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Loma Linda University School of Medicine

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Alumni
JOURNAL

Alumni Association, School of Medicine of Loma Linda University

January-April 2016



Vision 2020:
Loma Linda Prepares to
Construct Two New Hospitals

Coming Up
APC: March 4-7
Preview Inside

INSIDE: Family Medicine Feature • Interview: Making a Bigger Difference • The Story of Risley Hall

Romantic Danube River Cruise

A VIKING RIVER CRUISE HOSTED BY THE ALUMNI ASSOCIATION, SCHOOL OF MEDICINE OF LOMA LINDA UNIVERSITY



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THE MOUND CITY CHRONICLES

A PICTORIAL HISTORY OF LOMA LINDA UNIVERSITY: A HEALTH SCIENCES INSTITUTION 1905-2005



This 336-page book by former School of Medicine Alumni Association executive director Dennis E. Park includes over 1,000 photographs, maps, and illustrations that tell Loma Linda's story from its early days as a struggling town to an internationally known center of healing.

Available at APC 2016 Registration Desk

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Real 'Family Medicine'

You will find two articles in this issue featuring the family medicine program at Loma Linda University School of Medicine. Reading them reminded me of my own introduction to "family medicine." In 1945, my dad (**Bernard Briggs '40**) had returned from serving in WWII and set up a three-room general practice office in our family's house. That winter I developed a severe case of otitis media with a bulging tympanic membrane. With the supply of antibiotics low (they went to the military's wounded) the standard treatment of choice was myringotomy.

Now, Dad recognized that any self-respecting 5-year-old was not going to lie still while someone approached with what appeared to be a Japanese samurai sword to plunge into his ear—even if it was his own father. So, time for a little anesthesia. Out came the Schimmelbusch mask and a can of Mallinckrodt ether. Let's remember that an open drop ether induction is not a rapid or pleasant event with its pungent smell and obvious phase of excitement during induction.

After a few drops of ether, legs, feet, arms, and hands were flailing in eight directions at once resulting in all the buttons on my mother's blouse finding refuge in the four corners of the exam room (she was there to help hold me down). I distinctly remember Dad saying, "If you don't calm down we will wrap you in a sheet."

Well, I don't know if it was the fear of being mummified or by then the "pouring on" of the ether, but somehow I calmed down and lost consciousness. The next thing I remember is that the procedure was finished and I was not wrapped up in any sheet. That was real "family medicine"—before it became a recognized specialty.

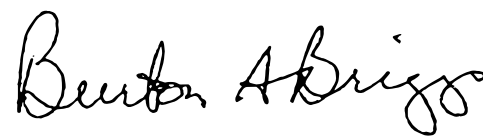
Historically, graduates from an approved four-year medical school with a one-year internship could practice medicine as a general (or family) practice physician. Following WWII, two events shaped the conversion of general practice to family medicine.

First, medical specialties and subspecialties increased in popularity, resulting in fewer general practitioners. Second, advances in medicine caused concern within the general practice community that medical school and an internship was not adequate to prepare a physician for the breadth of knowledge required. Many wanted to see residency programs added to their training, which would help alleviate the "knowledge gap" and qualify them to sit for a board examination—certification being an increasingly common requirement to obtain hospital privileges.

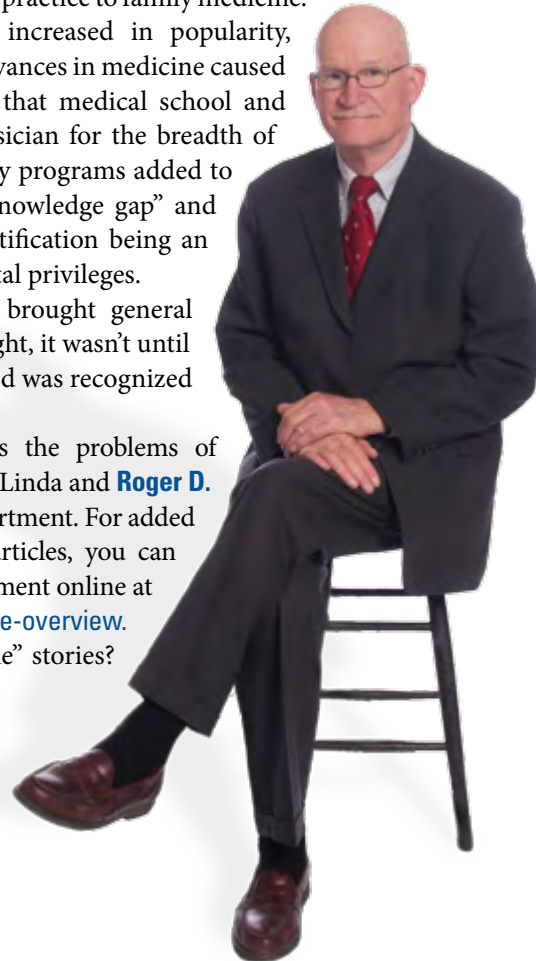
Though these changes in the '50s and '60s brought general practice closer to becoming a specialty in its own right, it wasn't until 1969 when it became known as family medicine and was recognized as a distinct specialty in the United States.

On page 20, **Raymond O. West '52** recounts the problems of establishing a family medicine department at Loma Linda and **Roger D. Woodruff '81** describes the current status of the department. For added historical information and perspective on these articles, you can find a 1995 *Alumni JOURNAL* feature of the department online at www.thecentralline.llusmaa.org/1995-family-practice-overview.

Do you have any of your own "family medicine" stories? Write us! ■



Burton Briggs '66
 Editor



Vision 2020, APC 2016, and the Search Concluded

In this inaugural issue of 2016, it is our privilege to feature a timely article on the most ambitious building project the Loma Linda campus has ever witnessed. The Alumni Association asked one of its own, **Richard H. Hart '70**, president of Loma Linda University Health and a member of our board of directors, to give fellow alumni an update on Vision 2020, the philanthropic moniker for the fundraising and public relations arm of the \$1.2 billion project slated for completion by December 31, 2019, as mandated by the state of California.

For a few months now the Alumni Center has provided front row seats to the preparatory work already changing the landscape of the LLU Medical Center. As one of the campus engineers opined: "big machines and their noise will now be a constant on campus for the next five years." Dr. Hart has written not only a factual executive overview of Vision 2020, but also couched his article from the perspective of being a young medical student in the late '60s watching the topping off of the existing cloverleaf medical center and helping to transport patients to it from the hospital on the hill. The 2016 *DIRECTORY* gave us a condensed version of Dr. Hart's article and we are pleased to include the full piece in this *JOURNAL* issue.

As we've closed out the year 2015 and rang in the New Year, all things APC 2016 have been on our minds. Coming up March 4-7, the Alumni Association has an exciting APC program planned. There is a major shift in the weekend's schedule of which we would like you to be aware. The APC Gala will be held on Sunday night (March 6), instead of the customary Monday night. This shift comes in response to several suggestions and requests to hold the gala on Sunday night, which we hope will allow more of you to attend. As such, there will be no Saturday night program this year, and in its place we are encouraging the individual classes to

schedule their reunions that night, March 5. You should have received the APC 2016 schedules and registration material in the mail. If you did not, call the alumni office at 909-558-4633.

The APC Gala will be held on Sunday night (March 6), instead of the customary Monday night.

Finally, as many of you are aware, we brought **Dennis E. Park, MA, '07-hon** out of retirement to serve as interim executive director until such time as the search committee found a replacement for the executive director position. I am happy to inform you that the executive committee and board of directors, which met in December, voted unanimously upon the recommendation of the search committee to ask Calvin Chuang to become the executive director. Calvin is currently serving the Association in the capacity of director of media production and graphic design. The Alumni Association is in the process of making this management change and in the next *JOURNAL* we will formally introduce Calvin and explore his vision for the Association.

To conclude my last note as president, I want to say that it has been a pleasure serving you. As I soon turn the gavel over to my friend **Mark E. Reeves '92**, I wish him well in the year to come. I want to thank all the committee chairs and committee and board members. I also want to thank the staff who make our jobs easier as we continue to serve the School of Medicine alumni scattered all over the globe. May God richly bless each of you as you follow Him in the healing arts. Have a happy, healthy, and prosperous New Year! ■



P. Basil Vasantachart '79-B
 Alumni Association President



A 'Beacon of Light' for San Bernardino

The recent San Bernardino cold-blooded murders of 14 people is an act so heinous that superlatives fall far short of adequately describing the event. The massacre occurred so close to Loma Linda that the University and Medical Center were placed on lockdown, restricting the movement of all students and employees. In spite of the chaos, the staff of our emergency department and operating rooms quickly went into disaster alert mode and made space available for many of the victims. Simultaneously, police and security forces protected our campus with the assistance of other available law enforcement agencies.

We learned later that the terrorists had been plotting this carnage for years and storing their assault weapons in their Redlands home less than a block from the Redlands Seventh-day Adventist Church. After landing at San Bernardino Airport (formerly Norton Air Force Base), President Barack Obama and First Lady Michelle Obama visited the grieving families of the victims.

The press, the patients, and our community lauded Loma Linda's efforts immediately after the killings and in the days that followed. I received emails from deans of medical schools throughout the United States commending Loma Linda University Health for its efforts to serve so efficiently and compassionately in the face of unspeakable turmoil and tragedy.

Loma Linda University Health is a valuable resource to the 4.5 million people it serves in Riverside and San Bernardino counties of Southern California. We provide a spectrum of services from preventive medicine to quaternary care to the people who populate the combined area of 27,300 square

miles (greater than the size of West Virginia and larger than nine other states). Among the population are 1.2 million children, many of them living in families whose income is near or below the poverty level and who rely on Loma Linda University Children's Hospital for their care.

Converging forces in our region's demographics and an unprecedented number of new and safer ways to manage patients commands LLUH to develop a strategy that includes substantial growth in all aspects of health care and health care education. The growth of LLUH is only possible through partnerships with both the private and public sectors of health care delivery. We must increase the number of hospital beds, ICU beds, emergency room capacity, primary and specialty care services, etc., to meet the immediate and future needs of our region.

Central to the growth strategy is the LLUH Vision 2020 plan to build a new hospital that will consist of both a pediatric and adult tower. This state-of-the-art facility will connect to the existing iconic round towers and will be constructed with the latest seismically sound engineering. It will rise 16 stories and become the tallest building in San Bernardino county, making it visible for many miles in almost every direction. The architects describe the illuminated top floor as a "beacon of light," conveying a sense of place where one will receive compassionate and competent care that reflects what is fundamental to LLUH and God's message of hope.

I ask each of you to support us with your financial gifts and prayers. Help us move *your* school and *your* institution into the future as places of excellence in the teaching of students and residents, from the routine to the cutting edge treatment and triage of patients. The nation's and the world's eyes are upon us!

Opportunities to be a part of Vision 2020 can be found on the website www.lluhvision2020.org. ■



H. Roger Hadley '74
School of Medicine Dean



THE STUDENT FUND

SPONSORED BY THE STUDENT AFFAIRS COUNCIL
ALUMNI ASSOCIATION, SCHOOL OF MEDICINE OF LOMA LINDA UNIVERSITY

Student Missions Benefits from Dr. Brown's Generous Gift

When **Emily Jane Brown '53-A** passed away in 2012, she left a substantial monetary gift to her class fund with instructions that a portion was to be used to support student missions. In October 2015, the Alumni Association received \$71,000 from her gift, which will go toward helping to fund mission experiences of LLU medical students.



Dr. Brown was a nurse in World War II who became an anesthesiologist and practiced in Los Angeles at a time when anesthesiology was a male-dominated field. She loved to travel and meet new people, noting in her medical class' 50th-anniversary book that as the years flew by she had "become more convinced that we have 'the message for a dying world.'"

Traditionally, the Alumni Association has been able to offer financial support to freshmen and seniors who go on medical mission trips overseas, in addition to what

the School of Medicine provides. This money comes out of endowments set up by the 1960 and 1977-A classes and from The Student Fund budget.

With Dr. Brown's contribution, the Association can continue to provide financial support to student missions without dipping into the main budget of The Student Fund, allowing its donated funds to continue providing and improving student events and support on campus. The Student Affairs Council "wish list" includes purchasing sophomore white coats (the Alumni Association already embroiders them), providing food after exams, and adding new books to our lending library. Until The Student Fund is able to stand on its own, the support of our alumni will continue to be needed.

The Alumni Association is grateful for Dr. Brown's generous gift and looks forward to continuing her sense of mission through its support of Loma Linda's students. Below are some quotes by two fourth-year students who recently spent their mission electives in Africa. ■



Jacob Mayor '15 spent his senior mission elective in Tanzania, at the Heri Adventist Mission Hospital. He got to scrub in for C-sections and other surgical cases, and also enjoyed working with clinical officer students from the town of Kigoma who rotated with him.

"Overall this trip was a great experience. We had the opportunity to work with amazing and friendly staff at the hospital and felt like we were part of the team. ... If I could, I would do it again. I wanted to take a moment to thank the Alumni Association for helping make this possible."



Megan Smith '15, during her senior mission elective at Bere Adventist Hospital in Chad, witnessed firsthand the miraculous "Valentines' Sabbath blessing" delivery of a baby boy dubbed "Twenty-two Minutes" for his lengthy wait before crying and breathing on his own.

"While I was in Chad, I saw miracles happen everyday. Severely anemic pregnant mothers who received transfusions just in time for delivery, severely malnourished children nursed to health, and feverish infants treated with quinine who recovered. Thanks to the Alumni Association and the School of Medicine for giving me the opportunity to serve and see God work in a very tangible way."

SM Faculty '20 Most Important Papers' Author

The LLU School of Medicine is proud to announce that one of its own faculty members has been included in a distinguished list by the American Society of Anesthesiologists. In *Game Changer: The 20 Most Important Cardiac Anesthesia Articles Ever Published*, a paper written and published in 1975 by **Brian S. Bull '61**, professor of pathology and human anatomy, is ranked as the eighth most important of all time.

"Only a privileged few of the innumerable published articles related to the specialty of cardiac anesthesiology can be considered seminal, landmark or, for the purposes of this article, a clinical 'game changer,'" said Paul G. Barash, MD, in an American Society of Anesthesiologists article released at the Anesthesiology 2015 conference October 24-28 in San Diego. Dr. Barash, editor of the Clinical Anesthesia series of textbooks and electronic media, collaborated with Denise Hersey, MLS, MA,

Cushing Library of Medicine at Yale University, and Karen Biertman, MLIS, Wood Library and Museum of Anesthesiology, to publish the list.

The article defined clinical "game changer" as a publication that results in a revolutionary transformation that has been maintained in clinical practice since the article first appeared. "Using specified criteria, we chose the top 20 publications that, in our opinion, are the clinical 'game changers' for the specialty of cardiac anesthesiology," Dr. Barash said in the article.

The method and protocols described in Dr. Bull's paper—*Heparin Therapy During Extracorporeal Circulation*—are still being used to this day for all patients who are kept alive on a heart-lung machine while undergoing open-heart surgery. It is the standard approach worldwide.

"I had viewed it as more of a technical advance, not something that would be placed in the category of the most important cardio-pulmonary bypass papers," Dr. Bull said. "I was pleasantly surprised."

Dr. Bull's co-authors were **Ralph A. Korpman '74**, who was a senior medical student at the time, **Wilfred Huse '54-aff**, cardiac surgeon, and **Floyd S. Brauer '51**, anesthesiologist and chair of the department. Drs. Huse and Brauer are both deceased. Their paper along with the others that made the "top 20" list have a publication date range of 1946-2013, reflecting the relatively recent development of cardiac anesthesia.

"The 'Game Changers' list represents proof of the statement: Major achievements of modern surgery could not have occurred without the accompanying vision of pioneers in anesthesiology," Dr. Barash said.

Congratulations, Dr. Bull. ■



Dr. Bull says he was "pleasantly surprised" to hear that his paper was among the most important cardiac anesthesia articles ever.



Brian S. Bull '61, left, with Ralph A. Korpman '74 in 1974.

Alumni Hall Amphitheater Updated for Today's Generation

Medical students today learn differently from the way their predecessors did. Not only is technology a more important component of education than ever, today's students have to learn more information every day as medical knowledge advances.

H. Roger Hadley '74, dean of LLU School of Medicine, made this point during the dedication ceremony on November 2, 2015, for the newly remodeled amphitheater in the Alumni Hall for Basic Sciences.

The room has several new features, including five digital screens for lectures and swivel seating that allows students to converse more easily and advance their own learning through collaboration. "The style of the new educational environment benefits from more opportunities for students to interact with each other," Dr. Hadley explains. There's even a power outlet with two USB ports at every seat.

Sophomore medical students witnessed the dedication along with administrators from the School of Medicine and the University. Dr. Hadley told the students that a survey would be administered at the end of the first week of classes in the new room to find out what improvements might need to be made.

Tamara L. Thomas '87, vice dean for academic affairs at the School of Medicine, offered a prayer of dedication for the new amphitheater and the learning that will take place there. "We won't realize our mission until we live a life of service for You," she prayed.

Dr. Hadley, Dr. Thomas, and Alice Wongworawat, MBA, associate dean for finance and administration, together cut a ceremonial red ribbon to formally open the remodeled amphitheater.

After the snip of the scissors, guests filed out to make way for the real purpose of the room to begin: a class session. ■



Top photo: H. Roger Hadley '74, dean, Tamara L. Thomas '87, vice dean, and Alice Wongworawat, MBA, associate dean, cut the ceremonial ribbon. Above: 360 degree swivel chairs allow for easy collaboration.

Gala Celebrates 50 Years

The department of internal medicine celebrated 50 years of its residency program with a gala in the Centennial Complex on September 26, 2015. Proceeds from the evening benefited the Roy V. Jutzy Resident Education Fund to assist residents who desire to serve globally and in underserved communities.



Guests enjoyed hearing reflections on the department's past, present, and future from **Richard H. Hart '70**, president of Loma Linda University Health, **Douglas R. Hegstad '80-A**, **Harvey A. Elder '57**, **Samuel Baz '00-res**, and **Roger D. Seheult '00**. Each speaker recognized **Roy V. Jutzy '52** for his contributions to the department and thanked him for establishing the fund to assist current residents.

Guests received a bound book, edited by **Raymond Herber '57**, detailing the history of the department of internal medicine, and also viewed a film highlighting the work of the attending physicians and residents of the department. (The video is available to view at: www.vimeo.com/139644904.)

The gala celebration was sponsored by BMW of Riverside, the Loma Linda University School of Medicine Alumni Association, Beaver Medical Group, and an anonymous donor. ■

Douglas R. Hegstad '80-A talks to attendees of the 50th Anniversary Gala for the Internal Medicine Residency about the history and future of the department.

Upcoming Alumni Events

March 4-7
2016 Annual Postgraduate Convention

May 29
School of Medicine Graduation

July 10-17
Romantic Danube River Cruise

Follow the School of Medicine Online

Website: www.llu.edu/medicine

Facebook.com/llusm

Twitter: @LLUMedSchool

Student Blog: www.llu.edu/llusmblog

The Dean's Instagram: @RogerHadley



From left to right, David R. Larson, DMin, PhD, J. Paul Jacobsen, MD, MPH, **Sigve Tonstad, PhD, '79-A**, and Richard Rice, PhD, participate in the bioethics roundtable discussion at last year's APC.

APC 2016: A Preview

March 4-7, 2016

By **Roger David Seheult '00**

I want to personally invite you to join us this year for APC 2016. The APC board does a lot of work preparing for the weekend, but it's worth it! I can still remember the amazed and astonished faces of past awardees for Alumnus of the Year and the inquisitive faces of senior medical students at the

gala. Each year familiar faces greet each other and a bond is formed that no other can replace. We have something special here at Loma Linda and you want to make sure that you're a part of it.

Join us on the web at www.llusmaa.org/apc2016 for a complete rundown of events at APC this year. Here are a few highlights:

Joanne Lynn, MD, MA, MS will kick off the scientific session on Friday morning with the Jack W. Provonsha Lectureship in "Physician Assisted Dying: Peril and Promise." This topic is timely as Governor Brown of California recently signed the "End of Life Act" making it legal for physicians in the state to prescribe lethal doses of medications if their terminally ill patients wish to end their lives. A panel discussion will follow.

Pastor Randy Roberts, MDiv, DMin, of the Loma Linda University Church will speak on Sabbath and members of the 25th and 50th anniversary classes will participate in the worship services.

Sunday and Monday will feature a number of interesting talks. Wayne W. Grody, MD, PhD, and Nicholas J. Kenyon, MD, MAS, will be speaking on "Adventures in Clinical Genomics" and "Novel Treatment Algorithms for Difficult-to-Control Asthma" respectively. The departments of general surgery, otolaryngology, and plastic surgery will also hold symposiums on Sunday.

This year we are celebrating 25 years of proton therapy at Loma Linda University with a symposium on Monday afternoon featuring **Jerry D. Slater '82**, **David A. Bush '92**, Gary Yang, MD, and Andrew Wroe, PhD.

Perhaps the most significant change this year for APC is that the gala will be on Sunday night instead of Monday night as in the past. This will be the gala's second year at the refurbished Riverside Convention Center. You will not want to miss the excitement on Sunday night. Please get your tickets early.

Come see what it's about. This is not the year to be left out—your Alumni Association is inviting you. ■

Scientific Program Featured Speakers

Plenary Sessions



Joanne Lynn, MD, MA, MS

Director, Center on Elder Care and Advanced Illness for Altarum Institute
Jack W. Provonsha Lectureship
"Physician Assisted Dying: Peril and Promise"



Wayne Grody, MD, PhD

Professor, Departments of Pathology and Laboratory Medicine, Pediatrics, and Human Genetics at UCLA
Director, Diagnostic Molecular Pathology Laboratory
"Adventures in Clinical Genomics"



Maie St. John, MD, PhD

Associate Professor-in-Residence, Department of Head and Neck Surgery
Co-director of the UCLA Head and Neck Cancer Program
"Advances in Aesthetic Surgery"



Nicholas J. Kenyon, MD, MAS

Co-director, UC Davis Asthma Network
Professor, Department of Internal Medicine at UC Davis
"Novel Treatment Algorithms for Difficult-to-Control Asthma"

Specialty Symposiums



General Surgery

Jasmine M. Wong, MD

Assistant Professor, UCSF Department of Surgery
Member of UCSF Comprehensive Cancer Center Team
"DCIS: Management and Controversies"



Otolaryngology

Sandra Lin, MD

Associate Professor of Otolaryngology and Head and Neck Surgery at The Johns Hopkins Hospital
"Allergy Immunotherapy: Shots, Drops or Tablets?"



Mohsen Mabudian, MD

Allergy and Immunology Specialist at Beaver Medical Center
"Primary Immunodeficiencies and Sinusitis"



Bradley Strong, MD

Professor and Vice Chair, Department of Otolaryngology at UC Davis
"Physician Assisted Dying: Peril and Promise"



Plastic Surgery

Lawrence Gottlieb, MD

Professor, Department of Surgery at the University of Chicago
Director, Burn and Complex Wound Center
"Ethics of Palliative Reconstruction"
"Acute Burn Care and Delayed Reconstruction"
"Upper Extremity Burn Reconstruction"
"Facial Burn Reconstruction"

APC Registration

Alumni should have received registration packets in the mail (if you did not receive one, please contact our office). You may also register at APC. For more information, visit www.llusmaa.org/apc2016 or call our office at 909-558-4633. We look forward to seeing you at APC 2016!



Medical students lead music at Friday night vespers during APC 2015.

Sabbath Afternoon

Fellowship Luncheon

Wong Kerlee Conference Center, LLU | 12:15 p.m.
\$25/adult, \$15/child ages 3-11, tickets available at door

AIMS Meeting & Mission Symposium

Wong Kerlee Conference Center, LLU | 1:30 p.m.
Everyone is welcome. Come enjoy reports from global service missionaries in training, meet the Global Service Award recipient, and discuss "What is the Future of North American Missionary Doctors?"

Worship Programs

Morning Devotionals

Speaker: Chris Oberg
Centennial Complex
Friday, Sunday, Monday at 7:45 a.m.



Chris Oberg

Friday Night Vespers

Speaker: Chris Oberg
Loma Linda University Church | 7:00 p.m.

Chris Oberg is senior pastor at the La Sierra University Church. She completed BA and MA degrees in religion at La Sierra University and describes her work on campus as one of life's grandest blessings. Her husband, **Kerby C. Oberg, PhD, '91** teaches at LLUSM.

Sabbath Worship Services

Loma Linda University Church
9:00 a.m., 10:25 a.m. (Re:Live*), and 11:45 a.m.
With Randy Roberts, senior pastor

The SM 25th Anniversary Class is organizing Sabbath School at the Randall Amphitheater at 10:30 a.m.

(*a Young Adult Contemporary Service)

Medical Auxiliary Mission Vespers

Loma Linda University Church | Sabbath at 4:30 p.m.



Gary K. Frykman '65 (left), Michel Evard '65, and Dr. Evard's wife, Janene, enjoy social hour before the 2015 APC Gala.

APC Gala

SUNDAY*, March 6, at 7:00 p.m.

(Social Hour begins at 6:00 p.m.)

Venue: Riverside Convention Center

Featured Entertainment: Musical numbers and short videos featuring LLUSM Class of 2016 students

(*Please note the change of day from previous years.)

For photos and videos of APC visit us online at: www.thecentralline.llusmaa.org

Facebook.com/llusmaa | Instagram: @llusmaa | #llusmAPC2016

Class Reunions

PIONEER Saturday, March 5, 6:00 p.m.
Peterson Room (\$35 Fee)
Coleman Pavilion
Andrea Schröer (909-558-4633)
aschroer@llu.edu

1947 Saturday, March 5, 6:00 p.m.
Rock Room, Wong Kerlee
Conference Center, LLU
Robert Mitchell
bgmitc@verizon.net

1948 Saturday, March 5, 1:00 p.m.
Cafeteria, LLU Hospital
Frank Damazo
thedamazos@aol.com

1952 Saturday, March 5, 6:00 p.m.
Hispanic Room, Wong Kerlee
Conference Center, LLU
Roy Jutzy
rvaljut@yahoo.com

1953-A Saturday, March 5, 5:00 p.m.
Coggin Residence
Robert Horner
rlhhands@gmail.com

1955 Saturday, March 5, 12:30 p.m.
Hilton Garden Inn
1755 S. Waterman Ave.
San Bernardino, CA 92408
Ralph Longway
ralphlongway@gmail.com

1957 Saturday, March 5, 12:00 p.m.
Hilton Garden Inn
1755 S. Waterman Ave.
San Bernardino, CA 92408
William Jacobsen
billyj92308@gmail.com

1958 Saturday, March 5, 6:00 p.m.
Jesse Room, Wong Kerlee
Conference Center, LLU
Stewart Shankel
stewart.shankel@ucr.edu

1960 Saturday, March 5, 7:00 p.m.
Napoli Italian Restaurant
24960 Redlands Blvd.
Loma Linda, CA 92354
George Chonkich
gchonkich@gmail.com

1961 Saturday, March 5, 6:00 p.m.
Faculty Lounge, Coleman Pavilion
Bev Krick
ebhk@verizon.net



Members of the Class of 1970 pose for a photo at their 45th reunion last year.

1963 Saturday, March 5, 5:30 p.m.
Old Spaghetti Factory
1635 Industrial Park Ave.
Redlands, CA 92374
Lamont Murdoch
lmurdoch@llu.edu

1966 Golden Anniversary - 50 Years
Saturday, March 5, 4:00 p.m.
Heritage Room, Loma Linda Academy
10656 Anderson St.
Loma Linda, CA 92354
Douglas Smith
douglas40smith@verizon.net

1968 Sunday, March 6, 6:00 p.m.
Lotus Garden
111 E. Hospitality Lane
San Bernardino, CA 92408
Lavon Nolan
lavonnolan@roadrunner.com

1969 Saturday, March 5, 2:00 p.m.
Ziprick Residence
Doug Ziprick
knziprick@gmail.com

1970 Saturday, March 5, 6:00 p.m.
Wettstein Residence
Wendell Wettstein
ws70goat@att.net

1976-A Sunday, March 6, 11:00 a.m.
Napoli Italian Restaurant
24960 Redlands Blvd.
Loma Linda, 92354
Linda Olson
lolson@ucsd.edu

1976-B Saturday, March 5, 6:00 p.m.
Catalano Residence
Karen Wat Nielsen
kwatnielsen@yahoo.com

1979-B Saturday, March 5, 1:30 p.m.
Ferry Residence
Linda Hyder Ferry
lhferry@aol.com

1981 Saturday, March 5, 4:00 p.m.
Zapara Pavilion Conference Room
25333 Barton Rd.
Loma Linda, CA 92354
Roger Woodruff
rdwoodruff@gmail.com

1986 Saturday, March 5, 1:30 p.m.
Carritte Residence (Potluck)
Marilene Wang
mbwang@ucla.edu

1988 Saturday, March 5, 1:00 p.m.
Isaac Residence (Potluck)
Patti Batin
pattipan628@yahoo.com

1991 Silver Anniversary - 25 Years
Saturday, March 5, 6:00 p.m.
Redlands Country Club
1749 Garden St.
Redlands, CA 92373
Paul Chung
llusm1991@yahoo.com

1996 Saturday, March 5, 6:00 p.m.
Lazar Residence (\$30 Fee)
Dannielle Harwood
dharwood100@sbcglobal.net

If you are organizing your class reunion and do not see your information listed here, please contact our office at 909-558-4633.



A group of workers and leaders of the College of Medical Evangelists stand at the groundbreaking of the new physiology building, circa 1940. Edward Henry Risley 1904-AMMC, for whom the building was eventually named, stands second from the right in the dark suit and tie.

Risley Hall: More than 75 Years of Research and Basic Sciences

By **Dennis E. Park, MA, hon-'07**, consulting editor/historian

The Alumni JOURNAL has a rich history of revealing to readers “what is on the drawing board” for the Loma Linda University campus. The first photograph of a campus construction project appeared in the March-April 1931 JOURNAL. The four-photo collage featured the new dog kennels used by researchers and faculty of the physiology and pharmacology departments. Ironically, the first architectural rendering of a new campus building appeared on the cover of the May 1954 issue. The building: the new dental school, known today as Prince Hall. In this issue, you will find that the tradition continues.

During the 1930s and into the 1940s, the small campus of the College of Medical Evangelists experienced significant changes in its structural landscape. In 1934, Burden Hall (a hall for worship and the progenitor of the University Church) was erected near the old South Lab in the

southeast section of the campus just west of Loma Linda’s namesake mound. Two years later, the anatomy building, Shryock Hall, and the pathology building, Evans Hall, were the first of the “modern” basic science buildings to be built, located north of Burden Hall and paralleling Stewart Street. The worship hall and two basic science buildings formed a sort of L, spun 180 degrees—leaving only one corner building missing to complete a campus square.

Soon enough, however, a third basic science building—the physiology building—was “[e]rected by local friends and alumni in 1940” in the southwest corner, completing the campus square and defining the boundaries of what

is known today as the quadrangle. These three buildings served the basic science needs of the campus for almost four decades until, in 1980, the Alumni Hall for Basic Sciences was constructed (see the September-December 2015 issue for more of that story).

For 20 years the physiology building was known simply as the “physiology building.” Then in 1960, the school officially named the building in memory of **Edward Henry Risley 1904-AMMC**, “[i]n grateful recognition for a lifetime of devotion and service to medical education.”¹ Dr. Risley, a graduate of the American Medical Missionary College, had served the school for 35 years, from 1910 to 1945. He

was known as a “gentle dean, inspiring teacher, kindly associate, and author.”²

In 1960, a plaque recognizing Dr. Risley for his years of service was placed on the exterior wall just to the right of the main entrance to the building. The naming of Risley Hall was appropriate, for it was during his tenure, with help from alumni, “that new basic science buildings were built on the Loma Linda Campus, including (to be named later) Evans, Cutler, Shryock and Risley Halls. Burden Hall . . . was also built during his tenure.”³

All known areas of the basic science of physiology were taught to students of the schools of medicine and nursing in the “physiology building.” Today, Risley Hall—shorn of its top floor, destroyed by fire in 1964—is still used for basic science instruction and research. In addition, the departments of physiology, pharmacology, microbiology, and biochemistry continue to use the building, and the schools of religion and allied health take advantage of its lecture amphitheatres. The other 50 percent of the building is devoted to neuroscience research.

Over the next few years, it is once again anticipated that the campus quadrangle will see a major change to its profile. Because of accreditation requirements, the need for more research space, and the need to keep up with cutting edge technology, the University is planning to build a \$50 million research complex as part of Vision 2020: Campaign for a Whole Tomorrow. Where will it be constructed? According to **Richard H. Hart '70**, president of Loma Linda University Health, “Risley Hall will be razed (to retrofit the building would not be financially prudent) and the new research building will be erected on that spot.” Dr. Hart and the University board hope that once the funds are raised, the new research building will be completed by the year 2020 (see Dr. Hart’s article on page 26).

And so it goes. The campus continues to grow and change with the times: Risley Hall, Vision 2020, and research all in the name of God and “To Make Man Whole.” ■

Editor’s note: This article is the last of the series, by this author, featuring the Loma Linda University quadrangle. See prior issues of the Alumni JOURNAL to read the other features.

Endnotes:

1. Taken from the dedicatory plaques on Risley Hall.
2. *ibid.*
3. Carrol S. Small, et al., Diamond Memories, page 64.

Dennis Park is former executive director of the Alumni Association. He enjoys writing about the history of the Association and the Loma Linda community and is the author of “The Mound City Chronicles: A Pictorial History of Loma Linda University, a Health Sciences Institution.”



Top: The newly completed physiology building circa 1940, later named after Edward Henry Risley 1904-AMMC. Middle: Risley Hall burns as students and faculty stand by on Wednesday, February 12, 1964. Above: An artist’s rendering of the Center for Health Discoveries, planned for construction within the next few years on the location of the current Risley Hall.

Making a Bigger Difference

From delivering entire families to building stronger teams, Dr. Hansberger is all about improving the lives of those around her

Interviewed by Chris Clouzet, *staff writer*

For 20 years, **Karen Gaio Hansberger '91**, an OB-GYN, had “the best thing in the world.” She was in private practice in Loma Linda, and she and her partner, **Laurel A. Munson '78-A**, “were perfect compliments to each other.” But medicine has changed, she says, and they saw the

handwriting on the wall. Were they willing to dish out the big bucks to keep a practice going that probably didn't have much life? They decided to call it quits. For Dr. Munson that meant retirement. For Dr. Hansberger—a sabbatical and the chance to do things she never could while running her own practice, like go on an overseas mission trip. It was wonderful, she says, but after a year she was ready to get back to work.

“And so the Lord works in mysterious ways, as they say, and here I am.” “Here” is the White Memorial Hospital in East LA as chief medical officer. It's a new role in a new place (she often drives one and a half to two hours one way to and from her home in Redlands), but she seems to like it just fine.

This year is Dr. Hansberger's 25th-anniversary since graduating from Loma Linda and she kindly took the time to answer a few questions about her career, medicine, and her perfect day off.

Is this new position at the White quite a different role?

It's a very different role. I ran my own business for a lot of years, so there are parts of it that feel very comfortable. But it's been a big mental transition for me. One day I thought, *Oh my gosh, they're just paying me to talk to people!* I used to go deliver a baby or talk to a patient. It's a big paradigm shift to spend my life now trying to build team.

The first half of my life I was Marcus Welby. When I was a kid he was the quintessential family practice doctor who went to the hospital and held hands with his patients. I wanted to be Marcus Welby. The truth is that for over 20 years of my life I got to be that. I had it as good as medicine gets for 20 years.

I wanted the next part of my life to be about building something bigger than myself, a team of people that do

great things. If you can be in a place where you can actually build a team of people that have that same vision and service and commitment, then you're doing something so much bigger than you can do in your own little world.

What got you into medicine in general and OB-GYN specifically?

I think I was just born to be a healer. I said when I was 3 that I was going to be a doctor and I guess I'm one of those people who keeps my word. Honestly, I thought I was going to do family practice. But when I was at Riverside County doing my OB rotation, I loved it. I'd be up at four in the morning, I hadn't slept a wink—and I was in *heaven*. **Wilbert Gonzalez-Angulo '67** came over to me one day and said, “You know, you should think about doing this.”

I said when I was 3 that I was going to be a doctor and I guess I'm one of those people who keeps my word.

I love everything about it. It's primary care. I love taking care of women. I love delivering babies because it's magic. I enjoy doing surgery. It's just a good balance for me. I've delivered entire families—all five kids in one family, all four kids in another. That you get to be a family's obstetrician is just unheard of nowadays. I love it when I'm at the grocery store and I've got flour in my hair and I'm in sweats and somebody goes, “Hi, Dr. Gaio!” And here's some little kid that I delivered. And I go, *Wow, how much better does life get than that?*

Have you had any mentors along the way? What have you gained?

I've had a ton of mentors. Wil Gonzalez was an amazing person, just a good soul altogether. **Robert J. Wagner '69**.



Karen Gaio Hansberger '91

John D. Jacobson '70. They probably taught me the most about how to operate than anyone else. As far as residency is concerned, those would be the people I owe a lot to.

I don't mean this in any way disrespectfully, but other mentors were who I would call the "battle ax nurses" that raised us. When you were a resident they would call: "I don't like the way your patient looks." And one time you wouldn't listen to them. You'd say, "What are their vital signs? It sounds fine." And your patient would crash. Then the next time they called you you just said, "I'm on my way."

Partially it was because they had seen everything and done everything and knew far more than I did, quite frankly. I have to trust the nurses to be my eyes and my ears so that I'm the physician I want to be. And the better they are the better I am.

It's always so hard to just be the passenger in your own life, instead of the driver.

My patients over the years have taught me a lot. Physicians have the privilege of hearing people's stories, the good and the bad of that. And when you see people stand up and fight back and take their lives back when really hard things have happened to them, you learn a lot. It inspires you. You're a better person because of it.

What are some of the lesser-known, behind-the-scenes parts of being an OB-GYN?

When you're doing it right, you get to be God's hands. He's chosen not to come down and deliver every kid. There are moments in time when almost every physician can say, "I know at that moment I was used in some way."

One time I was delivering a patient who was 45 years old. She had had kind of a tough life, found a way, found God, gotten married, and didn't think for a minute that she'd get pregnant. When you're an OB-GYN you have these conversations: "Well you're 45, your chances of having a baby with Down syndrome is 1 in 10." It's trisomy 13s and 18s, and you're doing all this counseling. She and her husband said, "We believe God is only going to give us good things. So if that's what happens it's what's meant to be." Really? Oh! Okay, I can go with that.

Fast forward. Little skinny thing, she gets gestational diabetes. Usually that means the diet gets really restrictive and I have to say, "Come on, you can do anything for two months." She said: "I am so grateful you put me on this diet, I feel so much better." *Really?* I came to love this woman over time.

She comes into labor and I was getting over a cold. I was tired. I didn't feel good. Her urine turned out to have

a little bit of protein in it. I look at her labs and she is full-blown HELLP syndrome. Her platelet count is 41,000. Her liver enzymes were elevated, her platelet count was so low I couldn't give her an epidural. It was going to be one heck of a night.

I'm looking at this, taking a deep breath. *Really, God? Seriously, her?* I had to tell her, "You might not survive this. Once the baby's delivered and the placenta comes out you could bleed out. I can't give you an epidural." I literally prayed all night long with her. I threatened God. I said, *Not on my watch!* And I went in for the first time in my life to deliver somebody with five units of blood and five adult packs of platelets sitting in the room waiting.

The woman had amazing stretch, which is crazy for a 45-year-old. She had two little tiny tears—didn't bleed at all. I sat there sweating. The baby's crying; everything's good: the placenta comes out, and the uterus contracts. I mean, it was less bleeding than a normal delivery.

This is not because I'm such a great obstetrician. Talk about divine intervention. I was just standing there catching, but it's something I'll never forget in my entire life. I said to her afterward, "I just want you to know how special you are to God. It all worked out great. And you're great. And your baby's beautiful." Those are the kind of moments in life you go, *Wow, who gets to do that?*

What has been the happiest moment of your career?

I have had lots and lots of those—like the grocery store. Or when I got a card from a patient whose son was now five years old. She'd gotten pregnant and her boyfriend just basically couldn't handle it and took off. And we became her support system.

She had moved away and she wrote me a letter that she was doing well, that everything had gone fine, and how much she appreciated that I believed in her and told her she could do it. And I thought, *I don't remember doing that, honestly.* That's a pretty happy moment—it was all her work, but if I had a small hand in giving her the ability to hear the sound of her own voice, feel her own strength, make her believe in herself? That's pretty cool.

What is success to you?

Success to me is living the dream that God has for your life. That's success.

To what do you attribute your success?

Divine intervention. I've done what I was meant to do. When you do what you were meant to do in life, what you love to do, I don't think you can help but be successful. It's not that you don't have roadblocks along the way and tough times and all those things.

Early in my career I had left the county and was in practice, but not with Laurie at the time. And I was thinking *this really isn't working.* I prayed, "God, I want my career to be about You, where You want me to be." Everything fell into place. If I had chosen for myself, I would not have chosen as well, quite frankly. It's always so hard to just be the passenger in your own life, instead of the driver. I have a hard time with that, but I've come to realize that I won't choose as well for myself so I try to step back and not feel like I have to drive things all the time.

Of what accomplishments are you most proud, whether personal or professional?

I was an elected official and actually the mayor of Loma Linda at one point in time—a five-year foray into politics and a story in and of itself. In the process of running for election, I realized that Loma Linda did not have a paramedic program in the fire department. They couldn't do anything besides basic CPR in your house—no shocking your chest, no putting in an IV, nothing. Basically, I said this is ridiculous and unacceptable and I ran. Six months later we had paramedics in Loma Linda. That to me is probably one of the prouder moments of my life, because who knows how many people those firefighters have made a difference in along the way? They did most of the work in making it happen, but I had a part. To me that's a proud moment.

On a tangent, what's your idea of a perfect day off?

I would probably start it by doing tai chi exercises in the morning, which I love and started doing while I was on sabbatical. I would take my dog, Max, for a long walk. Just being around the house, gardening and relaxing, or sitting and reading and taking a deep breath. Simple things. Making a good pot of soup, some fresh bread. Sounds perfect.

Vegetables or flowers?

Both. We actually are on an acre and a half. We've got almost an acre of oranges. Since we've moved in we have picked them, bagged them, and we sell them on the road by the house. The money we raise from them we give away. And we have a vegetable garden. We grow a lot of the stuff we eat.

I was wondering if anything you grew ended up in that day-off soup.

Oh absolutely. There are a lot of days—months—when I don't buy vegetables. In the fall you have to pull out everything and start again and then by winter you'll get some things. By early spring we've got broccoli, lettuce,

cabbage, kale, carrots, beets. Lots of peas. Food just doesn't taste as good unless you go out and grow it yourself.

Then I have my roses and my flowers. I actually love to weed. I find it incredibly therapeutic because nobody every bothers you when you're weeding.

They don't want you to invite them.

Exactly! You can sit there, the birds come, they sing to you. It's just wonderful.

You started a social justice and human rights scholarship at La Sierra in honor of your mother, Genevieve M. Gaio. Tell us about that.

My mother was a really special woman. She taught me to see life through the eyes of another person. I thought about what she had given me and I didn't want anyone going through college unable to have an experience that opened them up to seeing the world through the eyes of somebody else. So the scholarship basically gives money to students who have a project—anything outside of their comfort zone.

One student, Lisa Hernandez, spent a month in a Buddha's Smile School in India where they take the untouchable kids for free. Dennis and I have started helping out the school because we think it's so cool. It was a real blessing for us.

Another student went to an orphanage in Morocco and worked there for the summer. The students and the projects they come up with are just amazing! It's been everything I've wanted it to be. I really believe that if we can get out of our own worlds and see the world differently it changes our lives. And sometimes it actually helps us find our way, what we're meant to do in the world.

I really believe that if we can get out of our own worlds and see the world differently it changes our lives.

You and your husband went on a medical mission trip to Kenya last year. Can you just share something valuable you learned while there?

Serving overseas was one of the things on my bucket list, because it was so hard to do when we were running our own business. We got to go with A Better World Canada and they are amazing, started by two Adventist guys.

I saw that the people were so happy and grateful for life. It wasn't just us being there, but that there was a joy in their lives. And when you look at what they have, compared to us, there's not a whole lot to be joyful about. But there's just a happiness about people in Kenya that when you come back you start realizing, *I have nothing at all to be ungrateful for.*

Now, a question about the field of OB-GYN. I read that there seems to be increased interest and some changes the last few years. What have you seen change over the years?

Well, the science changes. Technology to some degree changes. Gynecology has probably seen more of that than obstetrics has. There are far more women in the field than when I trained, which I think is cool. I think that our class was about 50/50 and that was a big deal. Now, all the residents at the White are female; maybe there's one token male. It's becoming a woman's specialty.

The things I see in it I see in medicine in general. We don't have as much ownership for our patients as we used to, because we have more of a mentality of *I'm on call; I'm not on call*. And I completely understand why younger physicians don't want to do what I did. A lot of physicians, especially physicians older than me, got to retirement and didn't have much life left because they didn't invest in other things.

But I think we can miss so much about what gives us joy in medicine because we are sacrificing some of the relationship. How do we build a team around our patients so that they feel the relationship is still intact? that they have people who are on their side? that we still get the joy of being able to care for them? Because at some point in time it's like, "Okay, I can do a hysterectomy in my sleep." That isn't where the joy is going to come from. Joy is going to come from the relationships that you have with the people that you care for and the moments in time where you get to be God's hands.

That isn't where the joy is going to come from. Joy is going to come from the relationships that you have with the people that you care for and the moments in time where you get to be God's hands.

That seems to be a theme I'm hearing these days.

I have patients who would come up to me and say, "You're the only doctor that touches me." We're looking at our computer, we're ordering our tests, everything's becoming electronic and we forget—our hands have the ability to heal. A patient's eyes will tell you so much more about what's going on in her life than her words will. It may be a patient's life is falling apart, she feels terrible, his thyroid just quit on him. We're not just doctors, we're healers. Healers heal body, they heal mind, they heal soul. They're there for all the things that really matter in a person's life. And that's how people get well, not just by cutting out their bad gallbladder.

Is there anything exciting in your future that you're looking forward to?

Well, I love the White. It embraces service to a community of people who have gotten very few breaks in life. I'm so proud to be a part of that.

At our annual Christmas tree lighting I didn't quite know what to expect. I was the newcomer. So I'm just doing my administrative thing, being supportive. But they've got choirs, face painting, petting zoos, family pictures, Santa Claus, the LA opera—besides the Christmas tree lighting. For those kids that's their Christmas. And there were *hundreds* of them.

A patient's eyes will tell you so much more about what's going on in her life than her words will.

It was all for no reason except to do it for the community. Every month they go to the Dolores Mission, which is run by the Catholic diocese in LA. We actually make dinner with food from the cafeteria: tacos, or pozole last week. We eat with people who are homeless. I thought, *You know, it's the partnerships with the community*. They've started clinics partnering with the YMCAs that are in Montebello and East LA. In all that East LA area we're trying to effect population health. That's something I'm passionate about now. I really want to spend the next part of my life creating medicine for health instead of reacting to sickness, which is what we've done for so long.

Around the time that we were closing our practice, I had an idea of using geographic information software to map health in microcommunities. If you're a hospital—Loma Linda, the White Memorial—you take your hospital data, OSHPOD data, LA Care data or IHP data, and you start looking at hotspots and then planning your clinics or your interventions around where diabetes risk is high so that those people don't have to go far.

You can take that and ask, "Do they have a place to get fresh food? Do we need to intervene with government and say, 'You need to have some grocery stores around here for these people? This is a health issue, this isn't just a planning issue. This is what you're going to pay if you don't fix this.'"

We're putting diabetes classes into the YMCA so people can go and have support and exercise. There's a mobile van that does 2,000 free mammograms a year in the East LA area. They picked up 40 breast cancers last year, I think, women who never would have been screened without that.

Those are the kinds of things I'm excited about. I'll do whatever I can to magnify that and to make it stronger, to serve more people and make a bigger difference. If I can do that I'll have spent the second half of my life pretty well. ■

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- St. Helena
- Ukiah
- Willits

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- Walla Walla

HI:

- Kailua



Family Medicine—Its Genesis at LLU and the First Two Years

By **Raymond O. West '52**

It all began in mid-summer of 1971 when the dean of the School of Medicine invited me to his office to answer some questions about family medicine in a specialty oriented medical center.

I had come to Loma Linda University in 1967 with a dual appointment to teach epidemiology for the new school of health and to lecture to medical students in the department of preventive medicine. As a clinician I was a family doctor, and as an academician, a preventivist with emphasis in epidemiology.

The dean at that time, **David B. Hinshaw '47**, was considering the pros and cons relating to a department of family medicine for LLU. Fortunately, I had recently attended a seminar that was designed to jumpstart family practice departments on university campuses. So when the dean asked the questions, I had the answers.

I was able to inform him that there were five basic, non-negotiable requirements right up front. They were: 1) a defined budget, 2) a faculty of family physicians, 3) a curriculum, 4) a defined department home, and 5) hospital admitting privileges for the family medicine faculty.

Some weeks later the dean summoned me again and asked me to chair his proposed new department. His instructions demanded that I begin at once to meet the requirements for an accredited department and a residency. He bade me lose no time in establishing this new department.

I persuaded **James M. Whitlock '53-A** to move his Redlands practice to the campus just as soon as we could arrange a department home. His first assignment was to draw up plans for an outpatient clinic with offices for three full-time physicians, a conference room, examining rooms, reception and waiting area, nurse's workrooms, etc. Within a few weeks a mobile unit of about 3,500 square feet was established on the campus not far from the entrance to the emergency department. I recruited an appropriate cadre of nursing and office staff.

Immediately, I wrote a grant request and almost before the signatures were dry we were informed that the request for about \$350,000 was granted and funded by federal agencies.

As things developed we learned that the new board of family medicine would accept no "grandfathering" into the board. Board-qualifying written examinations were

to be offered imminently and part of the two and one half day exam session would be on Saturday. We arranged meetings with the board president and others to make a case for special non-Sabbath scheduling. It was not long before we were able to announce to Seventh-day Adventist family physicians nationwide that we would be writing after sundown on Saturday evening, well into the early morning hours, then reconvening early Sunday morning to continue. We invited them to contact us, pay the fees, and come to write the exam. It worked seamlessly.

Looking back, I am disposed to admit that this was among the most valued contributions that we provided. We offered our facility to Orthodox Hebrew physicians, and several of them took advantage of this unique chance to write their board exams and qualify as board certified family physicians.

Some weeks later the dean summoned me again and asked me to chair his proposed new department. ... He bade me lose no time.

Word was out to the appropriate medical school committees, and soon we were taking names of senior medical students who were seeking first year residency status. Soon, we had accepted six residents. Meanwhile, I recruited another full-time family physician, in the person of **Lois A. Ritchie '63**.

Several physicians volunteered to chief our residents in our clinic. Three of them were outstanding. John Garman, MD, and Gabe Smilkstine, MD, gave freely of their skills, coming out from the Covina area. Later, when we were disenfranchised, they moved to the University of Washington where John became chief of their family practice program. Gabe joined him there. The third outstanding physician was **Duane W. Bradley '51** who flew down from Central California to chief in the clinic for two or three days monthly.

Faculty members of the School of Medicine came in regularly to conduct seminars and make presentations related to their specialties.

While all was meshing nicely, I continued to teach epidemiology in the school of health and preventive medicine in the School of Medicine.

Within six months of our genesis we had accomplished the demands of our dean: "Get the department established and do it rapidly." We had our department home, a faculty, a curriculum, a defined budget. We had done it all, in record time and effectively. But one thing we lacked: *We did not have admitting privileges for our faculty.*

We had done it all, in record time and effectively. But one thing we lacked: We did not have admitting privileges for our faculty.

We were aware that a significant number of the medical center specialists had not made us welcome. While many applauded our progress, others wanted no part of us. While we made many friends, we failed to convince others that family medicine should coexist with them on the campus. That was not surprising considering that family medicine was in its infancy, especially on medical school campuses.

As months flew by I asked the dean for an invitation to make our case at a medical staff meeting. He politely

assured me that he would take care of our admission privileges, and all in good time. Several times I repeated my request and reminded him that soon we would be visited by accreditation personnel. We would lose our two-year provisional status unless we were granted admitting privileges to the medical center.

Weeks went by and finally the dean informed me, regretfully I thought, that he had been unable to persuade his staff to grant us admitting privileges (neither in the medical center nor the local community hospitals). Thus, he had decided to dissolve the department and move our residents to a new program in Glendale Adventist Hospital. And with it of course would go our grant funds.

And that's what happened. My best efforts had come to naught.

I had failed and sorely needed a success. Within a few weeks I was invited to Florida Hospital in Orlando to establish a new family practice residency. I accepted and presided over the birth of a new and highly successful family practice department. ■



Dr. West is a retired family practice physician and former editor of the *Alumni JOURNAL*. In 2013 he published his book "Confessions of a Christian Physician."

What's Your Plan?

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— Dr. Garry FitzGerald

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**LOMA LINDA UNIVERSITY
HEALTH**

Family Medicine—Its Growth and Current Status



By **Roger D. Woodruff '81**
Chair of the Department of Family Medicine, LLUSM

The early history of family medicine at Loma Linda, as **Raymond O. West '52** has so aptly described in his article on page 20, illustrates the challenges of establishing this important specialty in an academic medical setting. These challenges may come as a surprise to many,

knowing that over the years such a large number of alumni had entered general practice. Nevertheless, at that time the obstacles to welcoming this newest of “specialties” to the medical school curriculum were daunting, not only at Loma Linda, but at other medical schools across the country as well. It is now my privilege to provide a report on the amazing progress that has occurred over the years, right up to the present successes of the department of family medicine at Loma Linda University!

A notable change during the intervening years since the department’s beginning is the tremendous growth and maturing of family medicine nationally as the premier primary care specialty responsible for the comprehensive health management of a large segment of the population. Currently, there are more than 120,000 physician and student members of the American Academy of Family Physicians, which is the only medical society devoted solely to primary care. Family physicians conduct approximately one in five office visits, accounting for

214 million visits per year. This is 48 percent more than the next most visited specialty! And importantly, family physicians are more proportionally distributed to the U.S. population than any other specialty.

Family physicians conduct approximately one in five office visits, accounting for 214 million visits per year. This is 48 percent more than the next most visited specialty!

At the medical school educational level, family medicine is one of six required disciplines in the curriculum. Our faculty continues to participate in multiple areas of training in the School of Medicine. There is a required junior clerkship in the discipline, as well as elective time in the senior year. Faculty members participate in the physical diagnosis coursework, the



Many of the current family medicine residents and core faculty gather for a group photo in early 2016. Following are the names, with faculty indicated by (F) and the rest being residents. First row, left to right: **Sara E. Halverson '09 (F)**; **Lauren Simon '93-res (F)**; **Turya Nair, MD**; **Van Nguyen, DO, (F)**; and **Sara Jane Aney '14**. Second row: **Jian Chen, MD**; **Pallavi Bains, DO**; **Armando Lemus-Hernandez, MD, PhD**; **Jeffrey Cho, MPH, '14**; **Jacqueline Uy, MD**; **Gina Henry, MD**; **Mary Goodrich, MD**; **Melissa Mondala, MD**; **Carolina Perry '14**; **Fiyinfoluwa Fawole, MD**; and **Mai-Linh Ngoc Tran '15**. Third Row: **David C. Ward '08 (F)**; **Jonathan Brick, DO**; **Jeffrey Kim, MD (F)**; **Wilber Alexander, PhD, '93-hon (F)**; **Lucas Shanholtzer, MD, MPH**; **Regina Mackey, MD**; and **Roger D. Woodruff '81 (F)**.

simulation lab, and in didactic sessions for medical students. Our residency was the first clinic to fully transition to the SACHS (Social Action Community Health System) clinic in San Bernardino, which will soon be home to many of the outpatient residency rotations for other Loma Linda residency programs. Interestingly, our family medicine residency is one of the largest programs

With this strong presence of family medicine at Loma Linda, 34 of our senior medical students successfully matched in 2015 to accredited U.S. family medicine residencies (more than 20 percent of the class), continuing a trend from the '90s.

in the country to be located in a FQHC (Federally Qualified Health Clinic). With this strong presence of family medicine at Loma Linda, 34 of our senior medical

students successfully matched in 2015 to accredited U.S. family medicine residencies (more than 20 percent of the class), continuing a trend from the '90s.

Consistent with changes in health care delivery nationally, family physicians at Loma Linda are now integral in the management of the patient populations necessary for a vibrant health system and teaching program. Consistent with this increased role and focus, family medicine has become central in the expansion of managed care insurance contracting. Along with general internal medicine, family physicians help to deliver and coordinate expert care at the best locations and are responsible to a great extent for accurate coding that reflects the disease burden of patients. We are now into the second year of our first Medicare Advantage contracts and will be expanding this critical work in the years to come. This and other strategic payer contracts rely on a strong primary care foundation within the Loma Linda system. Thus, the various tertiary and quaternary services



In June 2015, the LLU family medicine department celebrated a milestone at its Annual Resident Banquet Graduation: the 25-year anniversary of the first graduating class of residents. Four of the original six graduates were able to attend. With several of the original faculty, everyone was able to reminisce, share the career successes of the original graduates, and create dialogue between the generations of family medicine alumni and graduates.

In the photo above are the original faculty (F) and residents (R) who were able to attend the celebration, along with spouses and others. From left to right are **Linda H. Ferry '79-B** (F), Danette Gaetke, **Mark J. Gaetke '87** (R), **Wilber Alexander, PhD, '93-hon** (F), **Jasmine J. McLeod '87** (R), Miki Sturges, **Paul H. Sturges '86** (R), **Anita M. Pai '99**, **Shantharam Pai '89-res** (R), Krista Woodruff, **Roger D. Woodruff '81**, Alane

Samarza Hegstad, PhD (F), **Barbara J. Orr '70** (F), and **Richard S.E. Kim '83** (F). All in attendance shared stories of their career paths, and **Jeffrey C. Kuhlman '87** (the department's first chief resident) and **Dorothy Vura-Weiss '90-res** sent bio sketches that Dr. Woodruff read to the group. The evening of memories was exciting as all realized the accomplishment of this strong and enduring program.



Walter P. Ordeltelheide '54



Timothy Eldon Neufeld '70



John K. Testerman '80-B

and teaching programs at the medical center are increasingly dependent on primary care. Among other things, these are reasons for the enhanced status of family medicine at Loma Linda.

As chair of the department of family medicine, I am now serving on multiple leadership committees in the Faculty Medical Group and in other areas of the Loma Linda University Health system, and have been asked to lead in the creation of a coordinated Primary Care Service Line. The obvious need for this broad initiative has been propelled by changes in health care across the country but has been embraced by faculty in all other specialties and by the health system and hospital leadership. It is gratifying to know that family medicine is now recognized as critical to the future success of the health care and teaching endeavors of Loma Linda!

The current strength and widespread involvement of Loma Linda family medicine is built on the legacy of that early startup effort by Dr. West, followed by the leadership of subsequent chairs including **Walter P. Ordeltelheide '54**, **Timothy Eldon Neufeld '70**, and **John K. Testerman '80-B**. It has been extremely gratifying to now receive the support of other

specialty department chairs and to experience in much more maturity the acceptance of family medicine as a strong and respected specialty at

The current strength and widespread involvement of Loma Linda family medicine is built on the legacy of that early startup effort by Dr. West.

Loma Linda University. As we work through many of the difficult issues now facing all medical education and health care delivery systems, I am thankful for the blessing of being part of the solution so necessary in "continuing the teaching and healing ministry of Jesus, "To make man whole." Family medicine at Loma Linda is now integral in the future of this great institution which was envisioned before its founding as a medical school of excellence and destiny. ■

Dr. Woodruff was the first program director of the family medicine residency in 1987. After practicing in Spokane, Washington, for several years, he returned to LLUSM as chair of the department of family medicine.

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Vision 2020: Loma Linda Prepares to Construct Two New Hospitals



By **Richard H. Hart '70**, President, Loma Linda University



In this artist's rendering, the planned LLU Medical Center looms behind the Children's Hospital. Looking northwest from the intersection of Barton Road and Anderson Street, the current LLU Children's Hospital is just visible at the far left.

It was the summer of 1967 and I had just finished my first year of medical school at Loma Linda. Judy and I had moved from an \$80 per month quadriplex on Court Street to our first home, a little two-bedroom fixer-upper on Yardley Place, bought for \$14,850! I worked that summer at Turner Moving and Storage (“Turner”)

down on Redlands Boulevard, and spent long evenings repairing, termite-proofing, and upgrading our house. At Turner we occasionally picked up and delivered household goods to various places, but most of my time was spent building crates to ship furniture and equipment abroad. I don't remember ever hearing about “container” shipments in those days!

Through the year we had watched the new medical center get topped off and finished inside. So it was not surprising when Turner was asked to assist in moving beds and patients from the old hospital on the hill to the new facility. We rolled the patients—still in their beds—into the moving vans, strapped the beds down, and delivered them to the new hospital. The building was finished on

commencement weekend, 1967, three years to the day after groundbreaking. The total cost was under \$20 million for those original 320 beds. Floors eight and nine were just shelled in at first, but by 1970 they were completed. That was also the year we officially changed the hospital's name to Loma Linda University Medical Center (“Medical Center”).

Today, the Medical Center, heralded for efficiency with its iconic cloverleaf design and central nursing stations, is nearly 50 years old. Though the building has been well maintained, a lot has changed in health care over the past five decades. While the existing facility is seismically sound, and will not collapse even in a severe earthquake, it does not meet California's new 2020 standards, which are scheduled to be even tougher by 2030.

The state first passed laws requiring an upgrade of the seismic standards for hospitals after the 1994 earthquake in Northridge. We obtained a federal grant to help with needed changes, and initial work began. But as the project proceeded, it soon became apparent that making an old building meet new requirements would be much more difficult than originally planned. The state initially

We rolled the patients—still in their beds—into the moving vans, strapped them down, and delivered them to the new hospital.

extended its deadline for hospital seismic requirements to the end of 2014 because many hospitals were not compliant. This gave us some breathing room. But by then the estimated cost for the seismic upgrades and necessary high volume air conditioning improvements

had skyrocketed to \$750 million. We reluctantly made the decision that it would be more cost effective to build a new hospital, with all the improvements necessary today, than to try to upgrade the old towers. Fortunately, by then the state had extended its seismic deadline for another five years to December 31, 2019.

The Challenge

We needed to build a major new medical center, and we had a looming deadline that would be a challenge. Because our Children's Hospital was built in the 1980s, it met all the new seismic requirements. But our NICU was overflowing, the Children's Hospital was often full, and it was clear we needed more space for pediatric patients as well. On the University side, we were out of research space, and were failing to attract students because of our tuition rates and lack of scholarship funds. After considerable discussion on campus and within our



Top: Mr. Larry C. Havstad, contractor; Elder Maynard V. Campbell, chair, board of trustees; and G.T. Anderson, PhD, president of LLU, at the grand opening of the Medical Center, commencement weekend, 1967. Above: Patients were moved to the new Medical Center on July 9, 1967.

board, we developed a strategy that came to be called the Campus Transformation Project—a major construction plan to fill these needs. To prepare for what we knew would be a huge endeavor, we first needed to do some organizational groundwork and prepare for Loma Linda’s biggest challenge in modern times.

Simplifying our Name and Brand

Over the past few decades, our institution has become increasingly complex. Legally, we are organized into three major corporations on campus—the Medical Center with its various hospitals, the University with its schools, and the Faculty Medical Group. The Medical Center is

now made up of six hospitals (Adult, Children’s, East Campus, Heart and Surgical, Behavioral, and Murrieta); the University has eight schools (Medicine, Dentistry, Nursing, Pharmacy, Public Health, Behavioral Health, Religion, and Allied Health); and the Faculty Medical Group has over 800 physicians.

In 1997 we created LLUAHSC—Loma Linda University Adventist Health Sciences Center—our umbrella organization with the task of coordinating these entities as one functional unit. The system worked, but had a cumbersome governance process with three boards meeting simultaneously, and board members voting on the issues with which their board or boards were involved. And our physicians, who had formed their own organizational unit back in the 1960s, were not even part of this system except by contract.

To prepare for what we knew would be a huge endeavor, we first needed to do some organizational groundwork and prepare for Loma Linda’s biggest challenge in modern times.

To meet the challenges of today, we needed a more unified governance and management system on campus. We started with creating UHS—University Health System—to try and pull the doctors and the hospitals into a closer working relationship. That gradually led to incorporating physician leadership into the board meetings; but now we had four boards meeting simultaneously, instead of three. While the new arrangement enriched the discussion and helped us collaborate better, it was even more cumbersome. So in April 2015, we officially created a new single purpose organization and board, called Loma Linda University Health (LLUH), to take the place of LLUAHSC. This name was selected after consideration of many options, and now refers to the entire Loma Linda enterprise. We still speak of the Medical Center, University, School of Medicine, etc., when we need to be specific, but LLUH is our new overall brand name.

Over the next few years we will complete the full integration of various functions, budgeting, and finances across campus. This is already paying huge dividends as we pull together, own our future together, and collaborate much more effectively than we did before. And we have started meeting as one board, with physician representation, and with everyone having a voice and a vote on every issue.

Designing the Hospital for the Future

Now we faced the tough questions. How do you design a hospital for the next 50 years? What will medicine

be like by 2070? What will be the balance of outpatient procedures and inpatient needs? Even now hospitals are gradually becoming large intensive care units. What new techniques or procedures may change the course of health care in the future? We spent hours with various “stakeholder” groups, brainstorming about the hospital for the future. Some concepts were easily accepted, while others were debated at length. Obviously the cost and efficiency required in today’s marketplace also had a huge influence on every decision that we made. We constantly reminded ourselves that every square inch needed to fill a critical need, preferably generating revenue of some kind.

We also debated the question of what makes a “teaching hospital”? Is it just conference rooms scattered here and there? Loma Linda now has over 700 residents

Now we faced the tough questions. How do you design a hospital for the next 50 years? What will medicine be like by 2070?

and fellows in training, in addition to our 650 medical students and thousands of students in other disciplines. How do we maximize their learning experiences? Looming large is the growing importance of “inter-professional education,” or IPE. Accrediting bodies are

now insisting that departments of medicine, dentistry, pharmacy, nursing, and others like allied health share a part of their educational time with each other so that students will understand the skills and functions of the entire health care team. How do you design those features into a new hospital?

Where to Build?

Another issue we faced early on was where to build. Initially we thought the ideal place was an open field west of Loma Linda Academy. But as we calculated the cost of providing utilities and transportation across or under the railway lines running through Loma Linda, we recognized that moving away from our current site would add hundreds of millions of dollars to the project, both now and in the future. It simply made no sense to create another campus north of the rail line, which has become a major freight connection with the rest of the country and is expected to expand. The time, cost, and uncertainty of construction there were prohibitive.

That left us with our current hospital site, close to our power plant and existing infrastructure. But then we had to consider the problem of scarce parking. So we started down the expensive path of building parking structures, beginning with one on the west side of Campus Street, opposite the emergency room. This structure was

Below: A 1969 aerial view of the Loma Linda University Hospital campus clearly shows the distinctive “cloverleaf” towers of the hospital. Anderson Street disappears to the north at the top of the frame and the newly constructed Gentry Gym sits at the top left, where the Centennial Complex now stands.



PHOTOS: (TOP LEFT) (TOP LEFT) (TOP LEFT) LOMA LINDA UNIVERSITY PHOTO ARCHIVE; (TOP RIGHT) DEPT. OF ARCHIVES AND SPECIAL COLLECTIONS; LOMA LINDA UNIVERSITY



This artist's rendering depicts the planned LLU Medical Center and Children's Hospital on the Dennis and Carol Troesh Medical Campus. The intersection of Anderson Street and Barton Road is just visible at the far left.

completed a year ago and provides almost 1,200 new parking spots for faculty and staff.

We are now building a second structure next to the emergency room on the northeast corner of Barton Road and Campus Street. This lot will be for patients and will add another 745 spots. Construction is ready to begin on a final parking structure on the Faculty Medical Office lot, with a pedestrian overpass crossing Barton Road.

Only when these structures are completed can we sacrifice the parking lots in front of the hospital, where we will start construction of the new complex. This location will enable us to connect the new medical center with both the current Children's Hospital and Schuman Pavilion, both seismically up-to-date buildings. This will save major expense.

By late 2013, we had selected a major national firm, NBBJ, as our architects, and McCarthy as our construction company. Together they started guiding the discussion that would eventually lead to a "design and build" strategy for the new hospital complex.

Private Rooms, Earthquakes, and Other Design Issues

Loma Linda sits atop many seismic fault lines, and the state of California has set high safety standards for hospitals. NBBJ reviewed research on the best way to make large buildings safe, even during major earthquakes. What they came up with sounds deceptively simple, and

represents the latest advances in earthquake preparedness. Basically, the entire building is mounted on a series of "ball bearings," allowing it to remain stable even when the earth around it moves as much as 4 feet in any direction, a strategy called "base isolation." This design has been tried and proven in other earthquake-prone countries.

Basically, the entire building is mounted on a series of "ball bearings," allowing it to remain stable even when the earth around it moves as much as 4 feet in any direction, a strategy called "base isolation."

More recently we have been asked to confront an even more complicated design issue: how to protect against "vertical acceleration." This is the up and down movement of earthquakes, a newly recognized concern that is not even addressed in the building codes. So while we all hope "the big one" doesn't come any time soon, we expect to be as prepared as possible.

As you can easily understand, all these issues added cost to the project. We are essentially building two hospitals—expanding the current Children's Hospital, and replacing our entire adult hospital. The plans call for a common "pedestal" with separate pediatric and adult patient towers rising from it. One of the most important things we learned was that we can keep the current

Medical Center and its iconic towers intact, but can't use it for inpatients. The ability to retain this building is a huge blessing because it will provide future space for various outpatient services and allow us to use the old surgery suites for ambulatory cases. Ironically, state codes even allow us to use the old wards for observation beds, nursing home beds, and other non-clinical functions. The old building meets current code requirements for non-acute care purposes, but cannot be used for inpatients with complicated life support requirements.

Financial Strategies

As our planning progressed, we were able to start getting more accurate estimates of cost. These were influenced by the size of the building and the recognition that we needed to continue to be the major health care provider in the Inland Empire. Other health systems and medical schools were competing for our patients, and we knew that unless we maintained market share, we could end up with the loss of key specialty services needed in an academic health sciences center. We serve a quarter of California's land mass, with nearly 4.5 million people now in the Inland Empire. Our position as the premier provider of care in this area can only be assured if we are able to offer all major services and have reserve capacity to expand.

Throughout the process, we knew the biggest question was: How much could we afford? To determine this, we estimated three things: 1) our capacity at fundraising, 2) how many operating dollars we could generate to put into the new building, and 3) how much we could comfortably borrow. Though interest rates remained very attractive, we knew that future generations would have to pay back the loans. We had reserved \$164 million of state bond money, the Loma Linda portion of bonds issued in 2004 and 2008 for children's hospitals in California. There were several major threats to receiving these funds, but we have carefully worked through those and expect to receive this amount soon. Some have asked why we don't just do the Children's Hospital portion of the project. But it is not the Children's Hospital that we need to vacate in 2019; it is the adult hospital. And the bond money cannot be used for the adult portion of the new building.

Philanthropy—Vision 2020

The philanthropy part of the equation posed another big question. It had been difficult for us to raise the \$60 million dollars necessary for our last major project,

This illustration depicts a typical children's patient room. A key safety feature is the location of the bathroom relative to the bed. A patient can move from his or her bed fully supported to the bathroom.

the Centennial Complex. That was by far the largest philanthropy goal in Loma Linda's history. But now we were talking multiples of that amount. We started to recruit an experienced philanthropy team, led by Rachele Bussell, senior vice president for advancement, and gained some confidence we could expand our vision beyond our usual donors.

We also wanted to raise funds for more than the hospital complex. The University had major building needs as well, including expanded research space for our growing number of research faculty and doctoral students. Each of our eight schools needed to expand its scholarship funds, to pursue faculty development, and to upgrade programs. To do all this, we would need to reach far beyond our loyal alumni base. So we spent a year evaluating interest among potential donors before deciding how much to try to raise.

We serve a quarter of California's land mass, with nearly 4.5 million people now in the Inland Empire.

In addition to raising money for the new medical complex, we decided also raise \$50 million for a new research building and \$70 million for scholarships and other academic needs. There was also a sense that we needed something that would set this campus and campaign apart, that would affirm our heritage and keep our uniqueness alive. This could best be represented by the planned Wholeness Institute, which would signify a major commitment to healthy living and whole person care, historical hallmarks of our institution. We felt this would make the best capstone for the campaign and have set a goal of \$15 million to develop materials, programs, and personnel to keep this emphasis alive at Loma Linda.



All these individual philanthropy goals, guided by our assessment of potential donor interest, resulted in a \$360 million total philanthropy goal for the Vision 2020 Campaign! The sum includes 200 million philanthropy dollars for the new medical complex, \$25 million for hospital based equipment, \$50 million for the research building, \$70 million for scholarships and faculty development, and \$15 million for our wholeness initiatives.

The University had major building needs as well, including expanded research space for our growing number of research faculty and doctoral students.

The total cost of all these projects is close to \$1.4 billion, including just over \$1 billion for the hospitals. The construction costs of the medical complex will come from several sources: the \$164 million from state bond issues, a little over \$200 million from expected operating gains over the next four years, \$200 million from philanthropy, and the balance from bond

financing. Unfortunately, many of our donor gifts and operating gains will come after we start construction. This means we will need to initially borrow even more to begin the project on time. We are already running close on construction deadlines and are preparing the site for a planned groundbreaking in May.

If you are like me, you just swallowed hard and asked yourself, is this really possible? And is it the best way forward for Loma Linda? The philanthropy goal is six times larger than our last project, the Centennial Complex. It was not without much prayer and contemplation that we agreed on this amount.

Vision 2020: The Campaign for a Whole Tomorrow, as we named this campaign, officially began on January 1, 2013, with a silent phase to develop strategies and initiate major contacts. You are probably aware of the first major gift of \$100 million from Dennis and Carol Troesh, in July of 2014, launching the public phase of the campaign. I am delighted to report that at present we have added another \$100 million, for a current campaign total of just over \$200 million toward our \$360 million philanthropy goal. What is even more

amazing is that over 65 percent of that amount has come from local businessmen who have watched Loma Linda for years, appreciated our approach and services, and decided they wanted to participate in this campaign. All I can say is: May God be praised!—praised for the wonderful reputation that Loma Linda has developed through the years, for the excellent team currently on campus that is guiding this institution and campaign, and for faculty, staff and students who have endorsed this project and pledged their support.

If you are like me, you just swallowed hard and asked yourself, is this really possible?

There is much yet to do. While we continue to seek large donations, there is a need for many smaller amounts that can add to the total. As the hospital design, research building, and various scholarships and faculty development funds have been refined, we now have a host of naming possibilities—patient rooms, lobbies, a chapel, research labs, scholarships, cafeterias, procedure rooms, operating theaters, conference rooms, etc. Materials will soon be distributed that share these opportunities with our alumni and friends. I encourage you to be part of the future of Loma Linda University Health by participating in this campaign.

Our commitment

Our campus has grown tremendously in the half century since I first studied here. I have never been more proud of the spirit on campus, the commitment of our students and faculty to service, and the underlying sense of spiritual renewal and understanding. We now have over 4,500 students, 700 residents and fellows, around 1,200 primary faculty, and 15,000 employees. What a group compared to the five physicians and nine students who began our School of Medicine. But as both locals and visitors attest, the commitment “To Make Man Whole” is just as alive today as it was in 1905. Our professionals conduct over 1.5 million patient visits annually. Our global engagement continues to excite and attract many. Our San Bernardino campus has the potential for developing bridges to our local community at a level that has never been done before. The University’s emphasis on mission-focused learning is guiding our curricula and engagement with the world’s needs. Pray for this campaign and all those involved as we seek to keep Loma Linda special for the decades ahead. ■

Dr. Hart currently serves as president of LLUH. In addition to his medical degree, he earned a doctor of public health degree in international health from Johns Hopkins University in 1977. Dr. Hart is board certified in preventive medicine.

Below: With this excellent vantage point of the site for the new hospital towers from the Carroll S. Small Alumni Center, Alumni Association staff and visitors have already witnessed changes in the landscape over recent months and will continue to witness significant change over the next five years. The current entrance to the Medical Center, seen at bottom right, will soon give way to the hammer blows of progress as a new entrance off of Prospect Street opens to make way for the construction of the new hospitals.





The infant Loma Linda University Medical Center is visible in this late-1960s winter view from the home of Bernard D. Briggs '40.

From 'Down Unda' to Loma Linda

A newcomer's first impressions in 1969

By **Bernard J. Brandstater '51-aff**

It was late August in 1969 when I arrived, with wife and four children, in Loma Linda, the country town referred to as "The Farm" by the Los Angeles faculty. This was the place I had chosen as our destination, when Beirut became an unsavory place of bullets and bombs. Here I hoped I might do something

worthwhile in anesthesiology, and it seemed a good place to educate my children. What surprises might we meet here?

Some things we already knew. In Beirut the previous year, **Forrest E. Leffingwell '33**, anesthesiologist of White Memorial Hospital fame, had described Loma Linda University to me. He had told me the church-based history of the medical school, with its trials and its successes. I already knew some of that past. Church news in Australia made Loma Linda sound like the New Jerusalem. But Forrest made it clear this was a very different academic environment from the one I had known at the American University of Beirut. No longer called the College of Medical Evangelists, its clinical focus had shifted from Los Angeles to a fine new hospital in the Inland Valley. Loma Linda needed new manpower, and Forrest urged me to think in this direction.

So here we were at last, with both encouragement and caution ringing in my ears. In this new place, our first

host was venerable **Bernard D. Briggs '40** with his wife Frances. He was the senior anesthesiology professor who had won his spurs by serving as director of anesthesia services at Massachusetts General Hospital. Guiding the day-by-day clinical work, Dr. Briggs was well known to a generation of Harvard people. And later he had done similar stalwart work in Loma Linda's old hospital-on-the-hill and in the new University hospital.

These dear people welcomed all six of us into their lovely home at the top of Lawton Avenue. On that hilltop they had a splendid view of the valley! But you had to get up early to see it, before the LA smog rolled in, and before the Kaiser steelworks in Fontana poured out its daily load of airborne chest poisons. Some days the mountains were never seen.

But close at hand there were new things to discover, as I surveyed the houses built nearby on a steep hillside. Were they safe and secure? What was this green ground cover called ice plant? How do you grow it on the steep slope?

To take a look I wandered down the hill a few yards and soon bumped into a neighbor. His face was new but his name rang a bell; he was Elder Graham Maxwell, PhD, son of "Uncle Arthur" (Arthur S. Maxwell), the great teller of bedtime stories. This neighbor was also a storyteller, but of a different kind. He confessed he was teaching theology.

What did he say? Theology? In my years in secular universities I had never met a man who taught theology in a classroom instead of in church. I would be discovering new disciplines in Loma Linda. He told me ice plant was easy to irrigate. But this year there had been too much water from the skies. That spring in 1969 had brought the biggest flood in decades. The creek down there near the railway line, called San Timoteo Creek, became a raging river. It overflowed its banks and seriously flooded Loma Linda Academy and other properties down on the valley's flatland. "Oh," Graham said, "we on the hill here were safe enough but we worried about our house

On that hilltop they had a splendid view of the valley! But you had to get up early to see it, before the LA smog rolled in, and before the Kaiser steelworks in Fontana poured out its daily load of airborne chest poisons.

foundations. The water-soaked hills became terrifyingly soft, ready to subside and give way beneath us. We felt like we were living on a thick malt."

Off the hill I paid courtesy visits to the University's top people: Dean **David B. Hinshaw '47**, Medical Center CEO Dick Way, and President David Bieber, EdD. By correspondence half way around the world, relying on facts in my paper record, they had voted me an appointment as professor and co-chairman. It was an odd title and no one had spelled out my exact job description. But there was evident goodwill and high hopes, and I took it as a vote of confidence.

Never before had I met Dr. Hinshaw, and it was time for a formal, guarded chat in his office. This man had a reputation as a tough decision maker. He was a surgeon, a pragmatic, get-the-job-done kind of man. In a letter from Beirut I had described to him the shape of things I felt were needed in anesthesiology to best serve the medical school. We needed department autonomy, independent from surgery, to shape a diverse team and have a seat at the School's decision table. By letter, Dr. Hinshaw had been reassuring. In our face-to-face meeting these precise

Looking north toward Loma Linda Academy, a great wave of muddy water demonstrates the severity of the Loma Linda floods in the winter of 1969.

business matters were not discussed. But days after that first handshake, a memorandum from him was sent to all department heads, announcing the establishment of a new academic entity: the department of anesthesiology. Then, and in years that followed, I had reason to believe that Dr. Hinshaw's word was trustworthy, as good as his bond.

Very early I was taken on a tour of the LLU Medical Center. It was sparkling, almost new, having opened for business only two years before, and I explored the place with great interest. Choices of decor puzzled me. Why all this bilious avocado color on walls and floor? Was it a favorite of decorators that decade? They gave it its French name "chartreuse." I gagged a bit on the boldly striped green-and-yellow carpet in the corridors. To my friends I reported you could measure how many yards you had walked by counting the stripes and dividing by five. Business in the hospital was growing, but still had far to go. In fact, floors eight and nine were still unoccupied, just empty shells. There was plenty of room for patients, and plenty of parking space for doctors. I was intrigued by the innovative round towers, with the convenience they seemed to offer—if you didn't mind two patients per room. At the entrance to the operating room I was introduced to a certain Maxine Darling, the nurse-in-charge, no doubt a force to be reckoned with. Later I would meet her under-boss, Jeanie Burgdorff.

There were more new acquaintances I must meet. I soon learned I was not the only Australian on the faculty. I met **Ian M. Fraser '01-Fac**, professor of physiology and pharmacology, serving also as vice president for academics. Then there was **Leonard R. Bullas, PhD, '01-Fac** professor of microbiology; he had been a student with me at Adelaide University years before. Also, prowling around in pediatrics was an up-and-coming assistant



PHOTO: (01/1969), LOMA LINDA UNIVERSITY PHOTO ARCHIVE, DEPT. OF ARCHIVES AND SPECIAL COLLECTIONS, LOMA LINDA UNIVERSITY



A southward view of the Medical Center circa 1969, from between the LLU Church and the dental school. The Coleman and Chan Shun pavilions of the medical school have since been added, covering up this facade.

professor called **B. Lyn Behrens '63-aff**, a graduate of that other place in Australia: Sydney University. So there was already a significant Australian presence on campus. I felt pleased to add my little share of weight to these missionaries from Down Under.

Came the first weekend, and it was time to get the feel of this elegant big church, so prominent in the campus skyline. Who were the people in charge, and what was their style? Compared with most Adventist churches, this one was cavernous. It was modern and its design functioned well. But in 1969 some elements were missing, such as an organ. Only later did generous members combine resources and install our superb Casavant pipe organ. The worship service that first Sabbath was traditional, and conducted with professional style and dignity. We were fortunate to hear the final farewell sermon of retiring pastor Paul Heubach.

I liked the performance of the sanctuary choir. It was nicely robed, and it signaled the start of the service by making a stately entry from the front foyer. The singers marched in two lines down the two church aisles, holding candles and singing a call to worship as they took their places on the platform. This manner of entry was not just a local novelty; I have seen similar choir entries in St. Georges Chapel at Windsor Castle and at King's Chapel in Cambridge. Loma Linda was following a rich Anglican High Church tradition. The choir director, I learned, was Eugene Goss, gifted with a fine tenor voice. In a church of some five thousand members, the music resources would surely be exceptional, and that first Sabbath

encounter was convincing evidence. For us newcomers it was a foretaste of many musical feasts in later years. Under subsequent pastor William Loveless, members will not forget the communion services that were always concluded by the choir performing "Sanctus."

So that was some of our first week in Loma Linda. Much more remained for us to learn. I had to make the acquaintance of Mr. Alex Brown, manager of Security Pacific Bank across Anderson Street. I explored the busy Barton Road that led east through Bryn Mawr and into Redlands, bumping across the railway line before an overhead bridge was built. I looked warily at that dingy little food-and-drink refuge called Taylor's Bar and Grill that guarded the entrance to Redlands. For reasons unknown it must have been a civic landmark, an antique to be preserved, because it has not changed in 45 years. Scarcely an architectural masterpiece, and it may look disreputable, but it does have a faithful clientele. I doubt that many of them come from Loma Linda's faculty. My impulse was to drop a temperance tract in there one day.

Business in the hospital was growing, but still had far to go. In fact, floors eight and nine were still unoccupied, just empty shells. There was plenty of room for patients, and plenty of parking space for doctors.

After those first few days I felt a growing need to relieve the Briggs house of its crowd of visitors. Happily, we soon found a temporary sheltering place to house my family, a furnished house on Richardson Street that belonged to Dr. and Mrs. **Lewis H. Hart '49**. Their house was empty because they were somewhere overseas on a mission enterprise, a common enough happening in Loma Linda. "Good dedicated people are the Harts," people said, and it was a family thing. They had two sons, Ken and Richard, both of them in medicine, and both interested in service overseas. So I might hear news of them.

Well, I did indeed hear news of those two sons. In the remote mission hospital in Mwame, Zambia, I met Ken (**Kenneth W. Hart '69**). Later, in the jungles of Loma Linda, I became acquainted with Richard (**Richard H. Hart '70**), now Loma Linda University Health president. Both of them continue to serve with distinction. And Loma Linda University continues to advance, way beyond the hopeful, determined vision that I first met in 1969. ■



Dr. Brandstater was department chair of anesthesiology at the American University of Beirut from 1958-1969, and department chair of anesthesiology at LLU from 1971-1982. He currently practices clinical anesthesiology at LLU Medical Center.

The 'Warm Heart of Africa'

By **Brent Sherwin '15**

As I flew over the Atlantic Ocean, I wondered what lay ahead. I was on my way to a month-long senior mission elective at Malamulo Adventist Hospital (MAH), in Malawi. The country is known as the "Warm Heart of Africa," and I soon realized why. All the people I met—from the taxi

drivers to those at MAH—were friendly and welcoming. During my stay, I had many incredible experiences, one of which was working with the two new Pan-African Academy of Christian Surgeons (PAACS) residents.

On my first day rounding with the surgical team I met Dr. Aimable Niyubahwe, one of the new PAACS surgery residents. He and his family had moved from the country of Burundi several months prior. Dr. Niyubahwe excelled at getting his patients to relax and smile. I remember several times, even through the language barrier, he would take the time to help alleviate his patients' concerns with a big smile to put them at ease.

Dr. Elmoore Kamwendo, the second PAACS resident, was another good friend I made at MAH.



Brent Sherwin '15 (right) and **Dr. Aimable Niyubahwe**, a resident through the Pan-African Academy of Christian Surgeons, work together during **Dr. Sherwin's** senior mission elective to Malamulo Adventist Hospital, in Malawi.

We put casts on several broken arms of pediatric patients, and Dr. Kamwendo was good at helping distract the patients with a story or joke to keep their minds off the pain.

After a week of rounding on patients and helping with surgeries in the operating room I had a conversation with **Ryan A. Hayton '05**, the program director of PAACS at MAH. Dr. Hayton is a Deferred Mission Appointee (DMA) who has been at MAH with his family since 2010. We discussed PAACS and

why a residency was started at MAH. He told me that although he could perform surgeries for patients, he felt it was vitally important to have a more sustainable model in place. This model included training Christian African surgeons through PAACS who would stay in Africa, practice surgery, and then train the next generation of surgeons.

After just a few short weeks in Malawi, I could see the importance of Dr. Hayton's statements. There were many patients in the community who needed surgery. However, the surrounding hospitals and clinics could not treat many of them, so they came to MAH for further care. This showed me what an impact the training of the two PAACS residents at MAH could have on communities throughout Africa.

I learned two vitally important concepts in Malawi. First, as a future DMA who is starting my own residency in general surgery, I know my skills will be needed in a

What is PAACS?

The Pan-African Academy of Christian Surgeons is "a non-denominational, multinational service organization training African physicians to become general surgeons who are willing to remain in Africa."

www.paacs.net

(Continued on page 41)

The Youngest Missionaries

AIMS for Kids gets the young ones involved too

By Chris Clouzet, *staff writer*

"So when they say, 'Have you eaten?' it's the same as saying, 'Have you eaten rice?'" Michaela, 12, explains to me. Apparently, in Nepal the word for rice is the same as the word for food. Michaela is telling me about the AIMS for Kids project she put together this past October.

She presented healthful eating principles to groups of 10-15 clinic patients throughout the day. Her younger brother, Joshua, 11, talked about non-smoking.

The young missionaries were part of the first run of a community-focused service day funded through mini-grants by AIMS for Kids, a new program by AIMS. "Basically, it's AIMS trying to encourage kids to start thinking about how they can help the community," says **Belen Lohr '01**, Michaela's mother.

The process, as detailed on the AIMS for Kids webpage (www.aims.llusmaa.org/aims-for-kids), is quite simple. First, the child must be a relative of an AIMS member (to encourage membership and involvement) and between 8 and 17 years old. Then, the child identifies a health need in the community and comes up with a plan to address

the need. After submitting the Grant Proposal Form, the AIMS committee will take a look. Once approved, the child will receive the requested funds and start making a difference. Afterward, there is a Trip Report Form that helps get the photos and stories out to others.

Funding is available from \$50-\$500 for one project per child, per year. The projects can be geared toward young or old, toward brushing teeth more or decreasing sun exposure in the elderly, toward promoting healthful habits or healing the sick—just as long as an identified community need is being met.

In Michaela's case, Mom and Dad had told her there was a fund that would help her improve someone else's life. They brainstormed for a couple months, and when they found out they were going to Nepal, they decided

Michaela Lohr (right) explains the benefits of whole grains to clinic patients in Nepal as part of her AIMS for Kids mission project last fall. On the left is her translator, a local pathfinder.



Michaela refers to a "vegetables" poster during her healthy diet presentation.

to find a need there. The family spent seven years serving as missionaries overseas, and both physician parents (Dad is **Jason L. Lohr '01**) cover for 6-8 weeks each year for missionary physicians on furlough—this past year the location was Scheer Memorial Hospital in Nepal.

"I just looked up 'needs in Nepal,'" says Michaela, "and there's so much malnutrition it stunts kids' growth. We noticed, because I'm 12 and I was the same height as normal 14- or 15-year olds." Remember the rice? It's the main course for the Nepalese and unfortunately this often means they lose out on valuable nutrition offered in other local foods.

So Michaela spent weeks researching healthy diets. Once in Nepal, she and Joshua spent a couple more weeks making posters to demonstrate what a simple healthy plate diet should be based on local foods: one quarter protein, one quarter carbs, and one half fruits and vegetables. They bought supplies in the city, like scissors and poster board and a scale. They arranged for transportation and found translators. And then on October 20, a van full of local pathfinders (the translators), Lohr family members, and others drove to a small town two hours away from the hospital to hold a health clinic.

"I showed patients what the fruits and vegetables were in the area and then showed them my plate diet and what they're supposed to eat," Michaela tells me. She measured the children, too, on growth charts she'd also made. If the kids fell below the 5th or so percentile they were treated for parasites and anemia. In between presentations, Michaela and her brother would help their parents in the "pharmacy," as the Drs. Lohr saw some 150 patients that day.

"We were surprised how many sick kids we saw," said Dr. Lohr. "There was so much asthma, a lot of pollution." There were orphans, too. Some had lost parents to illness, others to the devastating earthquake in April 2015.

All in all, the project ended up costing around \$400, which covered the presentation supplies, the transportation, and medicines for the malnourished children. The Lohrs were able to leave enough medicine for the kids to be treated again in six months, too.

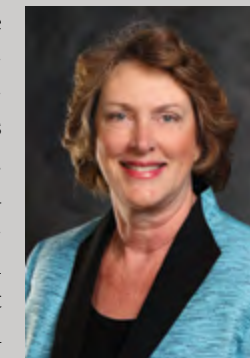
Dr. Lohr says she thinks being in charge and involved helped the kids feel useful and appreciative of what they have. "I think if we can encourage kids to think of others, especially nowadays when kids just think of me, me, me, it will make for kids that are interested in missions and in serving. I think it's character building. It's a good thing for kids." ■

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

The President's Corner

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

Greetings. The Annual Post-graduate Convention (APC) is around the corner. When you attend the AIMS Mission Symposium on March 5, at 1:30 p.m., you will see live reports of AIMS projects in action.



In this *Alumni JOURNAL* issue, we give you a preview of the upcoming APC "AIMS for Kids" project report. AIMS for Kids is a program meant to encourage the next generation in their global health and community health awareness.

With your help, children and grandchildren of AIMS members, ages 8-17, will identify a community health problem in their own neighborhood or town. They will gain experience in mini-grant writing as they write down or dictate to you what the problem is, the solution they would like to see, what they want to do about it, who will help them, and what it costs.

Belen Lohr '01, the AIMS for Kids project director, will gently and kindly receive the grant proposals, and like the real world, help them perfect it. See www.aims.llusmaa.org/aims-for-kids for more information.

Ah, but what if you are not a member of AIMS? Join us! We welcome you. ■

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.

Hurricanes and Transformations: The Storm After the Storm

By **Donna Carlson '69**, *associate editor*

The flyleaf summary on this 2013 New York Times bestseller asserts that the book “radically transforms our understanding of human nature in crisis.” So it does.

Author Sheri Fink, MD, PhD, is a Stanford University Medical School graduate who holds a doctorate in neuroscience and who has long been active in humanitarian aid work and investigative reporting of

financial maneuverings in the months and years that followed—that is most gripping and most troubling.

Much of this section deals with ethical issues arising from the actions of a few staff members on the fifth day. Unaware that rescue was only hours away and determined that no patient should be left alive to die alone or in pain when staff was forced to leave, surgical oncologist Anna Pou, and two ICU nurses moved through the units and injected 19 long-term care and critically ill patients with morphine and midazolam. Some had DNR (do not resuscitate) orders; some suffered from severe dementia; one morbidly obese, partially paralyzed but lucid, man was injected because he was (allegedly) too heavy to move. All of them died.

Afterward, as rumors circulated and news media published stories about the events, people began to argue about whether the actions of Dr. Pou and the nurses amounted to legitimate comfort care or euthanasia. The attorney general of the state of Louisiana ordered the arrest of the three women and charged them with second-degree murder. But in the face of overwhelming public opinion supporting them, the district attorney tasked with prosecuting Dr. Pou was less than enthusiastic in presenting the case to the grand jury, which unanimously refused to indict her. Court records were sealed and questions of guilt remained unanswered. The two nurses went back to work in the ICU and Dr. Pou returned to her ENT (ear, nose, throat) surgical oncology practice.

Fatigued physicians and nurses made critical triage decisions, prioritizing patients for the limited rescue opportunities intermittently available—while corporate executives initially ignored pleas for help.

Memorial’s parent company, Tenet Corporation, which appeared to have delayed sending help to the beleaguered hospital, possibly for financial reasons, paid out millions to litigants in civil negligence suits and was forced to sell the hospital to cover the costs.

Dr. Pou became a popular lecturer on ethical issues in disaster medicine, advocating that physicians working in such situations be given immunity from criminal prosecution. Although she does not say so directly, it is clear that Dr. Fink considers this suggestion less than persuasive.

She points out that, as time passed, Dr. Pou “embellished” the facts of the terrible events at Memorial and used her own arrest experience to support her position.

Through the voices of interviewees supplemented by comments of her own, Dr. Fink raises other ethical/bioethical issues suggested by the case. Should medical professionals be allowed (in essence) to determine the

Is it ethical to hasten the death of DNR patients for the “greater good” of the community?

relative worth of a human being and intentionally end the life of a “less valuable” patient without the person’s consent? Is it ethical to hasten the death of DNR patients for the “greater good” of the community? Should a physician who does this, even if immune from criminal prosecution, be subject to discipline by peers or the medical board? Why did the grand jury refuse to indict Dr. Pou despite the fact that virtually all the jurors later admitted they thought the patient deaths were homicides? Does its verdict represent widespread opinion on the issue of euthanasia, and did jurors bow to public pressure? If so, was that a good thing?

The ‘Warm Heart of Africa’
(Continued from page 37)

country after five years of training. However, the most important thing I can do is train others where I serve to be able to perpetuate an educational experience for future generations long after I am gone. And second, I was reminded that no matter what country I visit I have brothers and sisters in Jesus who are my second family away from home. This was particularly evident to me through the curriculum of PAACS, which included weekly Bible study and prayers with patients before surgery. I was impressed with the importance of remembering who the true Healer is in medicine—Jesus.

In Malawi, I became close to the MAH staff and the PAACS residents, Drs. Niyubahwe and Kamwendo. I was impressed with their love for Jesus and how they shared that love with the community by caring for surgical needs. I have no doubt they will make incredible surgeons and I hope one day to be able to train surgeons like them. ■

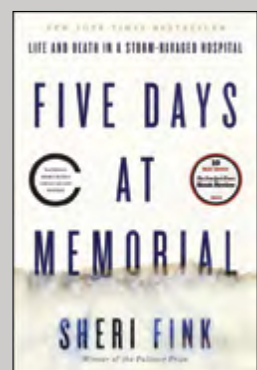


Brent Sherwin is a general surgery resident at Mount Carmel Health in Columbus, Ohio. He and his wife, Laura SD’15, are both DMAs looking forward to serving overseas after residency.

A final observation: Memorial Hospital was founded as “Southern Baptist Memorial Hospital” in 1926. Purchased by Tenet, it became a secular institution subject to corporate financial interests that affected CEO decisions during the disaster. Our own Loma Linda University Medical Center is a hospital founded by a religious community about the same time and now subject to similar monetary pressures, albeit from government. In the wake of a major disaster—pandemic, earthquake, terrorist attack—professionals here may have to make decisions similar to those made at Memorial. How, or should, our principles as a Seventh-day Adventist Christian institution affect those decisions? ■

*Editor’s note: On December 5, 2015, Dr. Fink spoke at LLU and participated in a panel discussion chaired by Jim Walters, PhD, and including University president **Richard H. Hart ’70**. Sponsored by the Center for Christian Bioethics, it was the last major event arranged by former center director, the late Dr. Roy Branson.*

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



Five Days at Memorial: Life and Death in a Storm-Ravaged Hospital

By Sheri Fink, MD, PhD

Published by Crown Publishers, 2013

4.3 out of 5 stars on Amazon

576 pages

disaster events. In her book, Dr. Fink reconstructs and analyzes the train of events at a private hospital in New Orleans after hurricane Katrina devastated the city. As part of her research, she examined thousands of pages of documents and interviewed hundreds of people—doctors, nurses, administrators, patients, family members, ethicists, lawyers. The book is exhaustively documented and its detailed footnotes are as interesting as the main text.

Part 1, “Deadly Choices,” outlines hourly events on each of the five days from August 28 through September 1, 2005, as one disaster followed another and hospital personnel made early decisions (like refusing evacuation) that were soon to have lethal consequences. Power was lost as first city service and then backup generators failed; running water ceased to flow; obstructed sewers led to the use of waste buckets, filling the dark, steaming-hot hospital with fetid odors; the chapel became a makeshift morgue as the sickest patients died. Fatigued physicians and nurses made critical triage decisions, prioritizing patients for the limited rescue opportunities intermittently available—while corporate executives ignored pleas for help.

But it is Part 2, “Reckoning”—in which the author chronicles the legal investigations and political and

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“My child starts college in four years.”
“I want to retire soon.”*

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If you would like to notify us of an alumnus who has passed, please go to www.llusmaa.org/inmemoriam and complete the notification form there. If you prefer to email, call, or mail us, please refer to the contact information listed on page 1. (Include your own contact information, plus biographical information or an obituary, and a hi-res portrait head shot if possible.)

1930s

Everett H. Adams '39 died on November 19, 2015, at 104 years and 7 months old in Redding, California. He was in good health, save for an issue with one of his legs being 2 inches shorter, the result of an accident with a motorcycle in his late 70s.

1940s

Raymond Ermsar '44-A was born on March 20, 1916, and passed away on Monday, January 26, 2015. He was a resident of Grand Terrace, California.



Clifford E. Parmley '46 was born on February 4, 1920, in Centerville, Kansas, and died peacefully on November 11, 2015, in Coeur d'Alene, Idaho, with his daughter, Karen, and his wife of nearly 72 years, Evelyn, by his side.



Dr. Parmley served in the U.S. Army Medical Corps until the end of WWII. During his 31 years of general practice in rural Colorado, he frequently provided medical services for Native Americans at the Monument Valley mission hospital and for the Ute and Navajo tribes. He and his wife were leaders in the local Seventh-day Adventist church and cherished the location for its beauty and for the medical practice with Dr. Parmley's partners: **Vincent E. Gardner '44-B**, **Paul W. Doneskey '51**, and eventually **Lawrence A. Wallington '51** and **Robert G. Gildersleeve '48**.

Dr. Parmley continued medical practice doing locums work for a number of years during his semi-retirement when he and Evelyn moved to northern Idaho in 1978. The couple went on several medical mission tours to provide surgical and clinical services.

Logging their mountain property took up much of Dr. Parmley's energy until 2004 when the onset of declining health led to limitations in activities and later mobility. His sense of humor and quick wit were with him until near the end of his life. He is survived by his wife and daughter; sons Willis Parmley, MD, and **C. Lee Parmley '76-B**; and at least four grandchildren.

1950s

Arthur R. Bergman '52 was born in 1922 in Öland, Sweden, and died on October 15, 2015, from complications of a fractured hip, sustained in a fall.



After losing his parents at a young age, Dr. Bergman grew up in the United States, attended Union College in Nebraska, and served as an X-ray technician in France during WWII. He took an internship at Washington Sanitarium and Hospital in Takoma Park, Maryland, and in 1952 helped his brother-in-law, Dr. Fred Brennwald, establish a hospital in Koza, Cameroon. After five years in Africa, he joined a medical group near Washington, D.C. and completed an anesthesiology residency at the George Washington Hospital. He worked again at what is now Washington Adventist Hospital until retiring in 1984.

Dr. Bergman spent 24 years as a retired volunteer worker at the Seventh-day Adventist General Conference headquarters. During that time he also delivered Meals on Wheels to the homes of seniors with limited mobility. He was a member of the Sligo SDA Church in Takoma Park for 54 years. Known as a man devoted to service, he will be

remembered with respect, affection, and admiration by many. He was preceded in death by his wife, Liliane, and his son, **Erik A. Bergman '79-B**. He is survived by his daughter, Astrid Bergman Sadler, and three grandchildren.

Thomas L. Brown '53-B

died peacefully in his sleep on Sunday, April 26, in Markham, Ontario, Canada, in the care and presence of his loving wife and surrounded by the prayers of his family and faithful friends.



Dr. Brown was born and raised on the family farm near Oshawa, Canada, where he learned many life lessons and exceptional work ethic. He went on to earn his medical degree and then returned to practice family medicine in Willowdale, Canada, for over 40 years. His commitment to his patients and their families is still recognized by many today. He was active in the medical community serving at both North York Branson Hospital and St. John's Rehab Hospital.

Upon retirement, Dr. Brown turned his attention to travel and amateur photography. He was the unofficial photographer at many events in the Swan Lake community in Markham and Markham Missionary Church.

Dr. Brown was predeceased by his parents and his siblings, Reuben, Wesley, Lucy, and Elsie. Along with his loving wife of 15 years, Betty, he is survived by his two daughters, Rhonda Taylor and Lora Horsley, and his three grandchildren, Thomas, Lauren, and Brooks. He also leaves behind his extended family by marriage: John Ballantyne, Cathy Farndon, Cheryl Holmes, plus eight grandchildren and seven great-grandchildren.

Robert S. Jacques '53-B

was born in Sappotio, Japan, on November 25, 1922, and died on October 21, 2014, in Pinehurst, North Carolina.



Dr. Jacques was the son of missionaries Samuel Guy Jacques and Fern Frances Benson Jacques. He attended Shenandoah Valley Academy in Virginia and Washington Missionary College in Maryland. From 1942 to 1945, he served in the U.S. Army as a tech sergeant with the 54th General Hospital in New Guinea. As a medical student in Loma Linda, he was secretary of the *Alumni DIRECTORY*.

He began his general practice of medicine at Mathiesen Clinic in Pittsboro, North Carolina, and served the people of Chatham County for 18 years before becoming chief of service of the ER at Moore Regional Hospital from 1972 until his retirement in 1999.

He was a life member of the American Medical Association, the North Carolina Medical Society, and the American Academy of Family Practice. He was a founder of the American College of Emergency Physicians and diplomate of the American Board of Family Practice from 1977 to 1991.

Dr. Jacques married Mary Jane Beall on May 19, 1946, and they made their home together in Pittsboro until her death on March 3, 2003. He is survived by his children, Gary Brent Jacques, Richard Glen Jacques, and Robert Samuel Jacques, Jr.; his grandchildren, Gary Brent Jacques, Margaret Lauren Jacques Cox, Richard Buckley Jacques, Amy Donovan Jacques Greenhaus, and Robert Patrick Jacques; and great-grandchildren Grant and Leighton Jacques.

Lawrence D. Longo '54

died on January 5, 2016. The editors plan to feature a tribute to his life and contributions to the Alumni Association and Loma Linda University in the next issue of the *Alumni JOURNAL*.



Halford Reid Price '56

was born on December 23, 1926, in Clearfield, Pennsylvania, and quietly slipped away on October 28, 2015, of complications from chronic heart disease.



Dr. Price absolutely loved people and was one of those lucky people who recognized his calling early in life, declaring at age 5 that he wanted to be a doctor. He was the son of a coal miner and a schoolteacher: Frank and Nina Michaels Price. But Reid—as he was then called—never gave up once he set a goal.

After serving as a medic in WWII, he studied at Pacific Union College in California. He spotted a pretty red head his first day on campus and declared, "I'm going to marry Virginia Baker," which he did four years later. She was not only the love of his life, supporting him through his medical training at the College of Medical Evangelism, but his life partner and friend for over 63 years.

Dr. Price maintained a lively family practice in South Phoenix for over 44 years, retiring at age 74. Devoted to his patients, he was known for his skills of diagnosing and treating them. In addition to medicine, one of his proudest accomplishments was starting a publishing company called The SDA Missionary Foundation. It printed inspirational books for over 40 years, with 40 million books in five languages distributed worldwide.

Dr. Price fulfilled a lifelong dream of owning a jet airplane in 1992. After 30 years of flying he retired his wings in 2010, donating his Sabre 60 jet to Wings of Hope. He also enjoyed history and politics and loved a good discussion. Other interests were racquetball, road trips in his beloved Escalade, and golf.

Dr. Price is survived by his wife, Virginia; his oldest daughter, Dr. Ginger Price; his grandson, Reid Michael Price; his son-in-law, Russ Price; his younger daughter, Carol Price; his grandson, Colton Kreiling; and granddaughter, Lacy Kreiling. He will be greatly missed by all who were lucky enough to have known him.

Raymond Chaney '58

was born on November 17, 1919, in Edgewood, Texas, and passed away on July 26, 2015, in Bakersfield, California, after a very long healthy life.



Dr. Chaney was the first son of a sharecropper. His humble beginnings never stopped him from always striving to achieve more, though he never lost his love of farming. He graduated from Canton High School in Texas, where he ran the mile for the track team. He worked as a farmhand until he was drafted into the U.S. Army in 1942, where he served four years as an X-ray technician and found his love of medicine. He graduated from Southwestern Junior College (now Southwestern Adventist University) and then from La Sierra College.

After completing medical school, he served a yearlong internship at Baylor University Medical Center in Texas and completed a residency in pediatrics at Kern General Hospital. He then entered into private practice with Clinician's Medical Group in Bakersfield until his retirement in 1990.

Along with his love of farming, Dr. Chaney had an obsession with fishing: deep sea fishing, lake fishing, river fishing, and fishing in the aqueduct, which he called the cement river (accent on the first syllable of cement). He had a very kind and tender heart, was a man of God and of his word, and lived his life with a high level of integrity. He was friendly and never knew a stranger. With his passing the world has lost an extremely unique and wonderful man.

Dr. Chaney was preceded in death by his parents, Homer Henry Chaney and Henrietta Wade Chaney; his brothers, Richard Ruelene and Homer Henry Jr.; and his sister, Rosemary. He is survived by a sister, Edith Weldon; two daughters, Raylene Dawson and Karen Chaney-Shedid; granddaughter Kira Langdon and her husband Ryan; granddaughter Emily Dawson; and grandson Luke Shedid.

1960s

Charles T. Tam '60 was born on September 29, 1934, in Honolulu, Hawaii. He went to rest in the Lord on March 18, 2015.



Dr. Tam graduated from Iolani High School and Pacific Union College. Besides maintaining a full-time cardiology practice, he served as chief of cardiology at St. Helena Hospital and Health Center and director of the cardiac catheterization laboratories at West Adams Community Hospital, St. Helena Hospital and Health Center, and Lakeside Community Hospital. He was a consultant to the Suzhou Medical College and Hospital in the People's Republic of China and an assistant clinical professor of medicine at the University of Southern California.

Dr. Tam served as a captain in the U.S. Army Medical Corps and received an honorable discharge in 1963. He held the position of president of the American Heart Association in Kern County.

Dr. Tam married his high school sweetheart, Ruby. They celebrated their 60th wedding anniversary in 2014. He is survived by his wife, Ruby; five children, Charlene, Cherylyn, Cynthia, Catherine, and Charles; nine grandchildren; and three great-grandchildren.

Donald L. Mapes '61

passed away peacefully at home with his family at his side on October 23, 2015, after a courageous battle with Parkinson's disease.



Dr. Mapes was in family medicine private practice in Mt. Pleasant, South Carolina, for 13 years, followed by a career as a flight surgeon in the U.S. Air Force until retirement as a colonel. He received numerous Meritorious Service Medals during his military career. He continued working as a physician in east Tennessee until 2003.

Dr. Mapes was a devoted husband to his wife, Laurel, for over 61 years and a loving father of five children. His daughter, Deborah Ann Mapes, preceded

him in death. He is survived by his wife; children Laurel Osborn, Julie Cook, Gary Mapes, and Brian Mapes; eight grandchildren; and one great-grandchild.

Levi D. Kuhn '66 was born June 25, 1938, in Whitemouth, Manitoba, Canada, and died on May 30, 2013, in Roseville, California.



Dr. Kuhn was raised in Kelowna, British Columbia, and graduated with a degree in mathematics from Walla Walla College in 1961. He interned at Washington Sanitarium and Hospital in Takoma Park, Maryland, and took an ophthalmology residency at the University of Missouri-Columbia School of Medicine and St. Joseph's Hospital in Toronto, Ontario.

In 1971, Dr. Kuhn set up his ophthalmology practice in Roseville, California. In 1999 he joined Medical Vision Technology. He practiced in Roseville for 42 years until May 2013, along with a part-time practice in Auburn, California, from 1999-2007.

Dr. Kuhn was a devout Christian and keen Bible student. He delighted in studying Martin Luther's writings on the great doctrine of justification by faith. He enjoyed bird-watching and gardening with his tractor. He was a backpacker and camper and he took an interest in golf.

In 2009, Dr. Kuhn was diagnosed with chronic lymphocytic leukemia, which was stable until early 2013. He is survived by his wife of 50 years, Rose Marie Olson; his sons, Troy and Mark; his grandchildren, Ashleigh Rose Kuhn, Meghan Joelle Kuhn, and Tyler Levi Kuhn; and his siblings, Lloyd Kuhn and Dorothy Holm.

1970s

Stanley Aufdemberg '79-A died on December 5, 2015. He is survived by his sons Zachary, Kevin, and Matthew; daughters Kelli and Kristen; and brothers Michael and Thomas.



1980s

Ruth Koch '80-B died peacefully in her sleep at her Riverside, California, home on October 31, 2015.



Born to Gunter and Erna Mae Koch, Dr. Koch spent her early years in Michigan helping at her father's dental practice while she attended high school and college. In 1977 she graduated from Andrews University as president of her class, intent on becoming a physician. Upon achieving her goal of an MD degree she completed an OB-GYN residency.

Following brief stints working for large organizations, Dr. Koch opened her own practice in the Riverside community. She was much in demand as a doctor known to sing "Happy Birthday" as she delivered babies. After many busy years, she closed her practice and went to work for the Indian Health Service, her last formal professional position.

However, professional attainments were only one aspect of the woman who lived life large. She was an inveterate traveler who made many international trips to exotic places. It was on one such vacation that she fell in love with polar bears. A remarkable cook, she was an even more extraordinary hostess and parties at her hilltop home were events to savor.

Gifted musically, she was an accomplished pianist, but also played the violin and possessed a rich and powerful singing voice. She was a frequent concertgoer, loved the theater, and surrounded herself with many objects of artistic beauty. Aside from her many gifts and achievements, family, friends, and colleagues knew "Truth" to be a vibrant person who was generous to a fault. Although she never married or had children, her extended family was extensive because of her loving and magnetic spirit.

Dr. Koch is preceded in death by her mother and younger brother. She is survived by her father and his wife. ■

Perpetual Members

New or Upgraded Memberships
Between January 1 – December 31, 2015

Life (perpetual) membership dues are paid once and cover not only member benefits, but the Alumni Association endowment, the income from which supports operations and special projects benefiting alumni and students.

A very special **thank you** to the alumni listed below who have invested in the Alumni Association through perpetual memberships or upgrades in 2015. Thanks also to our previously established perpetual members and those who have made donations to support the Alumni Association. To see a complete list of perpetual members online, visit www.llusmaa.org/perpetual-members.

Diamond Perpetual

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Gold Perpetual

Paul Y. Chung '91
Gideon G. Lewis '75
James D. Neal '97

Aysha E. Inankur '06
Geesnell B. Lim '05
Gordon R. Osborn '54
Melissa D. Rose '97
Jeanette M. Smith '81
Wichit Srikureja '97
+Paul N. Tatsuguchi '38

Platinum Perpetual

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Angelina Cheng '96

Silver Perpetual

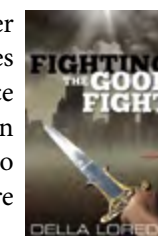
Andrew C. Chang '90

Alumni News



Elizabeth Lombard '53-B turned 95 on February 21. Dr. Lombard is a retired family practice doctor from Rockwell, North Carolina, where she practiced for 50 years and delivered some 3,000 babies. She recently donated an old baby scales of hers—which weighed many of the town's infants at one point or other—to the Rockwell Museum. You can read her story by the Salisbury Post at www.salisburypost.com (search "Elizabeth Lombard"). Happy birthday, Dr. Lombard!

Della S. Loreda '84 recently published book three of her allegorical Race trilogy, "Fighting the Good Fight." The series looks into the lives of Strider family members as they face opposition and learn about perseverance, trust, and love. In 2001, viral encephalitis ended her medical career, but Dr. Loreda has enjoyed finding her love of writing once again. Learn more about Dr. Loreda and her stories at www.dellaloreda.com.



Lisa McGill-Vargas '08 was the subject of Walla Walla University's *Westwind* cover feature, "Good Medicine" (Fall 2015 issue). The article describes the arc of Dr. McGill-Vargas' medical career, starting during her Auburn Adventist Academy physics class' field trip to shadow medical professionals at LLU and highlighting her win of the Young Investigator Award at the American Academy of Pediatrics national meeting in San Diego in 2014. Dr. McGill-Vargas is assistant professor of pediatrics at the University of Texas Health Science Center at San Antonio.

Update: Marilyn J. Herber Women in Medicine Fund

By **Raymond Herber '57**

It has been seven years since the last report to you, the many donors to the Marilyn J. Herber Women in Medicine Fund (P 1661). The principle on September 30, 2015, stood at \$2,194,772.



Marilyn J. Herber '58

Interest or earnings only are used for three main purposes. The annual Alumni Association Herber Award is given to seniors at the annual banquet for outstanding leadership during their four years in furthering the mission of the School. This past year five seniors were selected by the Deans Committee: **Jehanna S. Erho '15**, **Jessica M. Jutzy '15**, **Clare M. Richardson '15**, **Jake W. Sharp '15**, and **Amity B. Tung '15**.

The second use is the offering of scholarships to outstanding freshman medical students who have been offered scholarships and acceptances at other medical schools. Finally, the third use is scholarships for women in the third and fourth years who have declared interest in returning as faculty after post-doctoral training.

The total funds expended through 2015 are \$140,000 for the 149 women and 17 men receiving the Herber awards and \$480,000 for scholarships to first and fourth year students.

The letters of thanks and appreciation keep coming, even years after the awards, so be assured your contributions are greatly appreciated by very special people. Many more worthy candidates could be helped if the fund would grow faster! I am currently negotiating for a \$2 million matching grant that would give annual awards of \$160,000. Thank you all for making this possible.



Measuring Everything but Grass

It's physiology lab, 1962. Freshman medical students **Ted Steudel** (left), **Gerald A. Kirk** (sitting), and **Dennis K. Anderson** familiarize themselves with the "Grass Polygraph" while classmate **Walter Emori** captures the moment on film. The boxy machine with all the knobs and levers was used to measure physiological functions such as heart rate and muscle contractions. Students connected the instrument to an animal during lab and recorded its physiological measurements under different conditions.

Albert Grass, the founder of Grass Instrument Company, designed and improved such instruments for decades, developing the first commercially successful EEG in the 1930s. Polygraphs like this were used to study sleep and make possible the first accurate recording of rapid eye movement (REM) in 1950. Electrodes were connected above and below the eyes of human subjects to measure their movement during the different stages of sleep. ■

Do you have a "historical snapshot" to share? Send us the photo and the background story! Email us at llusmaa@llu.edu or mail your photo or slide to our office address on page 1. (We'll mail it back!)

Aysha E. Inankur '06

Adult Endocrinology, Collegedale, TN



Among your friends and family, what are you famous for?

Walking outdoors. I find short walks in the sunshine refreshing at any time of day, and especially during lunch break.

What is your best memory from medical school?

Playing violin in the medical student orchestra for Friday vespers at APC 2004. Since grade school, I'd wanted to play in an orchestra. That dream was realized thanks to **Clifford Q. Cabansag '08**, a fellow medical student, who had a prior career in music education. Cliff organized musicians from all four medical school classes into an ensemble. Sunday night practice sessions were a welcome diversion from hours in the library. The night of the performance, I still remember sitting on the church stage and adding my single line of notes to a magnificent harmony of strings, horns, tympani, and piano. The sense of community among generations of alumni that night was wonderful.

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

On the medical side, my most meaningful case was diagnosing a pheochromocytoma. A 73-year-old woman presented with increased blood pressure and flushing after a spinal injection. Her urine metanephrines and normetanephrines were over 10 times the upper limit of normal, and an adrenal mass was identified. After surgery, she needed fewer antihypertensive medications, felt less anxious, and was relieved that the tumor was non-malignant. I'm thankful God enabled me to be one link on her road to remission.

On the social side, I find getting to know patients on a personal and spiritual level to be deeply rewarding.

Offering to pray with patients, which I learned about as a medical student in a religion class with Jim Greek, DMin, has brought surprising results. A lady I had prayed with at one visit informed me at follow-up about three months later that she had prayed for me every day since our prior visit. The generosity of someone I'd met with just a few times lifting my name to God daily amazes me.

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

Education. I tutored in high school and college and thought it would be fun to teach if I could give every student an "A." The field I landed in involves a lot of teaching. Most clinic time is spent explaining the impact of diet, exercise, and medications on blood sugars, and most patients even leave with a "report card"—their printed, point-of-care hemoglobin A_{1c}.

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

Besides hoping to become a better Bible student and more efficient at using my EHR (electronic health record), I would like to play the violin and piano better.

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

Make God first. This was a favorite theme of the pastor I had during endocrinology fellowship. Fellowship was a time when I was confronted with an ethical dilemma, and feared I may lose my training position if I followed my convictions. My pastor said, "Whatever you give to God, He will give back to you if it's for your good." That prediction proved true. Surrendering my professional training to God brought peace, and once I expressed my convictions they were immediately accommodated by faculty at my program. ■



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