer, James R. Logan, Timothy J. Arnott, Daniel C. Choo, Frank H. Cruz

(Standing, L to R) Andrew C. Chang, Brendon L. Gelford, Jeffrey Ray Helms, Ronald E. Lazar, Ray A. Silao, Bradley D. Herrick, Andrew P. Chen, Steven E. Zane, David A. Young, Paul S. Kim, Terry L. Wigley, Gerald E. Weaver, Barry S. Grames, Wilfred W. Shiu, Scott C. Slattery, Mark S. Sutton, Howard K. Tsuchiya, Jon M. Miller, Ronald D. Hart, Barry R. Chi, Daniel J. Sanchez, J. Todd Martell;

(Present, not pictured: Grace J. Kim, Leena Mammen, Paul B. Kennedy)

We have included all the class reunion photos that we were able to obtain. We're sorry if a photo of your class reunion does not appear—send one to us next year! –*Eds.*

To download class reunion photos, visit:
www.thecentralline.llusmaa.org/apc2015-reunions

❶ Class of 1947

❹ Class of 1954

❷ Class of 1951

❺ Class of 1955 | 60th Anniversary Class

❸ Class of 1952

❻ Class of 1960 | 55th Anniversary Class

Class Reunions

❶ Class of 1947

(Front, L to R) Francis Y. Lau, Robert D. Mitchell

(Back, L to R) George J. Wiesseman, Lee J. Richards, Elmer W. Lorenz

❷ Class of 1951

(Front, L to R) Robert A. Dexter, Herbert I. Harder, Marjorie C. Harder (wife of Dr. Harder)

(Back, L to R) Almon J. Balkins, Ralph J. Thompson

❸ Class of 1952

(Front, L to R) Ira E. Bailie, Byron H. Eller, Roy Valens Jutzy

(Back, L to R) Allen L. Brandt, George L. Juler, Stanley E. Thompson, Wilford C. Tetz

❹ Class of 1954

(Front, L to R) Rosemary Duerksen, Barbara Carnahan, Mary Ann Osborn, Carol Ratzlaff, Dottie Dowswell, Leona Berglund, Reba (Mrs. Heath-d. 2011) Rowsell, Thelma Johnson, Lorraine Johanson

(Back, L to R) Merlyn C. Duerksen, Clarence E. Carnahan, Gordon Roth Osborn, Horace L. Spear, Alvin J. Ratzlaff, John W. Dowswell, Roy V. Berglund, Walter D. Cason, Charles Delmar Johnson, Edgar O. Johanson

❺ Class of 1955 | 60th Anniversary Class

(Front, L to R) Percy T. Lui, Max T. Taylor, Harry E. Rice, Ralph E. Longway

(Standing, L to R) Joseph J. Verska, Irvin N. Kuhn, Thomas A Standford, Donald C. Fahrbach, Royal D. Tucker

❻ Class of 1960 | 55th Anniversary Class

(Front seven, L to R) Harvey E. Heidinger, George M. Grames, Clifton D. Reeves, Wesley Earl McNeal, Kenneth A. Wilkinson, John J. Ruffing, Richard K. Hamamura

(Back eight, L to R) John S. Wang, Roger G. Van Arsdell, George D. Chonkich, Donald D. Weaver, Arthur G. Falk, Elden D. Keeney, Howard V. Gimbel, Virchel E. Wood

❼ Class of 1970 | 45th Anniversary

❽ Class of 1975 | 40th Anniversary

❾ Class of 1980-A&B | 35th Anniversary

❿ Class of 1980-A&B | 10th Anniversary

❼ Class of 1970 | 45th Anniversary

(L to R) David L. Wilkins, Charles E. Stewart, Timothy Eldon Neufeld, Keith K. Colburn, James D. Simpson, Neva M. Meek, John D. Jacobson, George H. Kuzma, Vanoy H. Smith, Wendell E. Wettstein, Robert E. Rentschler, Richard H. Hart

❽ Class of 1975 | 40th Anniversary

(Front row, L to R) Douglas D. Deming, Ruth Swan Stanhiser, Berneva J. Adams, Corinne P. Bainer, Esther Madiedo Sewell, Linda M. Veneman

(Second row, L to R) Layne R. Yonehiro, Rick D. Murray, Dennis A. Hilliard, Gordon A. Miller, Gideon G. Lewis, David D. Buckman, Edward Lewis

(Third row, L to R) John R. Hoch, Richard O. Hill, Wayne S. Friestad, Calvin R. Hill, Milton James Johnson, Philip J. Roos

(Fourth row, L to R) Elton R. Kerr '76-A, Dwight J. Korgan

❾ Class of 1980-A&B | 35th Anniversary

(Front, L to R) Sarah Marie Roddy '80-B, Dale J. Townsend '80-B, Janice A. Schilling '80-B, Cheryl C. Horsley '80-A, Emily K. Luk '80-A, John M. Ham '80-A

(Standing, L to R) Clement K. Chan '80-A, Jeffrey S. Hardesty '80-B, Douglas R. Hegstad '80-A, Virgil J. Nielsen '80-A, Steven W. Hildebrand '80-A, Ronald E. Stevens '80-A, Brent W. Hildebrand '80-B, Gary R. Barker '80-B

(Present, not pictured: Benjamin H. Lau '80-A, Stephen J. Skahen '80-A)

❿ Class of 2005 | 10th Anniversary

(Front, L to R) Kimberly C. Izvernari-Im, Christine H. Sun, Merrick R. Lopez, Jukes P. Namm, Thad E. Wilson '06

(Middle, L to R) Adina F. (Achiriloaie) Leo, Sarah S. Anh, Miriam C. Cho, Philis Denise Ransom, Kristen S. Bandy, Deborah Lee Behringer, Sharon Y. (Do) Elle, Krisha Igo Torgerson, Aileen Jo Vitangcol (Namm)

(Back, L to R) Jeffrey D. Colburn, Samuel M. Randolph, Jason M.B. Couture, Danielle M. (West) Mason, Michael S. Than, Joel R. Spencer, Kevin A. Codorniz, Chad J. Vercio

(Present, not pictured: Edmund Yuey Kun Ko, April M. Wilson '06)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1. *Past presidents of the Alumni Association look sharp for their photo. From the left, on the first row are* **Clifton D. Reeves '60** *('83-'84),* **Edwin H. Krick '61** *('79-'80),* **Robert E. Soderblom '63** *('01-'02),* **Joan Coggin '53-A** *('78-'79),* **Donna L. Carlson '69** *('96-'97),* **Marilyn Joyce Herber '58** *('99-'00),* **Roy Valens Jutzy '52** *('67-'68); on the back row are* **Virgil J. Nielsen '80-A** *('98-'99),* **Philip H. Reiswig '61** *('10-'11),* **Clifford A. Walters '74** *('03-'04),* **Gary R. Barker '80-B** *('11-'13),* **Hubert C. Watkins '62** *('84-'85),* **Raymond Herber '57** *('88-'89),* **Michael H. Walter '73-B** *('02-'03),* **Mickey N. Ask '79-A** *('13-'14), and* **Roger D. Seheult '00** *('07-'08).*
2. **H. Roger Hadley '74** *snaps a photo of members of the Class of 2015 during social hour at the Monday night gala.*
3. **Gary K. Frykman '65**, **R. Michel Evard '65**, *and Dr. Evard's wife, Janene, pose for a photo before the gala program.*
4. **Scott C. Nelson '96** *makes some remarks after receiving his award as one of the 2015 Alumni Association Honored Alumni.*
5. **Clare Richardson '15**, *class president, addresses the guests.*
6. *Singer, songwriter, and speaker, Barbara McAfee, entertains guests during the gala banquet.*
7. **Kurt Sorensen '61** *crosses the stage to receive his honored alumnus award from* **P. Basil Vassantachart '79-B** *and Dr. Hadley in a unique "stage view" shot. The six other honored alumni have received their awards and are seated on stage.*

Attention:
The APC Gala 2016 has been moved to Sunday night. Look for more information in upcoming issues and at www.llusmaa.org.

Iner Sheld-Richie Presidential Award

Carolyn Wieder

The presidential award is granted to individuals of exemplary character and commitment to the vision and mission of the Alumni Association.

Carolyn Wieder has faithfully worked at the Alumni Association office for more than 30 years, giving generously of her time, energy, creativity, experience, and wisdom in every task, every day. She has been a constant and dependable presence, a woman so many have come to rely on and admire. On March 9, Carolyn was deservedly recognized with the Iner Sheld-Richie Presidential Award at the Annual Postgraduate Convention Gala.

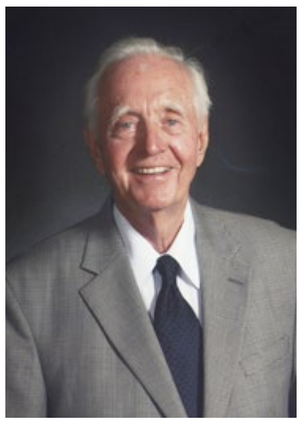
In her role as event coordinator, Carolyn excels at organizing every important detail. Each year, in the cooling breeze of a late summer evening, she has organized a picnic for the incoming freshman medical students, welcoming them to campus before the hectic days of basic science classes begin. As days shorten, and Loma Linda's mild winters ease into town, she has provided the community an evening of snow-filled fun at the Warren Miller Film events. And when the first hints of spring are felt in the warming afternoons, Carolyn can be found welcoming alumni and friends to the biggest alumni event of the year: APC.

As student affairs coordinator, Carolyn has long invested in the medical students across the street, offering valuable information in her Student Guide, helping them arrange funding for their mission trips and electives, developing and maintaining a valuable lending library, and more. Her beautiful smile is ever present at events, and due to her professionalism, positive spirit, and unwavering dedication, many are likely to miss just how much work she pours into making programs run smoothly and keeping people happy. At the office, her laughter and tactfulness are just a sample of her many traits that dozens of co-workers, committee members, and visitors have appreciated over the years.

Truly, Carolyn Wieder is one of a kind, a woman "of exemplary character and commitment to the vision and mission of the Alumni Association." Thank you, Carolyn, for your dedicated service to the current and future alumni of this Alumni Association. ■

Orthopedist of the Year

Clyde L. Davis '61



At the Neufeld Society's annual meeting during APC weekend, Dr. Davis was named Orthopedist of the Year. Dr. Davis practiced orthopedics for 30 years at the White Memorial and Beverly Hospitals. During that time, he was associated with the Orthopedic Residency Program. It is estimated that over 200 residents trained under his tutelage.

Dr. Davis served as chair of the orthopedic department from 1990 until his retirement in 1996. He also served on numerous committees at the White Memorial Medical Center, has served on the Alumni Association Board of Directors, and was founding president of the Alonzo J. Neufeld Society. He and his wife, Kathryn, have served on the Loma Linda University Board of Counselors. ■

AIMS Global Service Award: See an interview with awardee **Carlyle Welch '65** on page 42.

Alumni Association Honored Alumni

Each year the Alumni Association has the daunting task of selecting just a few individuals from its living body of 8,000 to be named as the year's Honored Alumni. Upon receiving nominations from the alumni body, the Association takes the list to its Board, which then narrows it down and eventually selects the final honorees. We want to thank our 2014 Honored Alumni for their contribution to medicine and for embodying the mission of the Alumni Association.

Kenneth W. Hart '69

After earning a master's degree in religion along with his MD, and completing an internship, Dr. Hart, with his wife Dee (SN'66), spent five years at Mwami Adventist Hospital in Zambia. He was often the only available doctor for the 125-bed hospital. He returned to the United States and completed an MPH at Johns Hopkins University in 1975, then returned to Africa, this time to Tanzania, where he served as medical director for Tanzania Adventist Health Services for seven years working to organize rural clinics into a profitable organization serving up to 500,000 patients a year.

After completing a public health residency in preventive medicine at Loma Linda University, Dr. Hart spent four years in Kenya and Uganda, once again to organize the church's rural clinics there. In 1987, he became the medical director of three LLU affiliate clinics in the Social Action Community Health System, where he continues to practice. Dr. Hart also teaches Bible studies and produces two television programs for Loma Linda Broadcasting Network: "A Look Ahead" and "Word Pictures."

Daniel K. Kido '65

After medical school, Dr. Kido served with the U.S. Army in Germany for three years, returning to complete a residency in radiology at LAC-USC and a fellowship in neuroradiology at Cornell. He spent the next five years on the faculty at Harvard Medical School. He left Harvard to join the neuroradiology faculty at Rochester University in New York. During his 12 years at Rochester, he helped develop one of the first high-field-strength MRI centers in the United States.

Dr. Kido next spent nine years as professor of neuroradiology at Washington University School of Medicine in St. Louis, Missouri. There, he led one of the largest neuroradiology departments in the world and was principal investigator of the imaging component of a Center Grant on Alzheimer's disease. In 2000, he became head of the neuroradiology department at Loma Linda University, where he continues his significant contributions to the field of neuroradiology through his writing, research, and leadership, including over 100 scholarly articles. He recently finished writing his first book, on medical decision making, entitled: "Heads or Tails: Are Your Choices Any Better Than chance?"

Michael H. Walter '73-B

Following medical school, Dr. Walter joined the U.S. Army in 1975 and continued his medical training with a residency in internal medicine and a fellowship in gastroenterology at Walter Reed Army Medical Center in Bethesda, Maryland. He then practiced gastroenterology for several years at Army medical centers in Georgia, Washington, and Maryland. In 1988, Dr. Walter left active duty and joined the teaching staff at Loma Linda University. As a U.S. Army Reservist, he was deployed to Saudi Arabia in 1991 and Kuwait in 2004. In 2005, he was awarded the Bronze Star before retiring from the Army with the rank of Brigadier General.

Holding various positions in the gastroenterological department at Loma Linda University, Dr. Walter has been instrumental in teaching advanced procedures and imaging. For the past ten years, he has hosted a promotion and commissioning ceremony for physicians and dentists graduating with military scholarships.

Scott C. Nelson '96

Inspired by his missionary surgeon grandfather, **Olavi Rouhe '34**, Dr. Nelson grew up with the desire to practice medicine overseas. After completing medical training in general and orthopedic surgery, Dr. Nelson took his skills to the Dominican Republic, where he served for five years as medical director of CURE International Children's Orthopedic Hospital. During this time he developed a teaching program that brought advanced orthopedic surgery techniques to those without resources.

After the earthquake in January 2010, Dr. Nelson postponed his long-planned return to Loma Linda, quickly assembling a team to help care for the urgent medical needs in Haiti. He spent six months at Hopital Adventiste d'Haiti, in Port-au-Prince, where he was integral in developing a national referral center for orthopedic surgery.

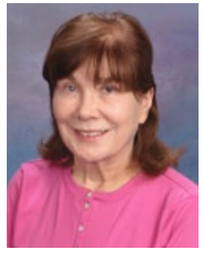
In 2014, he was awarded the American Academy of Orthopaedic Surgeons Humanitarian of the Year Award. He is currently an assistant professor of orthopedic surgery at Loma Linda University.

Kurt Sorensen '61

Raised in Denmark, Dr. Sorensen studied in France and Spain, graduating with a degree in French from La Sierra College in 1957. After receiving his MD at the College of Medical Evangelists (now LLU), and finishing a residency in internal medicine and a fellowship in pulmonary medicine at Georgetown University Hospital, he joined the U.S. Navy. While in the Navy, he received a graduate degree from the London School of Tropical Medicine and Hygiene.

For more than 30 years, Dr. Sorensen served in the biomedical research program, with posts at nearly all the Navy's overseas laboratories, including as executive officer in Egypt and Ethiopia. He was commanding officer at laboratories in Taiwan, Indonesia, the Philippines, and at the Navy Medical Research Institute in Bethesda, Maryland. In the Navy, Dr. Sorensen received two personal Meritorious Service Medals. In addition, his command twice received the Navy's Unit Citation Award. He is now retired, and enjoys visiting family in Denmark and Spain.

Marian A. Fedak '69



Dr. Fedak was completing a master's degree in nutrition at the White Memorial Hospital in Los Angeles when, inspired by students and residents from Loma Linda who were rotating there, her interest turned to medicine. After graduating from Loma Linda University, she returned to the White for a residency in internal medicine and began to practice in the "barrios" around the hospital in 1975. She taught herself Spanish so she could communicate with her elderly, often English-illiterate, patients. In 1988, she obtained certification in geriatrics, a newly recognized subspecialty of internal medicine.

For 40 years, Dr. Fedak has worked at more than 20 convalescent hospitals in East Los Angeles taking care of (mostly very poor) patients. She has been medical director at a number of these facilities and has taught hundreds of students and residents the principles of internal medicine and geriatrics at LLU and the White Memorial Medical Center. Dr. Fedak continues to practice and demonstrate compassionate care to her patients and students.

Nick A. Walters '89

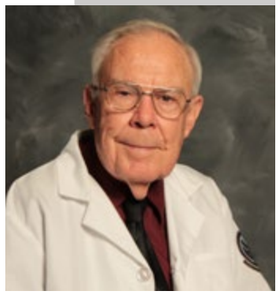
Fulfilling his lifelong ambition to be a missionary doctor, a passion he has held since college, Dr. Walters has served in several overseas locations throughout his career. Following his medical training in family medicine at Florida Hospital, Dr. Walters became director of family medicine at Youngberg Adventist Hospital in Singapore. In 1996, he joined the staff at the Guam Seventh-day Adventist Clinic before moving to Africa and serving as outpatient and medical director at Gimbie Adventist Hospital in Ethiopia.

In 2002, Dr. Walters moved to Thailand where, after a year and a half of preparation, he passed the Thai medical boards in the Thai language. His command of Thai allows him to better connect with the local people, including hill tribes and those affected by flooding. He continues to practice family and tropical medicine at Bangkok Adventist Hospital.

The Educator

Alumnus of the Year: **Clifton D. Reeves '60**

By Chris Clouzet



Clifton D. Reeves '60

Clifton Reeves is an unassuming gentleman. He has a quiet voice and a shy, but warm, smile. He dresses simply. He enjoys visiting his children and grandchildren with his wife. Essentially, he is like so many others who have reached their 80s. And yet, he is also one of the most influential and admired teaching surgeons in the history of Loma Linda University.

"Dr. Reeves ranks among the great of those LLU professors who have impacted medical students through the years," says **M.C. Theodore Mackett '68**, who trained as a resident under Dr. Reeves. "He is the embodiment of what Loma Linda is all about—wholeness of mind, body, and spirit."

Dr. Reeves grew up on a small farm in Oklahoma. After high school, he enrolled as a business student at Union College, in Lincoln, Nebraska. On the suggestion of a friend of his, **Harold Fikus '58**, Dr. Reeves decided to try pre-med. Obviously, he liked it. Around that time he also began to like a certain lab-tech student named Sandra. They were married in 1955, before Dr. Reeves' senior year. When he graduated, the couple made their way to Loma Linda and the College of Medical Evangelists.

After completing medical school, Dr. Reeves took an internship and then a surgery residency at the White Memorial Hospital. He also had a year of thoracic surgery training at City of Hope in Duarte, California.

For his fifth and final year of residency, he was asked by Dean **David B. Hinshaw '47** to be the first chief resident at Riverside General Hospital (RGH) and work with Dr. Jerrold Longerbeam in developing the School of Medicine's surgical teaching program as the School transitioned from Los Angeles to Loma Linda during the 1960s.

Dr. Reeves stayed on at RGH for another 30 years, taking over as chief of surgery when Dr. Longerbeam moved to the White several years later. Working with Dr. Longerbeam had a lasting effect on Dr. Reeves, who easily states the other was "an excellent teacher" and an "outstanding Christian man."

"Whatever teaching habits I may have picked up," says Dr. Reeves, "I owe a lot to [Dr. Longerbeam] because he was a very good teacher. I've patterned my teaching after his example."

At RGH, Dr. Reeves began to champion the practice of whole person care, such as taking his residents to pray with patients before surgery. He also made it a point to treat his residents as colleagues, teaching them in the operating room and mentoring them by, as he says, "just being a good example."

"He taught with no hint of ego or pretension," says **Thomas E. Hamilton '73-A**, who had several student rotations with Dr. Reeves at RGH. "He gave students the feeling that he wanted us to learn. It was easy to relax and listen, without fear of harassment or embarrassment."

Jo Ellen Barnard '66, a student and resident of Dr. Reeves, recalls: "[Dr. Reeves] had a good sense of humor, and when we went on rounds there was always teaching involved. He taught by asking … thought-provoking questions that would help you remember different principles of surgery and the reasons behind them."

Dr. Reeves says a lot of teaching is done by the bedside and in the operating room, where, as the one in charge of an operation, he allows residents more leeway as they grow in skill and experience.

"Dr. Reeves is the consummate teacher of surgical skills who has the uncanny knack as a 'first assistant' to make even the most neophytic and sinistrous (opposite of dexterous) resident appear technically competent," says **H. Roger Hadley '74**, dean of the School of Medicine. He has known Dr. Reeves since his junior year of medical school when Dr. Reeves gave him his final oral exams after his surgery rotation.

Dr. Reeves' son, **Mark Reeves '92**, is also a surgeon and trained under his father during residency. He says his father, while assisting a surgical resident, was known for "doing the operation with the suction device"—using it to clear the operating area or pull structures together that needed sewing next.

"As a resident, you would then get to the end of the case feeling really good about your own surgical skills," says the younger Dr. Reeves. "When you started doing the same cases on your own, you realized that [Dr. Reeves] had really been the one doing the case. … This is a powerful teaching technique that very few surgeons have the skill to do."

Dr. Reeves has a heart for the students and residents he trains, and he has supported them outside the classroom and clinic as well. For 30 years he has been chair of the admissions committee at LLUSM, helping to select candidates with the best chance of success at Loma Linda. Often he has gone on to get to know these students and teach them, mentoring those who have become his residents, and eventually practicing with many.

Dr. Reeves was also instrumental in starting the student tuition aid fund at the Alumni Association when he was president from 1983 to 1984, which he says he feels good about getting done. More recently, Dr. Reeves oversaw the start and completion of the first endowed chair of surgical education in the department of surgery at LLU. The chair is in Dr. Reeves' name, and as the plaque at the School says, "was established to honor one of the great surgical teachers at [LLUSM], and to support future surgical education."

Considering his accomplishments and influence on others, it is no surprise that Dr. Reeves has received several awards. From the surgery department, his residents have awarded him the Golden Scalpel award multiple times, and from his students, he has twice been voted the Macpherson Society Teacher of the Year. In 2012, he was recognized by LLU with the Lifetime Service Award, and in 2014 by the School of Medicine with the Distinguished Service Award. This sampling of public recognition provides only a small sense of the robust collective nod of admiration from countless students, residents, faculty, and certainly patients, who have been impacted in some way by Dr. Reeves.

When it comes down to it, for over 50 years Dr. Reeves has simply performed work he enjoys and tried to be a good example along the way. "Whatever accolades I've received have been handed down to me from people who taught me," he says. "It's nothing special that I've done. I've just learned how to treat people, and of course to pray and make sure I'm doing the right thing."

Surely this spirit of hard work and humility is an important part of why so many have been positively impacted by an unassuming Christian surgeon at Loma Linda University. In the end, is this not the best kind of education one can get and give again?

Dr. Barnard says, "I think heaven will be a lot richer place because of the Christian education that we get here at LLU." Richer indeed. Thank you, Dr. Reeves, for your dedication to the life-saving work of surgery and true Christian education. ■

Chris Clouzet is assistant editor of the *Alumni Journal* and staff writer for the Alumni Association.

Clifton D. Reeves '60 accepts the Alumnus of the Year Award from Dr. Hadley (left) and Dr. Vassantachart at the Annual Postgraduate Convention's Monday night gala.

Dr. Reeves poses with his son, Mark Reeves '92, at the 2012 School of Medicine graduation service, where he received the Lifetime Service Award from LLU.

Dr. Reeves pauses for a photo as he works with medical students **Jeremy Clay ('17)** *and* **Emily Kobayashi '15**.

The Good Samaritan and *EMTALA*

Medical Regulation and "Evolving Standards of Decency"[1]

By **Donna L. Carlson '69**

On my first day of law school at USC (almost exactly 30 years after my first day of medical school at LLU) the registrar directed me to the basement to pick up course materials for *Law, Language, and Ethics*, a required class for every "1-L." Among the stacks in the copy room was a syllabus for an elective with an intriguing title: *Religious Roots of the Constitution*. In classes like these, it soon became clear that the roots of much American law—not only the Constitution, but statutes and regulations too—lie deep in religious tradition.

This phenomenon is nowhere more clearly evident than in law that regulates the practice of medicine. Because most LLU students come here from religious families or through religious institutions, there is no more appropriate school than our own to introduce physician graduates to the legal principles that affect our profession. We already know our Bible stories; we just have to make the connections between those stories and the law.

In the tenth chapter of the book of Luke, we hear of "a certain lawyer" who came to Jesus asking how to obtain eternal life. The lawyer acknowledged that the tenets of his faith required him to love God and his neighbor, but feigned ignorance as to who his neighbor might be. In response, Jesus told one of the most famous stories in the Bible:

> "A man was going down from Jerusalem to Jericho, and fell into the hands of robbers, who stripped him, beat him up, and went off, leaving him half dead. Now by chance a priest was going down that road, but when he saw the injured man he passed by on the other side. So too a Levite, when he came up to the place and saw him, passed by on the other side. But a Samaritan who was traveling came to where the injured man was, and when he saw him, he felt compassion for him. He went up to him and bandaged his wounds, pouring oil and wine on them. Then he put him on his own animal, brought him to an inn, and took care of him. The next day he took out two silver coins and gave them to the innkeeper, saying, 'Take care of him, and whatever else you spend, I will repay you when I come back this way.'"[2]

The command to "go and do the same" with which Jesus ended the parable lingers in the individual and collective consciousness of medical professionals. The Samaritan is our colleague; we do what he did; we obey Jesus' command. Except that sometimes we don't.

The history of medicine in the 19th and 20th centuries is stained by our profession's failures to care for some of the people lying in the road. On occasion, doctors and hospitals have acted more like priests and Levites than Samaritans, symbolically passing by on the other side by refusing to treat those who were too poor to pay or were the wrong color or had the wrong disease.

For years well-equipped and well-funded private hospitals regularly shunted poor patients—regardless of their condition—to public facilities. And across the United States, particularly (but not only) in the South, many hospitals were strictly segregated. Legal literature is replete with stories of black Americans, especially black women in labor, who were turned away from whites-only emergency rooms, sometimes with fatal results. People with mental illness or with AIDS or drug-related injuries have also been refused care.

Perhaps the saddest story for Adventists concerns Lucy Byard, a light-skinned Adventist woman from New York who was visiting D.C. when she became ill. She sought care at Washington Adventist Sanitarium and Hospital and was initially examined by a physician—until someone noticed she was black. The doctor promptly stopped treating her, confirming that because of her race Mrs. Byard could not stay at "WASH." So her husband called a taxi and took her across town to Freedman's Hospital at Howard University, where she died soon after admission.

Partly in reaction to cases like these, the United States congress devised a health care system for the uninsured, mandating a national "good Samaritan" policy in the form of the *Emergency Medical Treatment and [Women in] Active Labor Act of 1986 (EMTALA)*.

Core provisions of *EMTALA* require that every person who comes to a hospital with a medical complaint must be given a medical screening examination by a competent examiner and, if a medical emergency is detected, must be treated and stabilized to the full extent of the facility's ability before being transferred or discharged. Penalties for violating this law are draconian and can bankrupt a hospital. An on-call physician who refuses to examine an emergency patient for insurance reasons can be personally fined up to $100,000.

There is little doubt that financial as well as charitable impulses motivated the legislators who passed *EMTALA*. But the heartlessly unethical actions of *some* provided government with legitimate cover to regulate *all*.

Careful analysis reveals how closely the statute tracks the elements of Jesus' parable. The Samaritan took pity on the injured man; he did not leave him to die in the parking lot as hospital personnel did in one case. He examined and rendered immediate medical aid to an indigent (thanks to the robbers) trauma patient, transported him on his own animal (private ambulance), to the inn (hospital/ICU), spoke to the innkeeper (nursing supervisor/hospitalist), and made arrangements for follow-up care.

In this issue of the *Alumni Journal* are two essays with timely medical-legal themes, one by **Jonathan T. Mills '14** and one by **Ryan M. Eggers '14**. Both are former students in my *Law and Medicine* seminar class. Dr. Mills writes about the appropriate locus of medical decision-making, while Dr. Eggers examines the relationship between maintenance of specialty certification and state licensure. Both papers concern issues and rules initially formulated in reaction to unethical behavior by a few members of the profession (inappropriate treatment recommendations or failure to stay abreast of one's field) but which now weigh heavily upon everyone.

As with *EMTALA*, the motives of those seeking increased regulation are less than pure. But when the rubber of unfulfilled professional commitments meets the road of social reality, legislators often react (or over-react) by passing laws that make us do what we ought to have done anyway. Absent an understanding of how law responds to evolving standards of decency in the broader society, we cannot hope to influence the shape of law in the future.

Photo above: Located on the LLU campus mall, the Good Samaritan sculpture is based on Jesus' parable from Luke 10 and represents Loma Linda University Health's philosophy of making men and women whole.

THE GOOD SAMARITAN

Words left a carcass of my heart
And tears left puddles in my soul.
I was losing from the start
And in the middle I lost control.

My song is without a note,
I am desolate as a desert.
My baggage is too much to tote,
I am the definition of pain and hurt.

I cry out to all who hear,
Hoping someone will hear my plea,
To take away my fear,
To come and rescue me.

No one turned to listen.
They all just walked by,
But here came the good Samaritan,
He heard my plea and cry.

He carried me on His arm
And took my pain away.
He shielded me from all harm
And gave me a place to stay.

In return I gave Him my heart,
For He won my love to Him.
He saw me from the start
And took me from the whim.

—Angela Rishelle Williams

Angela, now in college, was 13 when she composed this poem. Her mother is **Annette S. Williams '98** and her grandfather is **Clifford D. Friesen '69**.

Editor's note: for more information about cases referenced in this article please contact Dr. Carlson at: donnacarlson@gmail.com. ■

Endnotes

1. "The Evolving Standards of Decency that Mark the Progress of a Maturing Society" is part of a quote from Chief Justice Earl Warren's majority opinion in Trop v. Dulles (1956). Warren's words have been cited in many subsequent cases, highlighting how changes in ideas about right and wrong generate changes in law.
2. Luke 10:30-35 NET

Dr. Carlson is associate editor of the *Alumni Journal*. She writes from Redlands, California.

Maintenance of Licensure and Maintenance of Certification

By **Ryan M. Eggers '14**

Under the powers "reserved to the states" by the 10th Amendment to the Constitution, the regulation of the practice of medicine is a state function. This means that a physician who wishes to work in the United States must be licensed by a state medical board, all 50 of which are members of the Federation of State Medical Boards (FSMB). In most states, first-time license requirements include graduation from an approved medical school, passing scores on all three steps of the United States Medical Licensing Examination (USMLE), and payment of an application fee (in California, $1,300). Licenses are good for two years, after which the physician must apply for renewal, document 50 hours of approved Continuing Medical Education (CME), and pay another fee ($808 here in the Golden State).

Maintenance of Licensure

Re-licensure, however, is not synonymous with Maintenance of Licensure (MOL), a relatively new program developed by the FSMB and still in experimental stages. Like re-licensure, MOL is designed to serve the goal of lifelong learning and updated knowledge for physicians, but MOL takes these principles further through its three components. These are: (1) "Reflective Self-assessment," (25 CME credits annually instead of 50 biennially); (2) "Assessment of Knowledge and Skills" (closed-book, psychometric testing, produced by third-parties chosen by the FSMB or a state medical board); and (3) "Performance in Practice." This last component involves collecting large amounts of data from each physician's practice—such as how frequently the applicant uses preventive services or how many infections occur in his or her surgical patients—and comparing that data to national benchmarks and recommendations. The results of the comparison would then be used to design and implement a plan to improve the quality of care for patients in the physician's practice. According to the FSMB, Component 1 should happen annually, while Components 2 and 3 should occur every 5-6 years.

To my knowledge, no state has yet formally adopted MOL, but there are pilot programs in eleven states and the FSMB is pushing the program aggressively. In nine states, the pilot program is operated by the medical board; in California and Oklahoma, it is operated by the osteopathic board. Despite strong resistance from state medical societies,[1] many specialty societies believe adoption is inevitable.[2]

Maintenance of Certification

Recognizing the similarity between elements of MOL and those necessary for board certification, the FSMB also recommends that the requirements of MOL be satisfied by participation in the Maintenance of Certification (MOC) program from the American Board of Medical Specialties (ABMS).

Near the turn of the 20th century, medical specialties were self-certifying; there was no unifying professional entity. Thus, in 1932, the National Board of Medical Examiners created a "Committee on Specialists." The Committee met with a range of people from an alphabet soup of the medical-industrial complex of the time: the American Medical Association (AMA)'s Council on Medical Education; the Association of American Hospitals (now the American Hospital Association, or AHA); the Association of American Medical Colleges; and the FSMB. When representatives from those organizations got together, they created the Advisory Board of Medical Specialties, designed to bring specialty self-certification under central control. The *Advisory* Board of Medical Specialties, formed in 1932, became the *American* Board of Medical Specialties in 1933.

The ABMS currently has 24 member specialty boards and oversees 84 subspecialty certificates. The three pillars that support "Excellence" in ABMS's symbol are Ethics, Honor, and Skill. The banner beneath the shield reads "*Animis Opibusque Parati*," Latin for "Prepared in Mind and Resources." Some critics insist that "resources" have become the major focus of the ABMS.

As with MOL, it's important to remember that MOC is not the same as board certification. Board certification has been in existence for more than 100 years in some form or another, while MOC is relatively new. The program was born in 2000, when the ABMS informed the 24 member boards that they could either adopt time-limited (10-year) specialty certification or lose their ABMS accreditation. All 24 boards chose to adopt MOC. More recently, ABMS decided to limit certification further by instituting a complex every-two-year set of renewal steps for MOC, involving the completion of a variety of mandatory, commercially produced, "practice modules" which recertification applicants must purchase. Although this plan has met with widespread resistance by physicians on the frontlines of medical practice, ABMS, FSMB, and various specialty boards continue to push their products.

The ABMS-MOC model uses the same "6 core competencies" used by the Accreditation Council for Graduate Medical Education for accrediting residency programs and the Liaison Committee on Medical Education for accrediting medical schools. These are: patient care and procedural skills, interpersonal and communication skills, professionalism, systems-based practice, practice-based learning, and medical knowledge.

The banner beneath [ABMS's] shield reads *"Animis Opibusque Parati,"* Latin for "Prepared in Mind and Resources." Some critics insist that "resources" have become the major focus of the ABMS.

The general structure proposed for MOC has four parts, each of which incorporates these 6 core competencies, but each specialty board creates its own certification standards within the framework of ABMS-MOC.

The requirement of Part 1, "Licensure and Professional Standing," is fulfilled by a physician holding an unrestricted medical license in at least one U.S. state or territory, or Canada. For Part 2, "Lifelong Learning and Self-Assessment," each specialty board sets its own standards, typically requiring the physician to complete about 100 self-assessment questions and online learning modules. Part 3 is called "Cognitive Expertise" and involves passing a formal examination to demonstrate practice and practice-environment knowledge. This is usually a psychometric test, similar to the MOL exam and USMLE. Finally, part 4 is a "Practice Performance Assessment"—typically an oral board examination where the physician's practice methods are examined by peers and compared to national benchmarks and standards. The data resulting from this process is supposed to be used to improve the quality of care a doctor gives patients, but to most practicing physicians, it amounts to a load of "busywork."

Ryan M. Eggers '14

To me, a lot of this can be compared to cotton candy: it looks good and seems sweet for an instant, but there's really no substance and you're left feeling empty with a bad taste in your mouth. Which raises the really important question: Does MOC work? Depending on who you ask, the answer is "yes and no." ABMS says "yes"—but of course they would, because they created the program and it brings them great streams of revenue via fees and the monies they collect from the specialty boards who sell the online modules to practicing physicians. Many critics disagree with ABMS's position.

The ABMS has produced a "Myth and Fact" sheet designed to be informative. A less biased title for the publication might be "Criticism and Rebuttal." Some of these, with my comments, follow.

Criticism: MOC isn't evidence-based.

Rebuttal: The basic requirements of MOC are based on established EBM (evidence-based medicine) guidelines, national quality standards, and best practices. Also, early studies [done by ABMS or its affiliates] show some link between MOC participants and improved clinical performance.

My Take: There is a huge confirmation bias in ABMS's study design—not exactly definitive proof. When the endpoints of the study are specifically chosen by the ABMS, it's not surprising that the results are positive. Many other studies show no benefit to patients from MOC by their physicians. The ABMS also claims that MOC is grounded in research and "practice-based learning." But this involves watching and clicking through

Quick Reference

ABMS: American Board of Medical Specialties
FSMB: Federation of State Medical Boards
MOC: Maintenance of Certification
MOL: Maintenance of Licensure
USMLE: U.S. Medical Licensing Examination

hours of online learning modules, the same ones that medical students lament in medical school as impersonal, uninformative, and a complete waste of time. There's plenty more of that to come with MOC.

Criticism: MOC costs too much.

Rebuttal: ABMS claims that MOC represents a professional investment and a commitment to patients, and that the annual cost averages just $300 per physician. ABMS claims that the investment will give returns in better care, fewer errors, and improved patient safety.

My take: The true cost is impossible to calculate because it's not clear how often fees are assessed and the prices change each year. Additionally, physicians must pay for access to the self-assessment tests and learning modules, and extra fees for the psychometric examinations and oral boards. Not included in ABMS's calculation is the cost of lost practice time and productivity while a doctor completes all the busywork for MOC—or the cost of a flight to Chicago every 6-10 years for oral boards. Meanwhile, ABMS's claims of beneficial returns on the "investment" remain unsubstantiated.

Criticism: Quality should be defined by physicians and the patients who receive the services, not by regulators, many of whom do not actively see patients and are motivated by other interests, most of them financial.

Rebuttal: Not much here from ABMS other than a restatement of the platitudes already mentioned.

My take: This criticism raises a core question: who should be a "stakeholder" in healthcare other than the physician and the patient? Almost anyone else has a conflict of interest that is likely detrimental to both physicians and patients. This also comes down to a difference in how people see the practice of medicine, and where they fall on the authoritarian-libertarian scale.

Another huge criticism of ABMS, one which it does not try to refute, is found in the money trail. Because they are (allegedly) non-profit organizations, FSMB, ABMS, and all specialty boards must make their tax returns public. From the returns, one can get a sense of the huge amounts of money flowing to these entities from practicing physicians. The following numbers are from 2009: The FSMB reported $48.8 million in gross receipts, with $10.2 million coming from ABMS. Receipts from some major specialty boards were: internal medicine, $42.3 million; family medicine, $34.4 million; anesthesiology, $40.1 million; emergency medicine, $15.9 million; orthopedic surgery, $11.6 million. In total, approximately $400 million revenue was received by the ABMS and its component boards. Even if the specialty boards could opt out of MOC why would they with such significant profits at stake?

We know that medical judgment can be perverted by financial incentives; this is what led to the Stark and anti-kickback statutes. What kind of financial incentives are perverting the judgment of the leaders of these specialty boards? The CEO of the American Board of Internal Medicine, an M.D., made $786,000 in 2009 while working an average of 35 hours a week. While there's nothing inherently wrong about earning that amount of money, the arguably perverse method by which it is obtained is clearly suspect. The ABMS is a quasi-governmental organization, and given that it has teamed up with the Joint Commission on Accreditation of Healthcare Organizations, the Center for Medicare & Medicaid Services, and the AHA to require MOC for privileges and reimbursement, MOC has become essentially mandatory.

Recently, these relationships led to a lawsuit. The Association of American Physicians and Surgeons (AAPS), a professional association founded in 1943 for the protection of the physician-patient relationship against harmful third-party intrusions (private or government), sued the ABMS on behalf of a New Jersey physician for restraint of trade and violation of antitrust laws. The plaintiffs believe that the MOC program, as it currently exists, is harmful to the practice of medicine. That suit was filed in 2012, so we'll see if the courts agree with the AAPS assertions.

Take away message: MOL is coming; MOC is here and is growing. It is contentious, it is costly, but it is potentially beneficial and it is definitely coming soon.

Controversy over the relationship between MOC and MOL also continues in state legislatures. In October of 2013, the California Medical Association's House of Delegates debated a resolution about MOC and MOL. The resolution called for the CMA to oppose the ABMS-MOC on the grounds that there is no supporting evidence of its efficacy and that it places unnecessary burdens on physicians. The resolution also called for the CMA to oppose any efforts by the Medical Board of California to adopt MOL. The resolution was referred for decision to the House of Delegates, which voted to have the CMA's Board of Trustees make the decision and act on it, including taking the same resolution to the AMA.

I have formed my own conclusions about MOC and MOL. I believe that a requirement that specialty certification be renewed periodically, as opposed to granting of certified-for-life status, is sound. Specialty boards have a responsibility to make sure that physicians who have become board certified continue to practice in the best possible way. Despite the outcry from physicians—whether or not their point about the corrupting influence of money at FSMB and ABMS is well taken—it is better for the profession to regulate itself than for the state to regulate the profession. I would prefer to see a different model, one without the top-down ABMS mandate, where the specialty boards can independently maintain their own programs—or perhaps one in which each institution is responsible for maintenance of certification for the lifetime of its resident graduates.

In my opinion, MOC should not be tied to privileges or reimbursement (though I don't know if I would oppose the voluntary choice by hospitals and insurance companies to do that). But, although MOC can logically serve to fulfill CME re-licensure requirements in every state, it should *never* be mandated. Such a policy would almost certainly create a monopoly, and allopathic medicine is enough of a monopoly already. More importantly, it would force the perfectly safe, effective, and in some ways preferable physicians who do not participate in MOC or who have not been specialty board certified out of the pool of practitioners. A full 30% of licensed physicians in the United States have no board certification. And like most monopolies, such a mandate would cause an even more drastic rise in the cost of healthcare than the Flexner report created in the early 20th century.

Take away message: MOL is coming; MOC is here and is growing. It is contentious, it is costly, but it is potentially beneficial and it is definitely coming soon. The best thing to do is to get informed, decide your position, and lobby like your career depends on it. Because it probably does. ■

Quick Reference

ABMS: American Board of Medical Specialties
AHA: American Hospital Association
AMA: American Medical Association
FSMB: Federation of State Medical Boards
MOL: Maintenance of Licensure
MOC: Maintenance of Certification

Endnotes

1. See, e.g., the action of the state legislature in Ohio in 2012, rejecting MOL in response to vigorous joint opposition from 15 state medical societies. A similar action is underway in Iowa. See the Iowa Medical Society House of Delegates Resolution 13-1.
2. Hurwitz, "Maintenance of Licensure Coming Soon." AAOS NOW, April 2015.

Dr. Eggers earned an MA in Bioethics at Loma Linda along with his MD and is now finishing his first year of orthopedic surgery residency training at the Atlanta Medical Center.

Mendoza v. Health Net, Inc.

Are Insurance Companies Practicing Medicine?

By **Jonathan T. Mills '14**

Robert Mendoza is a plaintiff in a landmark case regarding health insurance reimbursement policies and highlighting the increasingly prominent tension between cost containment and patient well-being. In 2011, Mendoza was diagnosed with a rare and aggressive form of prostate cancer that carries a very high mortality rate. The first urologist he consulted told him that robotic surgery was his best treatment option. However, after Mendoza sought a second opinion with USC-Norris Cancer Center's chief of urology, Dr. Gary Lieskovsky, it became clear that given the highly aggressive nature of his tumor, a radical, open supra-pubic prostatectomy offered him a better chance of cure than the (cheaper?) robot surgery often used for simpler cases.

Despite the fact that Mendoza had been a member of Health Net for over ten years and had paid close to a quarter of a million dollars in premiums, the insurance carrier declined to cover the open procedure, declaring it "not medically necessary." Without providing any information about the medical basis of its decision, the company offered to cover the robotic procedure. But Dr. Lieskovsky had thoroughly cautioned the patient about the serious nature of his disease and the need for the radical surgery. Eventually, Mendoza was able to raise enough money on his own (by cashing in a life insurance policy) to cover the $30,000 open procedure.

After being declared cancer free, Mendoza, along with other patients with similar stories, decided to pursue litigation against Health Net. All of the plaintiffs hoped to recover the compensation to which they felt entitled under the terms of their insurance contracts. The Los Angeles County Medical Association joined the suit on behalf of physicians who objected to having their medical judgments second-guessed by insurance companies whose interests were not primarily concerned with patient welfare. The American Cancer Society Cancer Action Network filed an *amicus* brief on behalf of the plaintiffs.

The lead attorney for the plaintiffs, William Shernoff, argued that Health Net's definition of medical necessity "puts them in a position of controlling the medical treatment of the patient … dictating medical care from the boardroom. Patient care should be decided by doctors, not business suits." The rhetorical emphasis he and his associates placed in arguing the case focused on the locus of decision-making and where it should (or should not) belong. The lawyers for Mendoza and the other plaintiffs explicitly stated that Health Net, Inc. is practicing medicine *ex post facto* without giving due regard to the opinions of treating physicians. They further claimed that legal precedent exists to support the idea that "coverage can only be refused if it's obvious that a physician's recommendations are unreasonable or out of the mainstream."

Despite the fact that Mendoza had been a member of Health Net for over ten years and had paid close to a quarter of a million dollars in premiums, the insurance carrier declined to cover the open procedure, declaring it "not medically necessary."

Attorneys for Health Net stressed the concept of retrospective case review by insurance agencies, pointing out that this practice is strongly supported by existing precedent. They mentioned that the California Department of Managed Health Care had received more than 1,200 requests for independent review regarding medical necessity determinations and that 61 percent of cases were decided in favor of claimants. This statistic, they argued, shows that the appeals process is working as intended and that most decisions come down on the side of coverage for patients. The company's spokesperson stated that "[Health Net] strives in all cases to ensure our members receive the appropriate access to necessary medical care. Medical care is complex, and sometimes there are differing medical opinions as to what constitutes medically necessary care."

There are several key terms that merit definition for a full understanding of this case; the first one is "medical necessity." Medicare [per 42 U.S.C. §1395(a)(1)(A)] "covers items and services 'reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.' The definition continues for many more pages spelling out specific instances and scenarios that are covered under Medicare. Suffice it to say that Medicare defines medical necessity in very broad terms that are not interpreted unanimously by all physicians, attorneys, or insurance adjusters, and there is great divergence in how the term is applied.

"Good faith" is another essential term subject to differing interpretations. One online dictionary defines it as "a sincere belief or motive without any malice or the desire to defraud others." Here, the plaintiffs alleged that the defendant acted without the best interest of the patient in mind, strictly to minimize their losses and maximize their profits. They and their attorneys construed these actions as tantamount to malice and the desire to defraud their clients.

When *Mendoza v. Health Net, Inc.* went to trial, the Los Angeles Superior Court judge who heard the case, John Wiley, considered several important landmark cases as precedent. The first case Judge Wiley cited in his ruling was *Sarchett v. Blue Shield*, which involved a man who was admitted to the hospital by his family physician. The insurance company in question declined to cover the cost of the admission, deeming it medically unnecessary. When *Sarchett* was appealed to the California Supreme Court the justices decided to apply the doctrine of retrospective review as outlined *Blue Cross and Blue Shield of Kentucky, Inc. v. Smither*. They emphasized that the concept of medical necessity is "an objective standard to be applied by the trier of fact," meaning that it is up to a court (or maybe a jury) to settle the question of whether a given procedure is medically necessary. The *Sarchett* majority justices said "We trust that, with doubts respecting coverage resolved in favor of the subscriber, there will be few cases in which the physician's judgment is so plainly unreasonable, or contrary to good medical practice, that coverage will be refused."

Another key case Judge Wiley cited was *Hughes v. Blue Cross of Northern California*, in which an insurance carrier was caught employing substandard case review techniques when declining compensation claims. The California Appeals Court for the First District ruled that "good faith demands a construction of medical necessity consistent with community medical standards that will minimize the patient's uncertainty of coverage in accepting his physician's recommended treatment. Here, the jury could reasonably infer from the testimony of Dr. Mintz (the insurance consultant) that Blue Cross employed a standard of medical necessity sufficiently at variance with the community standards to constitute bad faith."

Looking at these two cases together, one can see that Judge Wiley was seeking a golden mean in his ruling in *Mendoza*. On the one hand, *Sarchett* declares that treating physicians are not infallible and are subject to retrospective review; furthermore, there are valid and effective methods to resolve the question of medical necessity after the fact. On the other hand, *Hughes* argues strongly in favor of a rigorous standard that insurance companies must adhere to when denying these claims.

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The key in *Mendoza* is whether the insurer violated these guidelines when it declined to cover Mr. Mendoza's radical prostatectomy. Judge Wiley ruled that it had not, and granted Health Net's motion for summary adjudication (essentially denying Mendoza and the other plaintiffs the right to take their case to a jury).[1] The judge said that defining Health Net's refusal of coverage as an act of bad faith "would require a further step in California law that currently does not exist." Whether this determination was made on the basis of the medical facts is unclear from the available published documents in the case. It is possible that Health Net furnished solid medical reasons for declining their coverage and that the open prostatectomy was sufficiently debatable as to absolve the company of acting in bad faith. But again, in preparing this topic, I was unable to determine those facts from available documents.

And so it continues, until the web of parties involved in what seems like a straightforward health care decision can grow into a vast legal quagmire.

Notwithstanding his ruling for Health Net, Judge Wiley decided to immediately certify the controversy for appellate review, saying that an appeals court might be open to "a broader reading" of *Sarchett* and *Hughes*. He tacitly acknowledged the high profile nature of this case, and did not seem overly eager to establish a hard-and-fast precedent that might be struck down by a higher court.

The plaintiffs will almost certainly appeal this decision. Mr. Shernoff declared, "That is the bottom line for me: Who controls the care of the patient? Is it the doctor or is it, in my vernacular, Wall Street?"

In preparing this case for presentation I came to several conclusions. Firstly, this is not a simple case. To the casual reader (especially one with the bias inherent

in being a medical professional) it appears outrageous that insurance companies are allowed to dictate terms to physicians in this arbitrary fashion. We all have this strongly rooted belief that our medical care should be strictly between ourselves and our doctors.

Unfortunately, society is structured in such a way that there are in fact many intermediaries between an individual and his or her physician. The economics of health care are far removed from traditional supply and demand, and individual patients are simply not able to assume the sole financial burden for their care. Unwanted third parties, i.e., insurance companies, must become involved. In turn, government entities then become involved in regulating these companies. And so it continues, until the web of parties involved in what seems like a straightforward health care decision can grow into a vast legal quagmire.

It is possible that this case may proceed to the U.S. Supreme Court. If it does, it would be very difficult to predict the outcome. The current regulatory environment is not favorable for health insurers on the whole. But this trend has made them more aggressive with their cost-containment measures and has made them ever more reliant on platoons of top-notch attorneys. Justices will be approaching this case from a public policy standpoint and looking carefully at existing precedent. While the plaintiffs certainly have powerful emotional and rhetorical arguments, the case may be decided on other factors. In arguing the case it will be crucial to emphasize public policy and relevant precedents, as higher courts are unlikely to be swayed by emotional appeals.

Future rulings will shape the generally accepted (and heretofore nebulous) definition of medical necessity, will identify who will be allowed to determine it, and will specify what criteria they will have to use in making their determinations.

Ultimately, this case is crucial for physicians and for their patients. One of the attorneys for the plaintiffs, Rocky Delgadillo, said that this case marks the "next big frontier for protecting patients' rights." In this he is certainly correct. Future rulings will shape the generally accepted (and heretofore nebulous) definition of medical necessity, will identify who will be allowed to determine it, and will specify what criteria they will have to use in making their determinations.

The Affordable Care Act has tossed a large monkey wrench into the economics of health care and dramatically increased the levels of uncertainty in the insurance market. This uncertainty makes investment difficult and puts severe strain on insurance carriers, thus raising the stakes. What ensues is likely to become an all-out judicial struggle that will have far-reaching impacts on the way health care is delivered.

Practicing physicians are already quite familiar with insurance mandates moving from the boardroom into the emergency room. Core measures (for conditions like MI, CHF, and COPD) have been put in place and those who deviate from the accepted standard of care may be penalized financially or excluded from practice. Reimbursements and other financial incentives are directly tied to performance metrics involving these core measures. It is very likely that the result of the *Mendoza* case could determine what mandates, incentives, and reward structures come through the pipeline in the next few years. It will absolutely affect how doctors make decisions. It is incumbent upon physicians to follow current trends in this area and to use sound judgment when applying accepted treatment guidelines to individual patients.

It goes without saying that the patient's best interest is always the first priority for each physician. But the legal and regulatory environment that permeates the medical field will play a key role in shaping those best interests. Keeping a weather eye on cases like *Mendoza* is part of our duty to patients and a key aspect of lifelong learning.

Editor's Note: in October 2013, attorneys for Robert Mendoza and the other plaintiffs in this case filed a writ seeking expedited review of the issue in the State of California 2nd District court of Appeal. Their brief may be found online at www.acscan.org/content/wp-content/uploads/2013/10/CA-Medical-Necessity-Brief.pdf. Last year, the court denied the writ. It is unclear at this point whether, when, or in what court (state or federal) they will file an appeal. ■

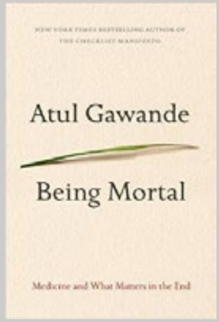
Endnotes

1. It appears that insurance companies generally prefer to avoid jury trials whenever possible out of a (no doubt well-founded) fear that a panel of citizens is more likely to be sympathetic to patients than to multibillion-dollar corporations.

Dr. Mills lives in Charleston, South Carolina, with his wife and two spoiled cats. He is completing his first year of internal medicine residency at the Medical University of South Carolina.

A Better Way to Care for the Aging

By Iris Stober



Being Mortal: Medicine and What Matters in the End

By Atul Gawande, MD

Published 2014 by Metropolitan Books Henry Holt Company, New York

4.8 out of 5 stars on Amazon

304 pages

Many who have dealt with appropriate care of the aging have thought, "Surely, there must be a better way." Lou was 76 when his wife died of cancer. After her death, he became quite independent and lived alone. He made many friends with whom he played cribbage and enjoyed other activities. Then, at 88—while still driving and enjoying life—his memory began to fail. Next, he began to fall. He and his daughter, Shelley, looked over some nursing homes. The wheelchairs with disinterested residents in the long hallways, the smells, the sounds and the semi-private rooms distressed Lou. He rebelled at the thought of living in a nursing home and pleaded with Shelley to promise never to put him into one. So Shelley took him into her home—with her husband and two teenagers. Lou was alone much of the time except for the constant companionship of the dog, as Shelley and her husband worked full time. Lou developed Parkinson's disease and soon required more care than Shelley could provide. Once again they looked for a place where Lou could receive adequate care. This time they found a new type of facility. Would it work?

With this partial story of Lou, and many others, Harvard University surgeon Atul Gawande describes options that provide "a better way" to care for the aging, and how the elderly have responded to the availability of new choices.

Some major issues quickly became apparent, but the answer to the crux of many questions is not easy. What is more important for the aging—to be safe and regimented or to be happy and, as far as possible, in control of their own lives? Sometimes it is neither one nor the other, but a mixture of both.

Dr. Gawande goes on to discuss patients with diseases modern medicine cannot cure. He tells the story of his own father, also a doctor. The senior Dr. Gawande began having neck pain, tingling, then numbness in his left hand. It became difficult to tie knots in surgery. An MRI revealed a spinal cord tumor in the neck. The damage from the tumor was due to its growth inside the limited space of the spinal canal. He decided to get opinions from two neurosurgeons. Both suggested opening the back of the spinal column to relieve the pressure. One suggested surgery immediately. The other advised waiting until he could no longer do the things he wanted to do. He chose to wait. After four years of involvement with the Rotary club and playing tennis, his symptoms indicated that he was becoming paralyzed. What next: surgery? Radiation? Chemo? Hospice? Hospital care? Home care only? You will have to read the book to find out what he decided and what were the results. His story reveals how difficult the journey can be.

After many years of surgical practice, Dr. Gawande became a palliative care doctor. He learned how to talk with patients, their families and caregivers when they were faced with a potentially life-threatening illness and difficult decisions. His goal was to assist them in deciding what was most important for them to do with their remaining time: to live as long as possible regardless of quality of life, or to have a meaningful life as long as they did live? Depending on your area of medical practice, you may or may not have to face these questions with your patients, but you will have to face them for yourself.

"Being Mortal" is a great read if you want to learn how others have addressed and answered these challenging questions. ■

Iris Stober was an associate in the Health and Temperance Department of the General Conference of Seventh-day Adventists from 1981-1990.

Harold E. Shryock '34 was dean of the School of Medicine from 1944-1955.

Leaving a Mark on Dr. Shryock

By **Raymond O. West '52**

At last, the word was out and the big day was at hand! It was the message for which I, and all the pre-med students, had been waiting with bated breath. Beginning first thing in the morning, **Harold E. Shryock '34** would be on the college grounds for a full two days. This meant it was crucial for us to visit the registrar's office and firm up our appointments.

Harold E. Shryock. The name still, after all these years, sends a quiver of pleasure and awe through my cranium. In those days, Dr. Shryock was dean of the "farm division" (the first two basic science years of medical school) of the College of Medical Evangelists, or CME. It seemed to all of us competing for a slot in the next freshman class that he was the most important individual we should get to know, bar none. And within 24 hours, he would be on campus for personal interviews with all the medical student hopefuls, including me. By the end of the week, he would have returned to his Loma Linda campus to chair the next admissions committee.

My future was in the balance and Dr. Shryock had a firm hand on the scales. I'd have one chance—perhaps 20, maybe 30 minutes—to make a solid impression. I must convince the dean that I would be a model student, and that there would rarely, if ever, be another medical doctor as worthy of his approbation. Given the opportunity, I would prove this to him.

Outside of my pre-med classes, I worked on the college grounds as a student painter. To earn my 90 cents an hour, I clocked in to work under the supervision of a genial boss, the best on the campus. This man must have approved of me personally, because by the time Dr. Shryock was scheduled for his visit, he had already worked out a clever plan involving the dean and me. Come Wednesday afternoon, he armed me with a brush, paint-pail, and drop cloth, and sent me to the brand new administration building. Incredibly, he directed me to begin painting in the nearly finished office that was occupied by none other than the unsuspecting Dr. Shryock.

"Use a little discretion where you spread that drop cloth and the paint," my boss cautioned. "Maybe you can pick up a clue or two, something that will give you a leg up during your interview in the morning. Don't go messing this up now, after all my scheming on your behalf."

Would he recognize me when I walked in for my appointment tomorrow? Had I just now, in my carelessness, nixed my hopes of becoming a medical student at CME?

So it came about that my devious paint boss had steered me, with tarp, pail, and brush in hand, into the very office where Dr. Shryock sat behind a makeshift desk, already busily engaged with another student. Across from him, the precocious pre-med had taken his seat. I would soon learn that he was already a doctor of veterinarian medicine, and aimed to become a people-healer rather than an "animal doc."* Fat chance I'd have, with my just-enough pre-med credits, to compete with the likes of him for a place in the next class of medicine at CME.

The duo paid me little attention as I quietly spread my drop cloth in a corner behind the eminent dean. I dipped my brush, pretending aloofness from the drama playing out at my back. Sure, I would keep "out of the way." And with a little luck, I would land a tip-off or two, something that might sharpen my wits when I'd be the one in the hot seat the next morning.

As I painted, the meetings carried on as smooth as clockwork. When one student was dismissed, another would enter and more or less awkwardly take the chair facing the congenial man who held the future of these students in his copious notes. First, the polite introductions. Then, the probing questions and the carefully hedged responses.

By mid-afternoon, I decided I could no longer delay topping off my bucket with satin-finish enamel. I made a plan: I'd clean my hands, take a quick drink from the water fountain just down the hall, and return with the paint bucket refilled.

As I spoke, the would-be med student across the desk stared my way with a deadly mix of annoyance and irritation. Time stood still.

Carefully, I laid my brush across the top of the paint-pail, leaving the drop cloth in place. Grasping the pail by the handle and picking it up, I proceeded to carry it from the room. Limited space demanded that I pass directly behind the dean, but then it was a straight shot to the door.

No doubt you can guess what happened next. As I slipped behind the dean, my brush, lying across the pail-top, stroked lightly across the doctor's vulnerable jacket. To my horror, I had streaked his back with ivory enamel, leaving a smear at least seven to eight inches long glaring back at me. Pure devastation.

Now what? Should I tell him? Could the stain be removed from his impeccable navy jacket? Obviously, I'd have to give it a try. Would he recognize me when I walked in for my appointment tomorrow? Had I just now, in my carelessness, nixed my hopes of becoming a medical student at CME?

Without a word, I strode to our nearby shop, cut off a length of clean, white cheesecloth, poured an ounce or two of crystal clear thinners into a jar, and reluctantly headed back to my unfinished work. I'd have to come clean and admit my mishap, offer to buy the dean a new jacket, and then, certainly in near-desperation, try to get rid of my errant paint streak.

"Excuse me, sir," I quavered. "Please, if I might intrude—pardon the interruption. It will take just a second and I will have a go at cleaning the paint from the back of your coat."

As I spoke, the would-be med student across the desk stared my way with a deadly mix of annoyance and irritation. Time stood still. How would the dean respond to my deadly faux pas? As it turned out, he reacted like the gentleman that he was: he actually took the blame, as though it was his fault, not mine.

"I'm sorry," he said. "So sorry to mess up your paint. I'll just sit here obediently while you do your thing." Could he spot my relief? "Go ahead with your clean up. I and my pre-med here will proceed with the interview. Not a problem."

And that's how it all worked out. With just a breath of a prayer I went to work. It was barely short of a miracle what a length of cheesecloth and a dollop of paint thinners accomplished over the next few moments while in the determined, albeit shaky, hands of a slapdash student painter. Surely, it's no wonder that I honor the memory of this man who, along with his admissions committee, afforded me the opportunity to become a physician.

So there you have it. My fond recollection of Dr. Shryock a poignant tale about a Christian gentleman. He was a scholar, a teacher, a professor, and a gifted administrator. It seemed to me then (and still does) that he was worthy of knighthood.

Hopefully, one day we will meet again! ■

*The "animal doc" was Dr. West's future colleague, **Richard T. Walden '52**.

Dr. West is former editor of the *Alumni Journal* and a 2002 Alumni Association Honored Alumnus. He writes from Tahuya, Washington.

Carlyle Welch '65 is presented with the AIMS Global Service Award by **Ingrid K. Blomquist '81**, *president of AIMS, during the APC Friday night vespers program. Dr. Welch's wife, Lora, stands to his left.*

Joy in Service

5 Questions with **Carlyle Welch '65** (plus a bonus)

A retired general surgeon, Carlyle Welch recently received the AIMS Global Service Award for his contributions and example in medical missionary work.

With his wife Lora, Dr. Welch has served at four different overseas medical clinics for a total of 16 years. His first posting was to Vietnam, where he worked at Saigon Adventist Hospital from 1966-1969, some of the most intense of the war years. After completing a surgery residency, he returned to the mission field—to our hospital in Taiwan—where he served from 1974-1981. In 2002, Loma Linda University invited Dr. Welch to leave his 20-year practice in Minnesota and go to China. There he worked at Sir Run Run Shaw Hospital for another four years.

The Welches thought they were retired until they received another call to work overseas, this time at Scheer Memorial Hospital in Nepal. They spent two years there before returning home to Minnesota, where they now seem to have actually retired. Dr. Welch was kind enough to meet for a few minutes during APC and answer some questions about his experience as a medical missionary.

What inspired your journey into medical mission work?

My journey into medical work, and particularly into overseas medical work, started as a child. In my early teen years I heard lots of stories about medical missionary work from Sabbath School teachers. Those stories ignited my interest and solidified my desire to become a missionary doctor. I really never had any other goal.

Tell us about some of the difficulties you've experienced as a medical missionary.

The major difficulty working overseas was that I faced medical situations for which I was not prepared. My education had been good, but the kinds of problems we encountered were not like anything we had seen at home. Also, we did not have the support base available in this country. We had no one to consult or to whom we could refer problem cases and then work as a team. We were kind of all on our own.

Did you ever feel like giving up? If so, how did you cope and keep going?

I think everyone who serves overseas has those feelings and certainly I did—on many occasions. There are moments when you look at yourself and say, "I don't know what to do." Or you think, "I know that if I'd had more training I could have handled this much better."

The most difficult times are when you lose a patient and you say to yourself, "Surely there was something I missed; something I should or shouldn't have done." And there is no one to commiserate with or talk to about it. That kind of professional loneliness is especially intense in overseas work, and you are tempted to say, "Okay that's enough, I need to go."

What is one of the greatest rewards of medical mission work for you?

The rewards are not much different from what they are at home. The greatest satisfaction for any physician is seeing a patient recover and feeling that you had a part in the process.

But maybe that's especially true overseas because you see so many failures: not just your own failures, but failures all around you related to health. So when someone survives, particularly when you may not have anticipated it—when you did all the right things and prayed for them but you know that the likelihood of recovery is very poor—it's very rewarding when they actually recover!

Looking back to your own graduation and the start of your medical work, what advice would you give young physicians inclined to do mission work?

I advise aspiring missionary doctors to read material from the Institute of World Mission and similar sources. Reading about the experience of earlier missionaries—not those who went 100 years ago, but those who have been there in the last 30 years—can help develop an understanding of the culture of the people with whom one will serve.

The stresses of overseas mission work are not academic. Most problems arise from interpersonal strains among folks who have gone to do the same thing and presumably are on the same team!

Any parting notes?

A friend once told me that you have to anticipate that you're going to have fun—fun in a really good way. There is joy in service. It's not all stressful labor.

Someone has said that your work has to be at least 60 percent fun or you're not going to stay with it. Well, my work was more than 60 percent fun! My wife and I have truly enjoyed the opportunity to travel and work in different geographical areas of the world. We loved being introduced to other cultures and seeing and sensing the feelings of people in other places.

And we strongly recommend it! ■

AIMS Editorial

By **Ingrid K. Blomquist '81**
President of AIMS

We have completed another successful Annual Postgraduate Convention (APC), filled with moving stories about our students and graduates undertaking God's business. It was awe-inspiring to be at the AIMS Mission Symposium, where the room was filled with individuals and their families representing hundreds of years of service. Thank you to those who were there. Please come again.

As you may know, AIMS' charter was granted by the Alumni Association in 1977. Though our "Goals" are now modernized to "Mission and Vision," and though the language has changed, our intent remains the same: to be the mission arm of the Alumni Association, the hands and feet of Jesus.

As AIMS moves forward in 2015, our plan is to get out of the equipment business and into the people business. We are about the "boots on the ground"—past, present, and future. Our initiatives are for everyone, from children to the retired. To look for current projects and to meet our board and project managers, visit AIMS' emerging website listed at the bottom of this column.

The AIMS feature on the opposite page is about honoring the "boots" that have marched before us. Dr. Carlyle Welch is this year's AIMS Global Service Awardee. Watch a video clip about him, presented at the APC Friday night vespers, on the AIMS website below. At the website, you can also read about the award criteria and nominate another truly outstanding servant leader for the 2016 AIMS Global Service Award.

If you would like to say "Thank You" to Dr. Welch for what he has done, consider making a donation of any size to AIMS in his name, or that of any other person you would like to honor. Donations can be made by visiting the AIMS website below and clicking on the "Donate" tab. ■

AIMS Website: www.aims.llusmaa.org

The AIMS Report is developed by the Association of International Medical Services. A part of the Alumni Association, it is an organization dedicated to the promotion of international health.

Alumni News

1940s

On May 26, **Sherman A. Nagel '40** celebrated his 100th birthday. His family held a big "Journey to 100" celebration in his honor the week before. Dr. Nagel was a missionary in Nigeria for a total of 23 years, where he was medical director at the Ile Ife SDA Hospital. He also taught for 26 years at Pacific Union College. He lives with his daughter and son-in-law in Langley, British Columbia.

Pierce J. Moore '44-B has renewed his North Carolina medical license until his 96th birthday next year. He is believed to be the oldest active surgeon in the state and maintains an office for his limited dermatological services. "PJ" is in excellent health, taking no prescription medications, and continually gives thanks to His Lord for this. He lives at Fletcher Park Inn with his wife, Elaine (Twomley), when they are not in Florida during the winter months.

1950s

Rollin E. Weber '58 asked us to announce that his wife, Ione Lavelle Weber SN'55, quietly passed away at home on March 6, 2015, after an eight-year struggle with cancer. She is survived by her husband; her children, Barry Weber SD'83, **Kirk Weber '90**, Scott Weber, and Pam Broeckel; and ten grandchildren.

1960s

Michael W. Cater '69, clinical professor of pediatrics, received the Alumnus of the Year Award in the department of pediatrics for "outstanding contributions by an Alumnus of the UCI Pediatric Residency Program to the Discover, Teach, Heal vision of the UCI School of Medicine," in July 2014, during the 50th Anniversary Year of the UC Irvine School of Medicine.

1970s

Wayne K. Jacobsen '73-B was appointed head of the department of anesthesiology at the University of Arizona College of Medicine this past January. Before that he served as director of the department's residency program for nine years and was previously chair of the department of anesthesiology at LLUSM.

Nancy J. Anderson '76-A was selected to represent her community in the publication of "The Leading Doctors of the World," issued by the International Association of HealthCare Professionals. Physicians are selected "for their experience, forward thinking, and highest quality of care." Dr. Anderson is a professor of dermatology and basic sciences at LLUSM.

1980s

David Mayor '81 published his first book last November, entitled "The Listener: Stories, thoughts, and advice from a seasoned Christian emergency physician and health educator." Dr. Mayor has practiced emergency medicine for 35 years and has an MPH. He has two sons who have recently graduated from LLUSM: **David L. Mayor '11** and **Jacob Mayor '15.**

1990s

Paul Lim '91 will serve as a national medical director for HealthCare Partners in Torrance, California, in support of the group's clinical initiatives, which include medical management, care transitions, and utilization management. Previously, Dr. Lim was chief medical officer at Prospect Medical Group and senior medical director at Regal Medical Group.

2000s

Gregory Ernest Raab '01, a joint replacement and orthopedic surgeon, has joined the Saint Thomas Joint Replacement Institute in Nashville, Tennessee. The institute performs "more than twice as many joint-related procedures than all other hospitals in the market." Dr. Raab completed his residency at the Milton S. Hershey Medical Center in Pennsylvania, and a fellowship in adult joint reconstruction with the American Association of Hip and Knee Surgeons.

Amy Donn Young '01 was honored with the Unforgettable Pediatric Award, along with two other physicians, by the Unforgettables Foundations at the annual Lights for Little Lives Memorial Walk and Candle Lighting last December in Loma Linda. The foundation offers support to families after the death of a child and the walk is held in memory of those children.

2010s

Recent graduates **Charles Graves '15** and **Justin Woods '15** were both wrapping up their time in Nepal after senior rotations at Scheer Memorial Hospital when the 7.8-magnitude earthquake hit on April 25. Dr. Woods' statements and video recordings were published as CNN iReports. Dr. Graves was on his way to Kathmandu by bus during the earthquake. He encourages people to continue to support Nepal as the country recovers.

What's new? Do you scan the Alumni News for familiar names and interesting updates? Your classmates and fellow alumni do, too! Tell us what's new with you at www.llusmaa.org/contact or by using our contact information on page one.

Alumni Remembered

1930s

J. Paul Shively '39 was born on May 9, 1914, in Osceola, Iowa, and died peacefully at home at 100 years of age on February 8, 2015. After graduating from Pacific Union College, he completed medical school and took an internship at Washington Sanitarium and Hospital (now Washington Adventist Hospital). Following a year of practice there, he moved to New Mexico where he practiced for another two years. He completed his residency in OB-GYN at the University of Oklahoma.

In 1945, Dr. Shively spent some time with the U.S. Navy, serving at the Great Lakes Naval station in Illinois, and then in Okinawa, Japan. He then began his career at St. Luke's Hospital in San Francisco, where he delivered more than 6,000 babies over the course of 43 years before retiring in 1990. He was also instrumental in the development of women's health laws in California.

Dr. Shively was an avid golfer and proud member of the Yountville Seventh-day Adventist Church, and previously the Angwin Seventh-day Adventist Church. He is survived by his wife of 76 years, Mabel; his children **Donovan P. Shively '70**, **James L. Shively '71**, and Christine; and eight grandchildren and eight great-grandchildren.

1940s

Glenn W. Miller '45 was born in Loma Linda on April 25, 1921, and died peacefully at his home in Ukiah, California, on December 30, 2014. He graduated from Walla Walla College in Washington, and then returned to Loma Linda for medicine where he met and married Aldene Anderson. The couple celebrated their 70th wedding anniversary a week before he passed away.

After medical school, Dr. Miller served two years in the Army Air Corps as a medical officer. Returning to Ukiah, he practiced family medicine for ten years before taking further specialized training to practice anesthesiology.

In 1986, Dr. Miller "semi-retired," but continued serving as Director of Health Promotions at the Ukiah Valley Medical Center (UVMC). In 1998, the UVMC dedicated their conference room in Dr. Miller's name, as tribute to his 50 years of practice in the area. In 2001, he was named citizen of the year by the Mendocino County Chamber of Commerce in recognition for his work in the community, including volunteering at schools, emphasizing the importance of health and education among the youth, and being the sideline doctor at local football games.

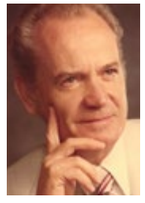
Dr. Miller was a loving husband and father, and treasured spending time with his family. He was a member of the Ukiah Seventh-day Adventist Church and enjoyed tennis, music, travel, his San Francisco Giants and 49ers, and caring for his show quality camellias. Dr. Miller is survived by his wife, Aldene; his children, Steve Miller, Fred Miller, and Marilyn Etchell; his brother, **Arthur C. Miller '42**; and numerous nieces and nephews.

Omar W. Stratton '48 was born on July 2, 1923, in Los Angeles and died on December 24, 2014. He was raised in San Bernardino and Riverside where his father, also Omar, was founder and first president of the Riverside branch of the NAACP. Dr. Stratton graduated from La Sierra College before attending medical school and marrying Vernell, who passed away in 1999.

Dr. Stratton interned at Harlem Hospital in New York and completed an OB-GYN residency at Maimonides Hospital in Brooklyn. He then spent several years serving as a captain in the Air Force Medical Corps at various locations throughout the Southeast before returning to Los Angeles in 1954. He served as chief of staff at California Hospital Medical Center, president of the Sickle Cell Anemia Research Foundation, and member of the board of trustees of Chadwick School. After retiring in 1991, he continued on as a member of the board of California Hospital until 2014.

Dr. Stratton enjoyed reading and bowling, and was a gifted artist and musician. He was also interested in Ferraris and Formula One racing, traveling to Grand Prix races around the world. He is survived by his daughter, Robin; his granddaughter, Alicia; and his brother, Ralph.

James Schooley '49 died on August 12, 2014. He grew up near Auburn, California, and moved to Loma Linda after graduating from high school.



While a medical student, he met and married Miriam, with whom he was married for nearly 65 years. After medical school, he joined the U.S. Air Force and served for two years in London. Returning to California, he completed a residency in OB-GYN and became certified in pathology in 1956.

After residency training, Dr. Schooley was recruited to Fresno, where he opened a practice and stayed the rest of his career. He taught local doctors how to do pap smears and opened the Valley Cytology Center for processing

and reading them. In 1969, he became a fellow of the American College of Obstetricians and Gynecologists.

Dr. Schooley was an active member of his Seventh-day Adventist churches in Fresno and Oakhurst. He enjoyed singing with the choirs and would also perform solos. He is survived by his brother, Paul Schooley; and his children, Joy Adams, James Schooley Jr., and Jerry Schooley.

1950s

Margret W. Rhinehart '51 was born in Collegedale, Tennessee, on May 29, 1925, and died following a brief illness in Spencer, Tennessee, on September 23, 2014. She spent all 50 years of her career, from 1951 to 2001, in Spencer. She was the only physician in the entire county and by retirement had delivered more than 1,000 babies, administered shots and checkups at schools, and treated everything from the flu to logging accidents.

One of Dr. Rhinehart's first patients was named Shelby. He later became the local pharmacist and a state representative—and Dr. Rhinehart's husband. Dr. Rhinehart was known for putting her patients first and working hard. She will be missed by the residents of Spencer and the surrounding area. In addition to the faithful care of her neighbors, Dr. Rhinehart wrote a book about the cemeteries of Van Buren County where she lived.

Dr. Rhinehart is survived by her son, Barney Rhinehart, and several nieces and nephews.

Ronald H. Selvester '51 was born on August 19, 1920, in Fall River, California, and died peacefully in his sleep on February 14, 2015, in Eugene, Oregon. He developed his love of medicine early in life while serving in the U.S. Army during WWII. He grew to become one of the foremost experts on electrocardiography in the world. Following a distinguished career on the faculty at the Keck School of Medicine at the University of Southern California, he joined the faculty at the MemorialCare Heart & Vascular Institute at Long Beach Memorial.

For the next nearly thirty years, Dr. Selvester taught countless cardiology fellows, medical residents, and medical students the intricacies of interpreting one of the earliest and most basic cardiology techniques: the electrocardiogram. His research work culminated in the development of the Selvester Score, a method to characterize the size of a heart attack to aid future therapy.

Dr. Selvester was also a world traveler, a photographer, and a family man. But perhaps most prized of all the titles he held was that of husband. He met his wife Jean when they were only 13, and although they didn't marry until they were 20, rarely spent more than a few days apart from her his entire 94 years. They enjoyed 80 years of love, trials of life, wild adventures, long talks, wearing matching outfits, and always, always holding hands.

Dr. Selvester was father to three children, Jay Selvester, Jamie Selvester, and the late Steve Selvester; grandfather of four; great-grandfather of seven; and great-great-grandfather of one. He was beloved and will be deeply missed.

Jay P. Munsey '54 was born in Huston, Idaho, on January 21, 1924, and died in Boise, Idaho, on January 4, 2014. After graduating from Gem State Academy, he served 18 months in the South Pacific during World War II. Returning home, he married Tola Nadine and together the couple attended Walla Walla College. Dr. Munsey interned at Portland Adventist Hospital in Oregon, and took a one-year surgical residency at Kern County General Hospital (now Kern Medical Center) in Bakersfield, California.

After three years as medical director of Adventist Mission Hospital in Benghazi, Libya, Dr. Munsey moved to Moab, Utah, where he practiced family medicine for 32 years. In the 1980s, he joined a United Nations team and worked at a Cambodian refugee camp in Thailand. He also worked at an open-air prison in the Philippines, and in 1986, joined Doctors International on a trip to Peshawar, Pakistan, where he taught the Mujaheddin to be EMTs and do field triage when they returned to Afghanistan.

In 1988, Dr. Munsey retired and moved to Little Salmon River, Idaho, where he stayed busy as a locum tenens physician at nearby clinics. Besides medicine, he was also passionate about fishing and gardening. He was a lifelong member of the Seventh-day Adventist Church, and a member of the Lion's Club International and Veterans of Foreign Wars. He is survived by his wife, Nadine; his daughters, Jaydine and Rebecca; his grandson, Jathan; as well as several nieces, nephews, and cousins.

David W. Grauman '59 was born in Seattle on April 4, 1933, and died peacefully on January 9, 2015. He graduated from Walla Walla College before following the footsteps of his father, **Arthur H. Grauman '25**, and studying medicine. There, through a shared interest in music, he met and married Joyce Moore.

Dr. Grauman interned with the U.S. Army at Tripler Army Hospital in Hawaii and then served two years at Fort Detrick in Frederick, Maryland. He completed a surgery residency at Virginia Mason Hospital in Seattle and then settled his family just outside Seattle. He specialized in breast and laparoscopic surgery during his successful career as a general surgeon, and held various positions and memberships with entities such as Overlake Hospital, Evergreen Hospital, the Washington State Medical Association, and the Seattle Surgical Society. As a physician, he was known for his sense of humor and expert skills.

Dr. Grauman retired from private practice in 2001, but continued to provide his medical expertise as a relief physician on medical trips to East Africa and as a cruise ship's physician. He had a lifelong love of classical music, sharing of his time, money, and ability to support musical endeavors. He also enjoyed gardening, sailing, and being involved with his church, the Greenlake Seventh-day Adventist Church. He is survived by his wife of 57 years, Joyce; his four children Arthur, Tom, Alison, and Nancy; his sister Janet; and his two grandchildren, all of whom will miss him dearly.

1960s

Kenneth E. Payne '63 died on June 5, 2014. He is survived by his wife, Nancy Payne.

Rosemary K. Kellogg-Joramo '68 was born on November 18, 1943, in Breckenridge, Minnesota, and died from complications of heart disease on August 26, 2012, in Great Falls, Montana. She graduated from Walla Walla College before attending medical school. She entered an ophthalmology residency until meeting and marrying U.S. Army Captain Floyd Joramo. The couple made their home in Missoula, Montana, where Dr. Kellogg worked as the acting health officer of the Missoula City-County Health Department.

Dr. Kellogg moved to Great Falls, Montana, and worked again as the local acting health officer, as well as an emergency room physician at Columbus Hospital. After briefly opening her own practice, she provided care for families of the personnel at Malmstrom Air Force Base. She also provided contact care to surrounding communities, served as camp doctor for several years at Camp Paxson, and worked at hospitals in Cut Bank and Chester. In 1993, she began psychiatric residency training in Loma Linda. Moving back to Montana after her training, she worked at the Yellowstone Boys and Girls Ranch and at Montana State Hospital before retiring in 2010.

Dr. Kellogg loved dogs, especially her West Highland white terriers, and many other kinds of animals. She loved her family, Seventh-day Adventist camp meetings, music, gardening, reading, and laughing. Known for her patience, intellectual curiosity, kindness, humility, and faith, she is missed. She is survived by her husband, Floyd; her daughters Lucy and Lanita; her brother, Barry; and numerous nieces and nephews.

Robert Elliott Manley '68 was born on October 14, 1943, in Mussoorie, India, and died on February 6, 2015, in Rancho Mirage, California. He interned at the Hinsdale Sanitarium and Hospital, after which he was drafted into the U.S. Army as a captain. He served one year as a flight surgeon in Vietnam. After his residency in Vancouver, Canada, he practiced for 40 years in Portland, Oregon.

Dr. Manley is survived by his mother, Beth Manley; his wife, Kathy; his children, Todd and Traci; and his three grandchildren.

1970s

Urs M. Bryner '73-B was born on May 7, 1946, in Switzerland, and died suddenly at his home in Yreka, California, on December 14, 2014. He attended college in Germany before completing his studies in California. He met and married his wife, Darlene, and completed medical school and surgical training in Loma Linda. In 1979, he was recruited to Mt. Shasta, California, where he established his surgical practice.

In 2014, Dr. Bryner celebrated his career of 35 years as a surgeon. He was recognized for many achievements, most notably his work in China, where he introduced and taught laparoscopic surgical techniques at Sir Run Run Shaw Hospital as a professor of surgery from 1994-1996. His colleagues in China and Loma Linda honored him as Surgeon of the Year in 1996.

Dr. Bryner was an expert skier, accomplished woodworker and gardener, avid singer, and a member of the Rotary Club. He was an active member of the Yreka Seventh-day Adventist Church, serving as an elder, teaching Bible classes, singing in the choir, and helping with various church projects. He is survived by his wife Darlene; his children **Marcus A. Bryner '00**, Stephanie Bryner Davis, and Carrie Bryner Valdes; and six grandchildren.

1980s

Sidney E. Torres '83 was born on July 8, 1957, in Fullerton, California, and died after a 5 ½-year battle with a glioblastoma tumor on February 15, 2015. He graduated from La Sierra College before studying medicine and completing a pediatric residency at Loma Linda. For two years he practiced pediatrics in Los Angeles.

In 1988, he returned to Loma Linda and completed an anesthesiology residency. He worked for some time at Riverside County General Hospital and Redlands Community Hospital, and then returned to Loma Linda University and became an assistant professor of anesthesiology until 2009, when he became ill.

Dr. Torres was known for being friendly and generous. He was an accomplished singer and guitar player, using his talents to entertain those around him. He also enjoyed playing golf, and organized several tournaments to benefit the Hispanic Alumni of Loma Linda. His many family and friends will miss him greatly.

Notify us of an alumnus who has passed at www.llusmaa.org/inmemoriam or by using our contact information on page one.

The Old Outdoor Amphitheater

In 1924, the Outdoor Amphitheater was constructed on the north side of Sanitarium Hill. For several years it was the go-to location for graduation ceremonies and other such programs. In 1935, the amphitheater was replaced by a concrete structure—called the Loma Linda Bowl—that amplified sound and included an orchestra pit.

The photo above seems to depict an "other" program, as the students on the stage are not dressed in graduation regalia. Many of the faces, however, are recognizable as members of the School of Medicine Class of 1931.

It's an intriguing photo, with the large 48-starred United States flag tacked to the backdrop and the stoic faces of many of the subjects. What was the occasion? What was everyone thinking about? What music was played? Who was the speaker? What would they think of our programs and venues today? What were their plans following the program? ■

Contribute your own memories and "historical snapshots" to the *Alumni Journal* by using our contact information on page one.

Charlene Chang '96 Ophthalmology, Oroville, California

What are you famous for among your friends and family?

My husband would say my apple pies, but they disappear too fast to become famous. My two sons would say it is our musical home. It has been a wonderful evolution, as I had put music on the back burner while attending medical school all the way through establishing my medical practice. Our mornings before school and work are now filled with the sounds of piano and violin.

What is your best memory from medical school?

Getting to know my medical school classmate, Vaughn Smith, whom I married the week before graduation. He kept me balanced between study and play by introducing me to mountain biking. Our class was tight-knit. We studied together and even played intramural sports together. I still remember the male-classmate cheering section of our girls' flag football team getting an unsportsmanlike penalty called against us because they were cheering too enthusiastically. Memories of these influential, accomplished physicians as fledgling medical students are priceless.

What has been the most meaningful experience in your medical career?

Every day I am able to appreciate the miracle of sight. Last week I had a patient who, although young, was seeking disability because of compromised vision. Witnessing her tears of joy after cataract surgery, with renewed 20/20 vision, was so very gratifying. She has bounced out of a depressed, visually isolated life, and no longer considers herself disabled. I am thankful to God for the opportunity to impact patients' lives.

If you were to have worked in a field outside of medicine, what would it have been? And why?

I have always loved llamas and alpacas. I may still someday raise a few and dub myself a llama rancher. Llamas can provide fiber for fabrics, pack supplies for expeditions, and they also eat poison oak, which is prolific on our Northern California property.

If you could learn to do something new or better, what would it be?

I can only dream of learning to guide a raft down Class IV+ rapids. Rafting the Grand Canyon in 2002 with our 21 family members and friends generated bonds and memories obtainable only when one is unplugged from the "real world."

What is the best advice you've ever been given?

To live each day to its fullest. My dear cousin, Brent Chang SD'98, lived a life fuller than most, although shorter than many. He was killed in a plane crash along with cherished family and friends six years ago. It may have been his infectious smile, his encouraging words, or his warmhearted selflessness, but hearts were full after being with him. Brent and his family have inspired me to fill each day with laughter and love, as if there will be no tomorrow. ■

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