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On the Cover: A watercolor painting by 2016 graduate Lauren Spady '16 depicts a patient's look of appreciation for the care she is receiving—a look familiar to any medical student. Dr. Spady is a pediatric resident at Loma Linda University Children's Hospital. She is from Texas and enjoys painting and traveling in her spare time.
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Editor

Burton Briggs '66

Of Worries, Doubts, and What ifs

Eight years ago, two friends and I had an itch to take a motorcycle ride. We chose a ride that the Iron Butt Association, a motorcycling organization, dubbed “Bun Burner Gold,” requiring us to cover a 1,500-mile route of our choosing in only 24 hours.

We left Yucaipa at 2:00 a.m. to get through Las Vegas before morning traffic and avoid the worst of Nevada’s July desert heat. Arriving in Moab, Utah, by early afternoon, we stopped for a quick bite. This was not a race, but it did require time management (eight minutes per stop).

In Flagstaff, Arizona, a cold front plummeted the temperatures into the 30s, with rain and hail. Having extra layers of clothing paid off. Two hundred miles later we were in Needles, California, where the temperature was 104. There, our full hydration packs came in very handy. Along the way we made sure to stretch—on long rides stretching helps you concentrate.

The long summer twilight soon faded in the west. As we crested a rise on I-40 we spotted the glow from Barstow in the distance. After several more rises, I could have sworn Barstow had moved 10 miles farther west. Worries, doubts, and what ifs had begun to creep into our conversations. Would we make it back in time? If not, it would have been a long, wasted day.

Other questions buzzed in my mind. What if we had a flat tire or ran out of gas? (I checked my fuel gauge again.) What if we felt drowsy or hit an animal? (That thought was the caffeine that kept me awake.) We’d ridden hard for 20 hours—what if our engines broke down? We talked to each other via our ham radios and the reassurance that crackled in our ear pieces helped to reduce the highway worries.

As the School of Medicine’s graduation weekend came and went a few months ago, we congratulated the seniors and wished them Godspeed in the next phases of their training—internships, residencies, even fellowships. Their departure makes room for a new class: the freshman Class of 2020.

Like my motorcycle ride, during the next four years this freshman class will endure a lot of sitting (lectures), worries (tests), hot and cold spells (embarrassments and accomplishments), and late nights and all-nighters (assignments and call). Worries, doubts, and what ifs will play mind games at the most inopportune times. Time management will be required, as well as care of the physical body and mental health. It will be vital to “stretch” (exercise) and to communicate with friends. Most importantly, it will be essential to preserve a relationship with God. Life and goals must be kept in perspective. In so doing, a student will arrive at his or her destination—graduation—like a trip well planned and executed.

By the way, I now understand why the ride is a “Bun Burner.” And yes, we made it to Yucaipa with one hour to spare. We agreed we didn’t need to do that ride again—that itch was scratched.

APC Registration and LLUH Homecoming

Mark your calendars and plan to attend the 85th Annual Postgraduate Convention on March 3–6, 2017. In addition to continuing medical education courses, APC offers worship services, class reunions, the gala featuring entertainment by our medical students, and more. Online registration for the event and CME courses will be available in December. Visit www.llusmaa.org/apc2017 for more information and to register.

This year, in collaboration with APC, the Dental Alumni Student Convention, and Healthy People, Loma Linda University Health will be hosting a “Together As One” homecoming weekend for all eight University schools. LLUH Homecoming will begin on March 2 and continue through APC weekend. The extended homecoming weekend’s activities will include continuing education courses and joint worship services.

For the most part, APC weekend activities will proceed as usual. For more information or if you would like to register for CE courses organized by LLUH Homecoming on Thursday, March 2, visit www.llu.edu/homecoming.

Vision 2020 Hospital Construction Update

Compared to the circa-2007 photo from atop the Loma Linda University Medical Center front entrance (top), the September 12, 2016, screenshot of the Vision 2020 hospital towers construction site (bottom) looks somewhat different. The array of construction equipment and building footprint of the approximately 1 million square-foot project are clearly visible.

The Carrol S. Small Alumni Center building is partially covered at the upper center left of the screenshot. Outside the left of the frame is the recently widened Prospect Street, serving as the main traffic artery for the new entrance to the medical center. The intersection of Anderson Street and Barton Road is seen in the upper right-hand corner.

The Vision 2020 project will be in the excavation and shoring stage through the end of October 2016. The southern wall (right side of the image) has been excavated to approximately 30 feet below grade while the northern walls measure approximately 12 feet below grade. Excavation will continue until the building pad is leveled at approximately 45 feet below grade at the southern wall, while the northern wall will reach a depth of about 25 to 30 feet below grade.
Summer brings important life transitions. This is especially true for our newest alumni, the Class of 2016. On May 29, they moved from being medical students to being our physician colleagues. I had the privilege of representing the Alumni Association by administering the Physician’s Oath to the new graduates.

The words of this oath made me think back to my own graduation 25 years ago. It contains many altruistic statements, and I was pleasantly surprised to see how many still ring true after all these years. The oath pledges us to respect for our teachers, to serving our patients’ welfare as our first duty, to maintaining their confidentiality, and to demonstrating the healing power of God to those we serve.

Graduation is not only a time for older alumni to look back, it is also a time for our newest alumni to find out what they will be doing for the rest of their lives and where they will be training for the future. Take some time to peruse the JOURNAL to see where members of the Class of 2016 will be in residency next year. Look for those you know, and use this as a time to connect with them to see how they are doing in the first couple months of residency. Are any of the class training in the program that you trained in? Are any of them training in or near a hospital where you work now? Do you have suggestions or advice for them?

The Alumni Association is working on several exciting initiatives. Calvin Chuang, our new executive director, is working hard on creating a brand new website experience for the Alumni Association. Features will include interactive maps, information about mentoring opportunities, alumni news and stories, and an online directory with the ability to find, filter, and interact with alumni based on specific interests and specialties. The new website will be ready soon. Stay tuned.

In addition, there will be exciting changes for the Annual Postgraduate Convention (APC) in the spring of 2017. The Alumni Association Board of Directors has been working with Loma Linda University and School of Medicine administration to hold APC on the same weekend as a University-wide homecoming event. The board, together with the APC Governing Council, is working to ensure that APC maintains the same quality and distinctiveness as in the past, but integrated into a homecoming weekend. We anticipate that APC attendants will continue to be the significant majority of the weekend. However, this will give those of you who have friends and family who are graduates of other LLU schools the chance to socialize together while still maintaining the quality and distinctiveness of APC for School of Medicine alumni.

Same old APC, but now together with the rest of the University. Come on home.

Mark Reeves
Mark E. Reeves ’92
Alumni Association President

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WA:
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FROM THE DEAN

School of Medicine alumni (Everet W. Witze '62, Edmund M. Bagingito '94, and I joined a number of highly supportive LLU alumni from our residency programs to welcome the first freshman class at Adventist University of the Philippines School of Medicine. This milestone marked the culmination of years of detailed planning. Peter Landless, MB, Bch, MMed, a cardiologist from South Africa and director of the health ministries department, represented the General Conference of Seventh-day Adventists at this historic event.

In December I visited the 115-year-old Christian Medical College (CMC) in Vellore, India. Loma Linda and the SDA church have had a relationship for decades with this prestigious medical school. Before leaving for Vellore during his time there.

In May 2016, Gillian L. Seton '08 delivered the commencement address to the graduating seniors. With humility, she told a remarkable life-and-death story of perseverance in the face of the Ebola crisis of 2014, when the SDA hospital in Liberia remained open to serve non-Ebola emergency patients. In subdued tones, Dr. Seton conveyed the emotional toll experienced by them will heed the call to serve abroad as those I have highlighted in this article did and as so many other alumni.

I showed the film at the celebrity event and heard the audience audibly gasp when they saw for the first time the perfectly preserved, 60-year-old colored movie of the school’s revered founder, Ida Scudder, MD.

As I looked over the graduates, I wondered who of them will heed the call to serve abroad as those I have highlighted in this article did and as so many other alumni have done. Only in eternity will we know the full School of Medicine story and its influence here at home and around the world.

Gillian L. Seton '08
In May 2016, Gillian L. Seton '08 delivered the commencement address to the graduating seniors. With humility, she told a remarkable life-and-death story of perseverance in the face of the Ebola crisis of 2014, when the SDA hospital in Liberia remained open to serve non-Ebola emergency patients. In subdued tones, Dr. Seton conveyed the emotional toll experienced by them will heed the call to serve abroad as those I have highlighted in this article did and as so many other alumni have done. Only in eternity will we know the full School of Medicine story and its influence here at home and around the world.

The Student Fund and its activities are financed by your contributions and are greatly appreciated by LLU medical students. For more information or to make a donation, please contact the Alumni Association at 909-558-4633 or llusmaa@llu.edu.

Go Ye Therefore Into All the World

As the Class of 2020 embarks on their four-year journey through medical school, I would like to reflect on this past academic year and the global influence of the School of Medicine that I have experienced firsthand in recent months.

In August 2015, I represented our school at the inaugural white coat ceremony of the Seventh-day Adventist church’s newest medical school (bringing the total to six medical schools worldwide) and the first in the Philippines. School of Medicine alumni (Everet W. Witze ’62, Edmund M. Bagingito ’94, and I joined a number of highly supportive LLU alumni from our residency programs to welcome the first freshman class at Adventist University of the Philippines School of Medicine. This milestone marked the culmination of years of detailed planning. Peter Landless, MB, Bch, MMed, a cardiologist from South Africa and director of the health ministries department, represented the General Conference of Seventh-day Adventists at this historic event.

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Freshman Welcome Picnic

On the lovely summer evening of August 3, about 150 freshman medical students, spouses, and significant others attended the annual welcome event sponsored by the Alumni Association’s Student Affairs Council (SAC). A number of sophomores returned after their own welcome last year to help register the freshmen for door prizes and lead out in ice-breaker activities after supper.

After a welcome by SAC Chair Gina J. Mohr ’96 and a prayer by Dean H. Roger Hadley ’74, students began mingling and meeting other members of the Class of 2020. Soon, conversations filled the air as everyone picked up burritos and enjoyed summer treats like watermelon and lemonade, cookies from Medical Auxiliary, and pastries provided by the Alumni Association’s immediate past-president, P. Basil Vassantachart ’79-B, and his wife, Shirley.

Following supper, lucky students won some 50 door prizes. Then the sophomores directed everyone to the expansive lawn of the campus mall where they led out in games as the sun dipped below the horizon. The Alumni Association hopes the event provided the freshmen an enjoyable start to their medical training.

Left, from the top: Benjamin Tiffany ’20, Carolyn Krystal ’20, Eric Prado ’20, and Mary Blake ’20 smile and enjoy conversations with new classmates. Top right: The Welcome Picnic is all about eating watermelon and sitting in the cool grass. Above right: Sophomore officers hold the tarp for participants of the name-learning Tarp Game.

Treats After Exams and Junior White Coat Embroidery

In early May, one month before the new freshmen arrived, the “old” freshmen and sophomores wrapped up their year-end exams in the Alumni Hall for Basic Sciences. What better way to walk out of an exam than to find Jamba Juice smoothies and granola bars available for immediate consumption? More than 300 students took advantage of these inaugural “Treats After Exams” available at The Student Fund canopy.

In June, as the now sophomore-turned-juniors attended Junior Orientation in preparation for joining the wards, they made time to stop by the Alumni Center to pick up their new white coats, complete with embroidered name and LLU logo, a gift from The Student Fund.

Left: Brittany McHargue ’18 and Ellerie Chen ’18 pose for a quick photo with smoothies in hand at The Student Fund’s new event, Treats After Exams. Above: Dean LaBarba ’18 is glad to pick up his embroidered white coat at the Alumni Center.

The Student Fund and its activities are financed by your contributions and are greatly appreciated by LLU medical students.

For more information or to make a donation, please contact the Alumni Association at 909-558-4633 or llusmaa@llu.edu.
Soo Kim Named Teacher of the Year

Both faculty and senior medical students were recognized at the Senior Awards Banquet on May 25. Among the awardees, the Walter E. Macpherson Society presented the Teacher of the Year Award to Soo Youn Kim ’95, assistant professor of pediatrics.

Kimberly Payne, PhD, associate professor of pathology and human anatomy, medicine, and pediatrics, and director of translational research in the department of basic sciences; and Sinisa Dovat, MD, PhD, adjunct associate professor in the department of basic sciences at LLUSM, and associate professor at Pennsylvania State University College of Medicine, Hershey, Pennsylvania.

An NIH grant of $1.49 million over a five-year period was awarded to Kylie J. Watts, PhD, assistant professor, department of basic sciences, to support research on structure and function of a chemosensory system in Pseudomonas aeruginosa. Co-investigators are Mark S. Johnson, PhD, associate professor, department of basic sciences, and Suzanne Greer-Phillips, PhD, assistant professor and chair of earth and biological sciences.

The Fletcher Jones Foundation awarded a grant of $1 million to establish the Fletcher Jones Foundation Endowed Chair in Molecular Genomics. The endowment will further the work of Penelope Duerksen-Hughes, PhD, associate dean for basic sciences and translational research, to integrate genomics education into the training of future generations of physicians and scientists.

Grants Support SM Research

The School of Medicine is pleased to share a sampling of the most recent grants awarded to its faculty.

• A National Institutes of Health (NIH) grant of $1.8 million over a five-year period was awarded to support Loma Linda University’s research on “targeting CRLF2 and ikaros alterations to reduce health disparities in childhood leukemia.” Principal investigators are Kimberly Payne, PhD, associate professor of pathology and human anatomy, medicine, and pediatrics, and director of translational research in the department of basic sciences; and Sinisa Dovat, MD, PhD, adjunct associate professor in the department of basic sciences at LLUSM, and associate professor at Pennsylvania State University College of Medicine, Hershey, Pennsylvania.

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Class of 2020 Receives White Coats

Members of the Class of 2020 received their white coats at a special ceremony August 4. Following a keynote address from David J. Puder ’10, assistant professor of psychiatry and medicine, students participated in the annual “coating” tradition. And, of course, it’s always extra special when a few of our faculty have the honor of putting the coats on their own children.

Right: H. Roger Hadley ’74, dean, helps physician Peter Landless, MB, BCH, MMed, adjunct associate professor; medical education, and director, General Conference Health Ministries Department, into his coat.

Below: A family affair (from left to right)—Wilson Lao, MD, instructor of medicine, and his son, Wilson Lao Jr. ’20; Daniel R. Reichert ’88, family medicine, and his son, Zachary Reichert ’20; Michelle H.L. Loh ’92, assistant professor of pediatrics, and her son, Matthew Loh ’20.

Center’s New Name Honors Dr. Longo

In honor of Lawrence D. Longo ’54 (1926-2016), founder and director emeritus of the Center for Perinatal Biology, the center will be renamed the Lawrence D. Longo MD Center for Perinatal Biology.

As a world-renowned leader in the fields of developmental biology and physiology, maternal-fetal medicine, and obstetrics/gynecology, Dr. Longo’s passion for issues relating to women’s health and fetal development continues to be the focus in the center. Faculty and staff of the Lawrence D. Longo MD Center for Perinatal Biology will carry on his legacy in the pursuit to uncover the secrets of developmental biology, and continue to Persevere!

Upcoming Alumni Events

March 2-6
LLUH Homecoming

March 3-6
85th Annual Postgraduate Convention

July 9-21
Nordic Legends Cruise

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Twitter: @LLUMedSchool

The Dean’s Instagram: @RogerHadley
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The School of Medicine News is developed by Tony Yang, marketing coordinator at the School of Medicine.
It
By Rima Bishara ’06

It was there. In the shower. On the right. But, it could be anything. Sheld wait for a couple of weeks to let the hormones settle, then recheck.

It was there. In the shower. On the right. Call her primary care provider. At the appointment. “It is probably nothing.” “We’ll check to make sure.”

It was there. In the shower. On the right. Solid. Call the surgeon. At the appointment. “Let’s do a biopsy now.” He’ll get back to her soon.

The call. “Not what we wanted.” “I’ll have my staff set up a date for surgery.” “Lumpectomy.” “Chemo.” “Radiation.” “It’s early.”

Talking to the kids, 16 and 17 years old. “It’s early” Solid, there, on the right. Going to the mall for school supplies. In a bubble with everyone walking around her.


Driving to work. Hair lost in the shower an hour ago. Rushing to work. Stopped for a speeding ticket. Lost composure. “It is for your safety that we stop you when you are speeding....”


Settling into life after. Healing, power, peace. Loving the kids fiercely. Commitment to motherhood in the present on behalf of their future.

Clarity of vision. Her place in life. Her task defined. Her life work. Her passion for her profession.


Thankfulness for this opportunity to trust, to walk, to follow only the light. And then, she was me. 

Dr. Bishara is an internist with the Central Texas Veterans Health Care System. She was previously in solo private practice for 17 years. She also spent two years serving at the Federal Bureau of Prisons facility in Ft. Worth as a National Health Service Corps scholarship recipient.

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Of Checks and Recyclables
A lesson in the meaning of giving

By Dennis E. Park, MA, hon’07, consulting editor/historian

In the summer of 1989, the Alumni Fund Council—the fundraising arm of the Alumni Association, School of Medicine of Loma Linda University—was facing a $50,000 Student Loan Fund shortfall brought about by an accounting clerk’s misinterpretation of a financial statement. As I sat at the conference room table, I was impressed by the understanding the council displayed as they heard the explanation of the inadvertent error. Moreover, I was awed by the rapid response of the council members as they rose to the occasion.

One member said: “Well, gentlemen, the money has been loaned out. The students counted on the funds.” Another declared, “There is only one thing we can do. We need to bring the account into balance.” “Agreed,” someone seconded. “I’ll give $5,000,” stated another. With that statement more pledges were voiced. Some began writing checks, others pledges.

I remember looking down the long table, my eyes landing on James A. Jetton ’34 (1907-2003) who had sat quietly throughout the discussion. Pulling out his wallet, he retrieved a folded check. After pausing for a moment, he began writing. As he wrote, someone enthusiastically called out, “I think we have the $50,000.” There was a round of applause as the checks and pledges were handed down my way. The council chair thanked the members for rising to the occasion and then adjourned the meeting.

After securing the donations in the safe, I made my way to the staff kitchen to turn out the lights. Entering, I saw a lone, hunched figure rummaging through the trash. Not knowing who it was, I asked, “May help you?” I was taken aback when the stocky, white-haired Dr. Jetton stood and turned. Suit coat absent and with dress sleeves rolled up to his elbows, the ruddy-faced physician stared at me and I at him. He broke the stalemate with a smile and a single word: “Investment.”

“Pardon me?” I said. At my query he lifted his hands. One clutched a large empty 7Up bottle, the other, three crushed soda cans.

“Investment. Marge (his wife) and I collect empty liter bottles and soda cans to recycle. At the end of the year we turn the recycling refund money in to support the year’s designated Sabbath School investment program.” With that, he turned and pulled out of the trash a discarded plastic bag in which he placed his treasures. After washing his hands (like any surgeon would), he quietly made his way down the hall.

The next morning, I tallied the checks and pledges. One check, creased in the middle and a little worn, caught my eye. This can only be from one person, I mused. Yes, the signature and amount were clear and distinct: James A. Jetton, MD, $5,000.

As I pondered his gift, I could not help but reflect on the events of the previous evening. There I was, holding a $5,000 check from a physician who had given sizable gifts over the years to the Alumni Association, Loma Linda. (Continued on page 43)
**Interview**

**Mission Trip Man**

An interview with Dr. Arnold Petersen

Interviewed by Chris Clouzet, staff writer

Arnold L. Petersen '66 would sit enraptured by the repertoire of stories his grandfather practiced for many years at Portland Adventist Hospital. There he delivered some 700-800 babies and made the decision to follow his dad’s professional footsteps into the field of OB-GYN. He knew he wanted to follow his father into medicine. The decision was solidified when, just before finishing an internship, and licensure as a pilot, he and his wife, Karen spent two and a half years serving at Davis Memorial Hospital in Guyana. There he delivered some 700-800 babies and made the decision to follow his dad’s professional footsteps into the field of OB-GYN. Young Dr. Petersen.

Focused on his goal of becoming a physician, Dr. Petersen hustled through Pacific Union College in three years (along with his longtime friend and classmate Marland A. Hansen ’66). After medical school, marriage, an internship, and licensure as a pilot, he and his wife, Karen spent two and a half years serving at Davis Memorial Hospital in Guyana. There he delivered some 700-800 babies and made the decision to follow his dad’s professional footsteps into the field of OB-GYN. He returned to the States for residency training at the White Memorial Hospital. Since his days in Guyana, Dr. Petersen has continued to travel overseas for medical mission work about once a year. He has been to diverse places including Papua New Guinea, China, Ecuador, Ethiopia, Russia, Kenya, and Guam among others; he has done relief work for fellow missionary physicians including Marland A. Hansen ’66. After medical school, marriage, an internship, and licensure as a pilot, he and his wife, Karen spent two and a half years serving at Davis Memorial Hospital in Guyana. There he delivered some 700-800 babies and made the decision to follow his dad’s professional footsteps into the field of OB-GYN.

Now on mission trips I connect with the local health authorities and the district health providers in the hospital. We look for local leaders with talent in teaching and leave our materials and manikins for them to continue practicing the emergency drills when we are gone. We try to take a small team back within two years to go over it again.

I think there are now over 60 countries that have been blessed by somebody from the ALSO organization teaching this. It’s not just helping the people we come in personal contact with, but leaving them with education that will make obstetrical care better. Because one of the commonest ways a woman loses her life in third-world countries is in childbirth. Pregnancy is a dangerous thing in a third-world country.
I have never experienced anything like what I experienced there. The hospital had lost 300 workers who were massacred on one afternoon. While there, I spent the majority of my time taking care of machete wounds, and they were horrible. But I saw the most moving act of forgiveness I’ve ever seen in my life.

During the genocide, the government already knew who were Tutsis and who were Hutu, and they would go to a Hutu and say, “We have on our list a Tutsi. We understand he’s your next-door neighbor. Here’s a machete, we want you to kill him.” And if he refused, they shot him. Then they’d go to the next neighbor. “We want you to kill him.” After two or three neighbors had been shot because they wouldn’t kill, the next guy down the line said, “We’re all going to be killed anyway, I might as well save my life and kill my neighbor.” And so there was guilt on many of the survivors. Many of these people who were part of the killers had escaped across the border to the Congo, but they were starving in the refugee camps.

At this hospital, the pharmacist was away when his wife and four children were massacred. At one point, I stepped out of the surgery suite for a break and he was there. My nurse was also with me. She could speak English and had also been away from the hospital and lost 23 members of her family the day of the massacre. I saw a man who was in need of medical help coming up the lane to the hospital. There was a buzz, so I asked the nurse, “What’s going on?” She said, “That’s the neighbor who killed the wife and four children of the pharmacist.”

There was a guard next to me with his AK-47. He was ready to be judge and jury. He heard what the nurse said and asked, “Is that so?” He went over and put his gun to the head of the man coming up the road and said, “Tell me that you killed this man’s wife and children.” The man nodded his head and said, “Yes, I did.” “We’re all going to be killed anyway, I might as well save my life and kill my neighbor.” And so there was guilt on many of the survivors. Many of these people who were part of the killers had escaped across the border to the Congo, but they were starving in the refugee camps.

And I do not understand why any Adventist would go to these schools instead of Loma Linda. The difference is profound.

The students study hard and work hard during the week, but the weekends are party time. Not go-to-church time. Yes, some of them have an interest in helping in third-world countries; they’re good people. But their focus is not the same. When a person is dying, these other schools do a good talk about being compassionate and careful about what you say, but because many of them have taken the scientific approach and don’t think there’s a God they don’t have anything to point these people to.

I was involved when Russia first opened up in the early 1990s. We had a number of mission trips into Russia, but we didn’t give medical care, we taught. The church had held a series of evangelistic efforts for about two years and had baptized about 600 Russian physicians. Around

1993, Mark Finley was planning an effort in Moscow. A group of LLUSM alumni heard about the 600 Russian physicians and arranged to invite and pay for them to come to the Moscow meetings. B. Lyn Behrens ’53-Off coordinated the team. While the team was organized for medical CME, Wilber Alexander, PhD, ’53-Ion was asked to spend half of each day teaching them how to treat not only medical needs but also the spiritual needs of their patients. We rented a hall and met with them for five days.

We discovered that sometimes they didn’t have basic antibiotics and simple supplies they needed to care for their patients. One thing that we could teach them from Loma Linda was that they were now baptized Adventists and they always could provide hope by pointing their patients to Jesus Christ. That turned out to be the most important thing for them. That is the difference at LLU.

To me, Loma Linda was a marvelous experience. I have to say the same for Adventist grade school, academy, and college, and particular teachers who were mentors to me on my spiritual journey: Wilber Alexander is a marvelous Adventist Christian. He was with us on that trip and brought spiritual insight to these newly baptized Russian physicians: Even when your hospital’s out of supplies, you can still pray with patients; you can point them to Christ and give them hope.

I had a discussion with the vice mayor for St. Petersburg when we were on another teaching trip. The advance team found out that he had a daughter with cystic fibrosis, but
Graduation 2016

Be Brave

The end of May brought another graduation weekend for Loma Linda University School of Medicine. One hundred and sixty-eight medical students of the Class of 2016 donned their regalia, marched to the stage, and received their diplomas—walking off as newly minted doctors of medicine.

The weekend began Friday evening with the consecration service and hooding ceremony. Dean H. Roger Hadley ’74 and his wife Donna presented silver commemorative baby cups to children born to class members during medical school. Then, parents, spouses, and other loved ones joined their graduates on stage to drape the green hoods of medicine over their shoulders. Sabbath morning’s baccalaureate service featured several graduates who participated in word and song. LLU Church senior pastor Randy Roberts exhorted the graduates to avoid the “Oh, that?” way of life—and medicine—and embrace the spirit of Wow! as they furthered the teaching and healing ministry of Jesus Christ. Follow Jesus around, forgive yourself and learn from them. Second, you’re not side or from God above, is a good thing. Third, be brave. Members of the Class of 2016. As you enter the ranks of LLUSM alumni, the Alumni Association wishes each of you a hearty “Congratulations!” Blessings as you pursue your careers in the healing arts all over the world. Be brave, and be in touch!

LLUSM Alumni Awarded

The following awards were presented to LLUSM alumni and faculty during the 2016 LLU commencement ceremonies:

- University Distinguished Investigator Award: Brian S. Bull ’61, professor of pathology and human anatomy; Gordon G. Power, professor of basic sciences and of gynecology and obstetrics
- University Global Service Award: Ann and Hervey W. Gimbel ’55
- University Community Engagement Award: Richard H. Hart ’70, president of LLUH
- University Alumni of the Year: J. Lamont Murdoch ’63, professor of medicine
- School Distinguished Service Award: George D. Chonkich ’60, associate professor, department of otolaryngology and head and neck surgery; George H. Pettl ’62, professor, department of otolaryngology and head and neck surgery; Robert P. Rowe ’62, emeritus associate professor, department of surgery

Military Commissioning Ceremony

This year, four medical graduates were among those commissioned and promoted as officers in the U.S. Military. The ceremony took place in the Randall Amphitheater following the conferring of degrees.

Former Alumni Association president and retired Army Brig. Gen. Michael H. Walter ’73-B led the new officers in their oath of office and promotion. Dr. Walter and his wife Marianne also offered words of guidance and encouragement to the graduates as they begin their new careers.

The School of Medicine’s military graduates of 2016 are: Brendon Bauer ’16, 2nd Lt., Air Force; Jason Dedeker ’16, Ensign, Navy; Scott Guthrie ’16, 2nd Lt., Army; and Beverly Strunk ’16, Ensign, Navy.

Graduate Students Receive Degrees

Twenty-five students were granted degrees in the basic sciences from the School of Medicine at the 2016 graduation ceremony.

Buhle Appling received a bachelor of science degree. Warrie Ferrer Layon, Jr., Amanda Meacham, Lance Ralph Pompe, Sandra Ruth Waresak, Summer Rose Weeks, Brittany Nicole Hamilton, Cassia Elaine Owen, and Elwood J. Siagian, all earned masters of science degrees.

Doctor of philosophy degrees were awarded to: Andrew Ryan Crofton, Yan Chen Wongworawat, Matthew Peter Curtis (MD/PhD), Margaret Alexandra Carlann Horsley Hubbell (MD/PhD), Richard Burdette Thorpe, Christian Mensah Sarfo-Poku, Kenneth Patrick Coulson, Ana Maria Martinez, Matthew Aaron McLain, Ozioma Salomeyi Chioma, Tanya Larissa Cupino, Terry-Ann Maria Milford, Jesica Ann Jones, Brandon Joseph Dixon, Jacques Christian Mensah Sarfo-Poku.

**From left:** Retired Navy Capt. Richard E. Chinnock ’82, chair of pediatrics; Brendon Bauer ’16, Scott Guthrie ’16, Jason Dedeker ’16, Beverly Strunk ’16, retired Army Brig. Gen. Michael H. Walter ’73-B, professor of medicine; and Army Lt. Col. Gregory Gudmud, associate professor of emergency medicine.

**Graduates:** Brian S. Bull ’61 (right) receives the University Distinguished Investigator Award from University president, Richard H. Hart ’70 (middle) and Dean H. Roger Hadley ’74.

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It is hard to put into words all the things I feel about our time in medical school. A few adjectives come to mind: vowed, because the experience was life-changing; fulfilled, because we made the deepest of friendships that will last forever; and grateful, because we learned new ways to serve others. Personally, I am also inspired to be part of a class whose members’ utmost desire is to selflessly impart blessings to their communities and the world.

Already, I can feel how new currents of residency life can work against me being the kind of resident I have intended to be. For example, whereas Loma Linda University actively encourages its trainees to incorporate spiritual care into their interactions with patients, I have noticed I feel more exposed when doing so now. Not only is the culture different, but I often have unsuspecting medical students with me. Upon reflection, though, what this really means is that my opportunity to share a testimony of my relationship with God has now widened exponentially, and it will continue to do so.

I challenge you to not shy away from your newfound influence. You are given the privilege of being lights shining in the darkness. May this lead you to your knees, and motivate your every interaction with others to be consistent with the character of Christ.

Don’t forget yourself and your family. If allowed, residency will crush you with its constant irrational demands: long hours, variable sense of accomplishment, and unrealistic expectations. Before you realize it, your emotional reserves will be exhausted. Lastly, though scattered throughout all corners of the country, let us be in each other’s thoughts, that prayers may ascend to heaven on our behalf, and words of encouragement be shared as possible. I wish each of you Godspeed.
GRADUATION 2016

Top: Ruth Belay ’16 is hooded by her father, Belay Tessema, MD, and mother, Zemenayi Molla. Middle: Little Wesley adjusts Dad’s cap (Corey Burke ’16) as Mom (Tatum) makes finishing touches to Dad’s hood placement. Above: LLU faculty and proud parents, Daniel W. Giang ’83 and Sarah Marie Roddy ’80-B, hood their son, Michael Giang ’16.

Above: Members of the Class of 2016 are held by their graduating parents during a mass “family” photo. From left are: Justin Chen ’16 (Ezra Michael), Casey Harms ’16 (Emmelin Rose), Amy Appleby ’16 (Lily Grace), Colby Tanner ’16 (Truman Boyd), Christal Nishikawa ’16 (Luke Brent), Mark Ard ’16 (only little Owen Scott is visible), Yuki Miura ’16 (Hannah Saki), Tyler Broven ’16 (Wyatt Oliver), Thomas Stevens ’16 (Elisa Jackson), and Ji Rivan Park ’16 (Ina).
Graduation by the Numbers

168  Total number of MD graduates
71  Female graduates
97  Male graduates
58  Married (6 to classmates)
22  Babies born during med school

Top Specialties for the LLUSM Class of 2016
1  Internal Medicine (15%)
2  Family Medicine (12%)
3  Pediatrics (10%)
4  Psychiatry (10%)
5  Anesthesiology (9%)

Ethnic Origin:
(as specified by students)
12 African-American
1 American Indian/Native Alaskan
2 Asian Indian
60 Asian (other, Filipino)
80 Caucasian
13 Hispanic/Cuban/Puerto Rican/other

Country of Citizenship:
157 United States
6 Canada
3 Japan
1 South Korea
1 Trinidad/Tobago

A few alumni each year witness their children or grandchildren receive medical degrees from their alma mater. Clockwise from the top left: Randell S. ’82 and Melinda S. Skau ’82 congratulate their daughter, Koren Skau ’16; Gerald B. Craig ’80 hugs his daughter, Danielle Craig ’16; a proud Jon R. Kattenhorn ’74 gestures “look-at-this-guy” at his son, Jordan Kattenhorn ’16; Jerry D. Slater ’82 poses with his son and namesake, Jerry Slater ’16; Carrie Lam ’16 seems happy to receive a congratulatory hug and kiss from her father, Michael P. Lam ’81, and three generations of Drs. Bauers, (from left) Carl L. ’81, Brendan ’16, and Mark D. ‘86, smile together.
GRADUATION 2016

Top: Holding the university’s ceremonial mace, Loma Linda University Provost Ronald L. Carter, PhD, leads Drs. Hart and Hadley from the stage following the commencement ceremony. Middle: Commencement speaker, Gillian L. Seton ’08, exhorts the graduates to face difficult times with grace and courage. Above: Elaine Lin ’16, Evan Lowe ’16, Charles Maddux ’16, Jonathan Maldonado ’16, and Ryan Manns ’16 absorb Dr. Seton’s words.

Top: From left, Lauren Spady ’16, Vincent Spellman ’16, Paige Stevens ’16, and Thomas Stevens ’16 smile for the camera. Left: Jeeyoon Jung ’16 receives a handshake from Dr. Hart on the stage after accepting her diploma. Right: At the close of the graduation ceremony relieved and excited new physicians celebrate having officially completed medical school at Loma Linda.
Top: Sarah Lee ’16 and James Yoon ’16 seem amused at the number of photographers snapping photos of them at the same time. Middle: Dr. Harms, his father Lawrence A. Harms ’83, and his brother Corey Harms, DVM, laugh together after the ceremony. Above: It’s a new-graduate sandwich with Laurel Guthrie ’16 on the left and Scott Guthrie ’16 on the right. From left, the sandwich fillings are grandfather Richard S. Guthrie ’56 and his three sons: Laurel’s father, Todd B. Guthrie ’86; Scott’s father, Timothy K. Guthrie ’83; and uncle George E. Guthrie ’91.
Graduation from medical school is an accomplishment that brings together each graduate’s proud group of supporters—whether small or large. Here, a large group of those cheering on Theresa Tran ’16 surround her and Dr. Hadley. (Ed. note: Carol Weismeyer at the dean’s office provided much-needed assistance—and has before and will likely again—in identifying students, parents, and faculty in these photos and many others. Thank you, Carol.)
The Physician’s Ode

By Abby Hibma ’16

Here we trapeze in streaming, daily lines to fill the bright great hall. Fresh and full of fired-up zest to help and heal all. New faces almost every day, they say will soon be friends, Perhaps to share the notes and toils for grade-point dividends.

With new white coats that seem more like a feather in our caps, Not noticing their threadbare hems, no care of this small lapse. The words are long and so familiar on this green pack of ears, But PowerPoint by note-card stash they drill in, pointed spears.

Fresh scrubs and minds are soothe with that draft formaldehyde, Limp body gifts for eager hands to whittle toward inside. These first true patients meant for us to enter closer in, Knowing how they once held life and teach still though now dim.

The brightness turns to low-roof brick as days swipe ever past, And sunshine returns to these hearts that were oaken. —And then the guns sound and all gates, they fly open, This era we’ve heard of in rumors soft-spoken. With real-life, true patients, now ours for time spending, With nerves wrapped in gusto we head for the mending.

This year’s face is freckled with brief clinic stints, All energies aimed toward a “Can I leave?” hunt. For sleep, smiles and sunshine have played their cards trump, And happiness flows on this road without bump.

“Til nerves regain function and March flares its Ieds, This sorting hat “Match” casts its lots and decides. The somedays are here now, today grows still, pale, The promise is made, future’s mask with no veil.

We walk across stages in stuffy, black robes, A small flock of wizards forgetting all woes. Each coat becomes longer and so does each name, Two letters now shared in this medicine game.

Hearts swell with happy, and tears well with loss, As feet march toward new roads and new paths to cross. This bitter-sweet change-wind, now new life it proctors, And gainst all odds, we’ve done it, we’re medical doctors! ■

The clicks and bleak sighs for the hours of eight, Each careful mouse movement switl sealing each fate. But then it is over and these bonds are broken, And sunshine returns to these hearts that were oaken.

And then the suns sound and all gates, they open, This era we’ve heard of in rumors soft-spoken. With real-life, true patients, now ours for time spending, With nerves wrapped in gusto we head for the mending.

The art of the humble and strong here is learn-ed, Ineptible newness and failures assure-d. A bond even stronger is formed with the others Who stand white-clad ‘side you for victories and stutters.

Soon wide-eyed and drifting toward each a safe hollow, To cut or to think or help sleep or swallow. The pace and the people, the floors or the clinic, Each seeking true meaning, strong joy, or near-mimic.

And then come the tickets on planes near and far, Hurt wallets and jet lag, this year’s only scar. For otherwise soft is this meadow far looked-for, A flicker of light down this once long, dark corridor.

The runs are in, art of the humble and strong, There is no more time to waste, and class sans. The clicks and bleak sighs for the hours of eight, Each careful mouse movement switl sealing each fate. But then it is over and these bonds are broken, And sunshine returns to these hearts that were oaken.

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The thesaurus page 33

Runaway Patient

By Tedean K. (Hunter) Green ’16

I was walking into the pediatric ward at Malamulo Adventist Hospital in Malawi, southeast Africa, when I saw her. She was middle-aged, dressed in the customary chitenge skirt and short-sleeved shirt that most women wore in the villages. Her mouth was lit up with a smile as she talked with a group of ladies. However, my gaze was immediately drawn toward her neck where a large, smooth mass perched right above her sternal notch.

Inevitable newness and failures assure-d.

So, I did not have money for the appointment. I thought you knew and were mad at me! This is why I ran away.” Although we were all laughing, finding the runaway situation hilarious, there was a deep sadness in my chest. This was a typical situation for many patients at the hospital. There were wonderful stories of patients able to receive free surgeries under certain circumstances, or systems set in place to work off payments. However, other stories told of patients simply unable to receive service.

One of the biggest realizations I walked away with from my time at Malamulo Hospital was the tremendous need. There were instances when medications in the hospital would run out; patients would not have money to feed themselves and get well; blood stores would be depleted despite hemoglobin levels of 2, babies would die to lack of oxygen tanks; patient to nursing staff ratio would be 22 to one; patients with feeding tubes would have no appropriate formula; and staff would not have soap in the wards to maintain proper hand hygiene.

Despite these difficulties, I was inspired by the warmth and inner strength of the Malawian people. Many of them fought in the best way they could to care for themselves and for their children. Many of them could be seen smiling, laughing, and singing in the hospital halls, although at times they would be crying with loud wails of mourning. This experience inspired me and increased my determination to help out in whatever small way I could—even if it meant simply tracking down a runaway patient. ■

Tedean K. Green ’16 assists in the operating room during her mission elective at Malamulo Adventist Hospital.

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rubbed my eyes open as I looked out the plane window. Even if I had been kidnapped, blindfolded, and forced onto this flight without knowing where it was heading, I’d have at least known we were above the Caribbean based on the color of the water alone. I did what I’ve done time and again on many other flights: pressed my forehead against the smudged glass and took it all in. About 30 minutes later I saw a large land mass and felt my heart rate pick up. Haiti! I saw how dry and dusty it looked even from the air. I began to feel contentment in my heart as I realized that this was where I was going to spend the next four weeks. My enthusiasm soon turned to confusion as we continued to fly over the land mass below until we’d traversed it in its entirety and were flying over the blue Caribbean waters again. I never had been good at geography and this was no exception. Only after looking at the maps app on my phone did I realize that I’d flown over had actually been Cuba. I suddenly knew what Columbus must have felt like when he claimed some islands in the Bahamas for Spain thinking he had landed in Asia. I shook it off and 30 minutes later I saw the real Haiti.

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I was giddy to be in Haiti yet equally anxious. Would my ride be at the airport? Would both of my bags be there? I turned my phone on half expecting to have some sort of Verizon-based miracle that would allow me to freely text anybody I needed to. Out of habit I typed out a message to my parents: “I have arrived in Haiti!” I wasn’t surprised, though, when I promptly got a “message failed to deliver” text back in an almost Did you really think that would work? fashion. “Whatever. I’ve got no expectations,” I thought and shrugged it off. My ride and both my bags were there.

The next three weeks flew by as I found myself constantly busy in the hospital and spending my weekends at church and going to the beach... is what I wish I could say about my experience. In fact, I liken those first few weeks to the metamorphosis of a caterpillar to a butterfly, but without all of the transformative beauty. In list form, here’s a partial summary of my experiences from the first three weeks:

- Spaghetti for breakfast; rice that smelled like something unmentionable (served three times per week);
- palm-sized tarantulas; staying alone in a large guesthouse; blood-curdling screams at 3:00 a.m.;
- waiting and shrieking coming from the hospital at every death; Melodramatic related insomnia and anxiety (still a theory);
- nearly three-quarters of the long-term missionaries leaving for good or going on vacation for just the right amount of time that I wouldn’t see them again, dog sitting a 90-pound pit bull that only understood Spanish commands to help out one of the aforementioned out-of-town missionaries; intense amounts of time just with myself (and the dog);
- feeling safe to venture out of the hospital compound alone, reading daily emails from the U.S. Embassy about this and that protest concerning the presidential elections; no Wi-Fi; no consistent responsibilities at the hospital; fire ants invading my backpack and promptly dying in said backpack; having to do chest compressions for the first time ever on a neonate; seeing several babies die due to lack of resources.

At this point the astute pessimist will notice that I only wrote out the bad things that happened during my first three weeks in Haiti. So that you don’t get completely disheartened or start to question where I’m going with this, know that I’m intentionally leaving out everything amazing that happened to me those first weeks because they belong closer to the end of this journey, when I finally began to see them. Yes, this story has a happy ending. Though my time in Haiti was punctuated by that long list of mishaps, there were many ways in which the trip was enriching and enjoyable. I may not have been able to post a million pictures of me at the beach or at safari parks or doing the tourist-style activities my friends were doing around the world during this time, but I got to experience and see true poverty and need in a way I never had before.

In addition, I got to help in new ways, such as teaching nursing classes at the hospital and a medical terminology English class to the Haitian doctors. I had taken my good camera and was able to help make several videos for the hospital it could use for its website, and I found myself helping out one of the locals his age with a project of his. I met several doctors, families, and missionaries who had decided to sacrifice comfortable lifestyles in the United States; their passion and enthusiasm was contagious. Wednesday mornings filled me with joy as I helped out with the Club Foot Clinic. We would cast little ones’ legs for hours, only stopping to make jokes as I got to use my French with the workers who only spoke French/Creole. Some days I got to help out in orthopedic surgeries, as well as assist in C-sections. I got hands-on experience in neonatal resuscitation as we saw many sick babies come into the emergency department. All in all, I learned much during my short time in Haiti and was able to venture out of any comfort zones I may have been in when I first arrived. The day I landed in Haiti one of the hospital administrators told me, “Haiti is not for the faint of heart.” Looking back, I couldn’t agree more with that statement. However, I also came to know that incredible things happen when one is willing to give his or her heart to Haiti. Haiti is a special and unique place and continues to need help and guidance as its people rebuild after the January 2010 earthquake and attempt to restructure their government. I truly believe that those who go to help in Haiti have a special calling from God, and the future of Haiti depends on that calling. ■
I’m Sorry, Not Guilty
Disclosure and Apology After Medical Error

By Lorelili Odland Lewis ’16

Patient JW, a 36-year-old female school teacher with two small children, presented to her primary care physician in the fall of 2003 with concern for a non-tender palpable “lump” in her right breast. Just three months earlier she had her annual physical exam, with a normal breast exam documented. Unfortunately, her primary care physician was out of the office that day. The covering physician, not finding any palpable lesion, recommended monthly breast self-exams, but did not schedule follow-up or additional testing. The patient, reassured by the physician, did not bring it up again although she continued to feel a lump. In 2004 JW had another documented “normal” physical exam. In the summer of 2005, her lump became painful and biopsy revealed invasive ductal carcinoma. Due to the delay in diagnosis, the cancer had already metastasized to the lymph nodes and by the time she had a lumpectomy she needed chemotherapy, a mastectomy, and subsequent radiation therapy. One year after diagnosis she applied for disability due to chronic fatigue, chronic shoulder pain, depression, and anxiety; and she filed a malpractice suit against the University of Michigan Health Services (UMHS).

In recent years the UMHS has adopted an open-disclosure and apology program in which the institution conducts an investigation of potential medical errors and holds official meetings with patients and their attorneys as well as physicians and “risk managers.”4 During these meetings patients are encouraged to share their stories and feelings, and physicians are called on to respond, explaining any errors and apologizing for any part they may have played in causing the patient’s distress. The UMHS will often negotiate compensation with the patient, and many of these potential malpractice cases are settled quickly and for a lesser fee than the traditional malpractice approach.5

In the case of patient JW, UMHS internal investigation revealed that their own experts believed JW’s care fell short of the standard of care and calculated the chance of losing at trial to 5 percent with potential damages surpassing $3 million. Eventually, the case was settled out of court for $400,000 with annuities for college funds and a promise to record her case for medical education.

After the negotiation process, JW expressed satisfaction with the open-disclosure and apology system at UMHS, saying that she appreciated the apology and the chance to be heard. Since the institution of this open-disclosure policy, UMHS has claimed a “forty-seven percent drop in per-case payments and a reduction in settlement time from twenty to six months.”6 The institution reports a decrease in annual litigation cost from $3 million to $1 million.7

On the surface, the UMHS policy seems to be beneficial to both the individual patient and to the health care system as a whole. Closer inspection reveals inherent flaws in any “mandatory apology” system: a conflict of interest that may actually harm patients and a legal vulnerability that leaves physicians open to future harm. Many states have now enacted “apology laws” designed to prevent apologies being used as admission of guilt, the vast majority of these laws are “sympathy only” and do not protect any statement that could imply that the physician caused the error.8 California Evidence Code section 1160 protects “the portion of statements, writings, or benvolent gestures expressing sympathy or a general sense of benevolence relating to the pain, suffering, or death of a person involved in an accident,” yet any “statement of fault ... shall not be inadmissible.” The intentions behind apology laws may be noble, but they offer little actual protection. A watered-down “apology” without any explanation of the error may serve to frustrate patients and leave them feeling more inclined to pursue legal action, if only to learn the real reason for the adverse outcome. “Apologies devoid of self-criticism are less likely to spur a settlement ... [and] tend to be less positively received by victims than no apology at all.”9

While both doctors and patients state that they ethically value the disclosure of error, there is a wide gap between ideals and actual practice.

Is it safe to apologize?

Many health care practitioners feel the need to express sympathy and apologize when there is an error. But the internal drive for this “catharsis” is often overcome by fear of legal ramifications, and with good reason. While many states have now enacted “apology laws” designed to prevent apologies being used as admission of guilt, the vast majority of these laws are “sympathy only” and do not protect any statement that could imply that the physician caused the error.10 California Evidence Code section 1160 protects “the portion of statements, writings, or benvolent gestures expressing sympathy or a general sense of benevolence relating to the pain, suffering, or death of a person involved in an accident,” yet any “statement of fault ... shall not be inadmissible.” The intentions behind apology laws may be noble, but they offer little actual protection. A watered-down “apology” without any explanation of the error may serve to frustrate patients and leave them feeling more inclined to pursue legal action, if only to learn the real reason for the adverse outcome. “Apologies devoid of self-criticism are less likely to spur a settlement ... [and] tend to be less positively received by victims than no apology at all.”11

An examination of the current state of disclosure and apology after medical error shows that physicians often cannot be the best advocates for their patients after medical error.

The Disclosure Gap

Almost all physicians believe that patients should be informed of medical error when it (inevitably) occurs; quickly and to the extent that disclosure currently happens across the United States. The relevant American Medical Association advisory opinion states that “the physician is ethically required to inform the patient of all the facts necessary to ensure understanding of what has occurred;” and the most recent Joint Commission guidelines recommend disclosure of “any unanticipated outcomes of care, treatment, and services.”12 Patients want to be told about medical errors. A survey revealed that “patients strongly endorse error disclosure and desire a deceptively simple set of information about harmful errors,” including “(1) an explicit statement that an error occurred, (2) what the error was, (3) why the error happened, (4) how reoccurrences will be prevented, (5) an apology.” However, a survey of physicians found that only a minority would actually disclose an error, with more obvious errors being more likely to be disclosed. Medical specialists are more likely to report errors than surgical specialists.13 While both doctors and patients state that they ethically value the disclosure of error, there is a wide gap between ideals and actual practice.

Patients want to be told about medical errors. A survey revealed that “patients strongly endorse error disclosure and desire a deceptively simple set of information about harmful errors,” including “(1) an explicit statement that an error occurred, (2) what the error was, (3) why the error happened, (4) how reoccurrences will be prevented, (5) an apology.” However, a survey of physicians found that only a minority would actually disclose an error, with more obvious errors being more likely to be disclosed. Medical specialists are more likely to report errors than surgical specialists.13 While both doctors and patients state that they ethically value the disclosure of error, there is a wide gap between ideals and actual practice.

As one critic points out, the impetus behind fear of a true apology is based on a logical fallacy: while a person may feel the need to express personal feelings of guilt, this does not necessarily mean that they are actually guilty. Guilt can only be determined by unbiased and thorough investigation and “a guilty or self-critical stance is appropriately directed even at one’s inadvertent, nonnegligent inflictions of harm.”14 However, in today’s
legal climate physicians should be cautious not to cry mea culpa before careful consideration. Though a physician may feel responsible, quite often medical error is due to system failures rather than individual action, something which cannot be determined without large-scale investigation.

History of Apology Law: The Chilling Effect
The first legislation of protected apology took place in Michigan in 1985 after Senator William Saltonstal's daughter was killed after being struck by a car while riding her bicycle. Saltonstall wondered why the driver of the car never apologized or even expressed sympathy and later found that he was afraid of the legal implications of apology.11 This "chilling effect" caused by legal ramifications on the interaction between two parties led to the development of apology law. However, the first law covered only statements of sympathy or "general benevolence," not admission of fault.12 Other states soon followed and by 2009 as many as 36 states had some form of "protection" for apologies.13

Though a physician may feel responsible, quite often medical error is due to system failures rather than individual action, something which cannot be determined without large-scale investigation.

In 2005, there was an attempt to legislate a national apology law. The National Medical Error Disclosure and Compensation Act introduced by senators Hillary Clinton and Barack Obama, "emphasized open disclosure to patients, apology and early compensation, and a comprehensive analysis of the events."14 The bill did not pass, but its proposal demonstrated national interest in the issue.

Experiments in Open Disclosure
Several hospital systems have experimented with open disclosure and compensation policies. In 1999 the Veterans Affairs Medical Center in Lexington, Kentucky, instituted a "radical policy of full disclosure" and was the first to demonstrate that an open disclosure system could potentially benefit the hospital and would not cause financial ruin by increasing the number of malpractice claims.15 As discussed earlier, the University of Michigan Health Services implemented a similar program and reported decreases in litigation costs as well as settlement time,16 and COPIC insurance group in Colorado has had success with the "3R Program" which is a no-fault program offering compensation of up to $30,000 to patients.17

Benefits of Open Disclosure
With so many reports of successful disclosure and apology programs it easy to see benefits. These programs aim to provide a safe expression of the ethical duty physicians feel to disclose and even take responsibility for error. Surveys show that many patients are satisfied with the experience. This is demonstrated by the case of Charles Uiley, "a patient in San Diego who chose to settle directly with the hospital instead of bringing suit over a surgical sponge left in his body after he received unequivocal apologies from the lead surgeon and a hospital administrator" because he felt that "they honored [him] as a person."17 Many open disclosure programs aim to involve patients in quality improvement, resulting in better peer review and clinical improvement projects, with the involvement of the patients who were actually harmed by the faulty system.18 This may be better than traditional "defend and deny" systems, if they can spur change in harmful practices. Non-adversarial open disclosure policies may also offer a chance to preserve the therapeutic alliance between doctor and patient. Finally, there is a clear financial benefit to the institutions that implement an open disclosure policy due to a decrease in the number of claims brought, shorter settlement amounts, and shorter settlement times. But this obvious financial benefit to the institution may also be seen as a huge ethical flaw in the system.

True Apology or Financially Driven Manipulation?
As any young child knows "mandatory apology" is often as far from a true expression of regret as possible. Open disclosure policies may be honestly driven by an ethical impulse, but it is also abundantly clear that the institution has economic motivation to provide the least amount of compensation possible, and in the absence of a judge or jury patients may settle for far less than they deserve. This may be fine in the case of an informed patient who understands the costs and risk of going through a malpractice trial is not worth the potential gain. Uninformed patients, especially when encouraged not to seek the advice of an attorney, may find themselves harmed by these programs.

As one critic observed, the practice of systematic rehearsed remorse is not unlike a technique used by con-artists called "cooling out the mark," in which a "person in a position of power uses persuasive methods to control the emotional state of a mark [victim]."19 In future pursuit of efficiency this kind of "cookbook" apology may eventually be delivered not by the patient's actual physician but by an "error response team" composed of trained mediators whose goal is to achieve optimal patient response.20

Despite successful disclosure and compensation, a patient may still decide to pursue a malpractice case, and prior admission of fault in compensation negotiation may be admissible in court. And some malpractice insurance carriers may consider a full apology an act that makes the client impossible to defend, and thereby invalidates insurance coverage.21

As any young child knows "mandatory apology" is often as far from a true expression of regret as possible.

Justice for JW?
So was JW a patient who successfully navigated medical error and received adequate compensation, or was she a victim of a manipulative system? She expressed satisfaction with the results of her settlement, yet some may speculate that she will need more than her relatively modest award to pay for her future health care and to provide for her children if she is truly disabled. The settlement amount of $400,000 was based not upon lost wages or future health care costs, but was derived from her fear that she might not be able to send her children to college. That fear was the emotional motivator for her malpractice suit. Medicine is fraught with tension between hearty idealism and the economic reality that physicians need to understand the business of healthcare and the danger of legal pursuit. A review of the state of disclosure and apology laws, as well as the touted success of several open disclosure policies, reveals the possibility that a better system of error reporting and patient compensation is on the horizon, though caution is warranted on the part of the physicians as well as patients. There is already a system in place for patients who believe they have been harmed, and a court of law may be the best place to obtain a decision by a neutral third party free of financial incentives. If full transparency and apology after medical error is the future of medicine, it must be approached carefully in order to protect patients and physicians, and financial motivations need to be addressed for the sake of justice.

Endnotes
1–23. Due to a lack of space, Dr. Lewis’ complete article and source citations, including the source of the facts of JW’s case, are located online at www.thecentralline.lsum.edu/sorry-not-guilty.

Dr. Lewis was a senior at LLUSM in “Law and Medicine Seminar” when she wrote this paper. She is now a family medicine resident at St. John's Hospital in St. Paul, Minnesota.

Invitation to the class of 1992
Reception and Buffet Dinner (with the 50th Anniversary Class of 1967), Saturday, March 4, 2017 at 6:00 pm | Cost: $60 per person Redlands Country Club, Main Ballroom | 1749 Garden Street | Redlands, CA 92373 Phone: (909) 793-2661 | www.redlandscountryclub.com RSVP: Julio Narvaez | narvaezdj@gmail.com | text or call: (909) 831-5728 for more info

Moments and hard copy photos from our class will be displayed during the dinner. Private class meetings to follow dinner during which we will be socializing, and discussing disposal of our class funds announced during the APC Gala on Sunday, March 5, 2017. Let’s make sure we all contribute to the class fund this year, so that we can, together, fund a gift to the School of Medicine!

Send checks payable to: Alumni Association LLUSM | Memo: c/o 1992

Warmest regards to all! I hope to see all of you there.
Sincerely, Julio Narvaez, MD
LLU School of Medicine Class of 1992 Representative
Equipped for Global Service

By Chris Clouzet, staff writer

One of AIMS’ goals is to support Loma Linda University (LLU) medical students and residents who wish to pursue extra training in global health. One such opportunity is the “Tropical Medicine and Global Health” elective available to fourth-year students. The course serves as invaluable preparation for overseas medical missions and as a stout foundation for further education in this field.

The six-week online training that is completed during the senior year is a prerequisite for entering Loma Linda’s Global Service Pathway, but is also available to any senior interested in expanded tropical medicine and disaster relief training.

2016 Graduates Inspired

Last year, eight seniors completed the seven modules that make up the elective. In May, the soon-to-be graduates gathered at the home of Ingrid K. Blomquist ’81, the course director, to share and discuss with each other the highlights of their experiences during the course. It was quickly evident the topics covered had struck a chord. Throughout the evening, the students held impassioned discussions about everything from religion and babies to the sexual exploitation of refugees by aid workers to the economic and political concerns of those they encountered.

Dr. Teferi spent time in Ethiopia during her fourth year serving patients in the jungles of Peru and learning about diseases outside the U.S., but to understand more fully other health care systems—the “economics and politics” Dr. Knopper wrote about in an email—that are in place around the world.

Last May, seniors (now graduated) in the “Tropical Medicine and Global Health” elective watch a video clip pertaining to the course at the home of the course director, Ingrid K. Blomquist ’81, during their year-end debrief.

Deferred Mission Appetite, she is already making plans to return to Ethiopia after her general surgery residency (and potentially) a fellowship.

“Any course that gives me better skills to approach patients in this setting is extremely valuable to me,” Dr. Tefere wrote in an email. “Patients in other countries deserve top-notch care, even in a limited resource setting. That’s why I intend to equip myself with appropriate and pertinent knowledge of tropical medicine.”

AIMS Supporting Current Students

In spite of its high value to medical students like Drs. Knopper and Tefere, the tropical medicine elective is an extra expense of $2,800 not included in the medical school tuition. Thus, it is difficult to afford for many financially strapped students.

This financial obstacle is one which AIMS wishes to alleviate. Already, AIMS members have begun supporting these students. Without the organization’s help, the opportunity to take the elective would have been lost to some.

One student wrote: “At a time when I was paying for ERAS application fees and interview costs, there is absolutely no way I could have financed this course for myself. Without the help of the donations to AIMS, I simply would have had to forgo this part of my elective education, … which worked to develop my thinking about international work and likely will serve as a nidus for international projects and efforts during my career.”

The word is out, and the applications for this elective are growing. This year, 14 students have signed up and they’re reaching out to AIMS for help in covering the expenses. Although reasons for taking the course may overlap for these students, each has his or her own hopes for the class. Following is a sampling of the current seniors and their motivations for learning more about global health.

“For Emily Kim (17), it’s a microbial matter. Emily intends to pursue a career in infectious diseases and realizes the potential benefits of gaining a better understanding of both international and domestic microbial issues with the ever-increasing connection the U.S. has to the rest of the world through immigration and ease of travel.

After a year serving people in the jungles of Peru and earning a master’s degree with a focus on parasitology, Alex Trecartin (17) came to medical school with “a fascination with tropical medicine” and is eager to learn more.

Kimberly Azelton (17) writes that being a career missionary has “always been a burning desire” for her. She realizes the potential benefits of gaining a better understanding of both international and domestic microbial issues with the ever-increasing connection the U.S. has to the rest of the world through immigration and ease of travel.

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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.

AIMS Website: www.aims.llusm.ca.org
Having spent time working with the Ijevan Shalee Wellness Clinic in India, she plans on taking the tropical medicine course so she can return for a fourth-year missions elective better equipped to serve. Nicholas Paul (‘17) and Laura Elena Istrate (‘17) met and married during medical school, and both plan to complete the tropical medicine course. For Nicholas, medicine hit his radar as he witnessed a physician couple at his church lead out in medical missions. Their stories and descriptions of the spiritual blessings they’d received in serving others made an impact on him. He hopes to return to his small church in Sacramento and help lead its global mission projects. "I am most excited about expanding my knowledge in the area of delivering health care effectively in resource-limited areas," he writes. "This interest in resource-limited areas goes back to a college mission trip to Mexico when he got to know a patient with metastatic skin cancer who didn’t have long to live.

Laura’s father was a general internist at Maluti Adventist Hospital in Lesotho when she was a young girl. Both her father and the time her family spent in Lesotho inspired her interest in medicine. As someone who hopes to join her father on medical mission trips to Lesotho one day, as well as work on missions with her husband at their church, she wants to be as prepared as she can be for short-term projects.

“I have often heard from other missionary workers and physicians,” Laura writes, “that short-term mission trips are important, but can be of limited long-term benefit to the people. I think part of this is that it takes time to adjust to a new environment, learn the culture, and learn what difficulties face each unique area and group of people and what can be done.” She believes the tropical medicine elective will give her pertinent background information and a greater understanding of the relevant issues, allowing her impact to be greater, sooner.

After medical school and a family medicine residency, Christopher Holloway (‘17) plans to practice in a developing country and wants to be better equipped in tropical medicine. He’s also got his eyes on a bigger picture.

“I’m looking forward to learning about how to affect a population at large, versus individual patients.”

Support the Students
There are 14 students who need $17,400 for the 2016-2017 “Tropical Medicine and Global Health” course. Please send your support to these students and the growing numbers in years to come.

Visit www.aims.llusmaa.org/tropicalmedicineelective.

Jonathan Harper (‘17) seems to see the benefits of the tropical medicine elective in two ways. First, as someone who has been to both Nepal and Nigeria, he has seen a need for physicians who can work well in a variety of conditions—especially during short-term mission trips—and the course would help to further round out his knowledge base for just such a purpose. Second, during his trip to Nigeria he came face to face with patients suffering from malaria, but he had no experience managing the disease. The tropical medicine elective draws him because now that he’s studied material like microbiology and pathophysiology in medical school, he’s eager to study the detailed management of malaria.

In many ways, the goals and hopes of these students entering their final year of medical school are not anything new for longtime readers of the Alumni JOURNAL. If you are an alumnus reading this, you probably had a similar vision for your future when you were coming to the close of medical school. For over a century, young men and women—you and yourself, and these senior medical students, included—have come to Loma Linda with the intent to learn how to assess environmental difficulties that may cause health challenges, such as mosquitoes, access to clean water, etc.

University, his local church, and other church-related charitable organizations.

What I had witnessed the prior evening did not compute. Within a short time of writing a substantial check, this good doctor was found rummaging through the trash for recyclables to turn into cash for an investment project. Why not write another check and be done with it? Certainly he had better things to do with his time! As one who is interested in behavioral science, I tried to make sense of the incident. I tried to bridge the gap of the extremes: the four-figure check and the handful of recyclables worth less than a dollar. Suddenly, it came to me. There wasn’t a gap to bridge. There weren’t opposing extremes. There was, however, a common denominator: altruism.

Dr. Jetton wasn’t thinking large gift versus small. He was thinking of meeting needs—the financial need of students and the need for an investment project. No doubt each was just as important to him as the other, and he addressed them from the same altruistic motivation. However, what varied were his approaches to meeting these needs because they stemmed from two distinct spheres of his life.

As I saw it, he donated to the Student Loan Fund from his capability to do so (his earnings) as an adult, a surgeon, but he collected recyclables to cash in for Sabbath School investment money because of what his parents instilled in him as a child. I can imagine him saying: “Jimmy, what are you going to do this year to earn some money for investment?” He was meeting needs, simply approaching them in different ways.

A few weeks after this incident, I saw Mrs. Jetton on campus. As we chatted, she remarked that Jim had mentioned the committee making good on the shortfall.

"He wants you to give us a call if the amount collected for the Student Loan Fund fell short of the goal.”

After the next meeting, Dr. Jetton was again found rummaging through the trash in search of recyclables for investment. But that was the last time he had to dig through the trash. The staff designated a recycle bin just for him and his investment project. Over the ensuing years, each time I walk into that kitchen, I see Dr. Jetton hunch over the trashcan and I thank him for a lesson well learned.

Dennis E. Park is former executive director of the Alumni Association. He enjoys writing about the history of the Association and the Loma Linda community.

Of Checks and Recyclables (Continued from page 12)
BOOK REVIEW

Tackling the Problem of Evil

By Richard Rice, PhD

Not many books are philosophically profound, thoroughly researched, rigorously argued, elegantly written, and personally moving. But Sigve Tonstad’s “79-A Recent offering, “God of Sense and Traditions of Non-Sense,” displays all these qualities. It deals with what has always been a central—if not the central—issue in philosophy of religion, namely, the problem of evil. It painstakingly develops a perspective that, while it is not widely shared among contemporary philosophers, rests on sophisticated biblical interpretations and illuminating appeals to a wide range of literature, from the apologetics of Origen, an early Christian thinker, to the novels of Fyodor Dostoevsky and Mark Twain. In the urgency of its tone and the sweeping landscape it traverses, not to mention "theodicies," or philosophical explanations. Such evils, Tonstad argues, require nothing less than a demonic perspective. Only the concept of the devil, aka Satan and Lucifer, God’s powerful antagonist and leader of a host of fallen angels, provides an adequate explanation for the scope and intensity of human suffering.

If primordial angelic rebellion provides the essential backstory of Tonstad’s theodicy, the central plot consists of the long process by which God incrementally reveals God’s true character, exposes the falsity of Satan’s charges, and inspires our loyalty. Because God places great value on human freedom God never resorts to coercion. “Absence of divine intervention,” says Tonstad. “And intervention by unexpected means are the pieces by which the Bible brings to view what I call a God of Sense” (xx). Still, surprising as they may be at first, God’s ways do make sense. There is common ground, indeed, an “overlap” between the values of God and humanity (257). And these values provide a basis for an intelligent appreciation of God’s character and render fully rational a decision to respond to God with loyalty and love. The priority of revelation to obedience is a persistent theme of Tonstad’s proposal (cf. 16). On the way to this conclusion, Tonstad carefully considers a variety of biblical narratives, and his treatment of history’s most famous sufferer is particularly illustrative. Contrary to many interpretations, he maintains that God does provide Job with an explanation for his suffering—one consistent with the frame story, in which God and Satan confront each other. So, when God speaks from the whirlwind, it is not to cow Job into submission, but to reveal the source of his suffering. Satan is at work in the world and he, not God, is the one afflicting Job. In subsequent chapters, Tonstad argues that God’s archenemy plays a central role in the Gospels’ accounts of Jesus’ life and provides an indispensable backdrop to the theology of the Apostle Paul.

Tonstad saves the most dramatic phase of his discussion for the concluding section of the book, where he examines the last book in the Bible. As he describes it, Revelation brings to a dramatic, indeed breathtaking, culmination the various portrayers of God in previous portions of the canon. And here, the theme of “divine transparency” emerges with striking clarity. In Revelation’s account of God’s climactic encounter with cosmic rebellion, we are presented with “a spectacular feat of divine persuasion” (365), a feat that reaches its climax not in the ultimate restoration of the universe to its primeval beauty, but in the spectacle of the slaughtered Lamb that evokes heaven’s silence.

Tonstad’s insistence on the rational basis of God’s relation to inassimilable evil is established by arguments like this: “On the one hand… we have a God who is committed to transparency. On the other hand, we see creatures endowed with the ability to understand” (368). And to enable them to understand, God allows Satan to reveal himself and thereby expose what/is it that lies behind the “horrendous realities” that pervade human history. Ultimately, the devil’s activity ends in self-destruction. And God’s non-use of force emerges in striking contrast to the violence perpetrated by God’s supreme enemy. God earns the admiration, the worship, of the heavenly council with a vivid display of the divine character. “The last book of the Bible reveals a God of sense and a God whose ways are seen to make sense” (403).

If primordial angelic rebellion provides the essential backstory of Tonstad’s theodicy, the central plot consists of the long process by which God incrementally reveals God’s true character, exposes the falsity of Satan’s charges, and inspires our loyalty.

Those who remember Dr. Graham Maxwell will find a good deal in the book that reminds them of him. “For the rough contours of the book,” Tonstad states in his Acknowledgements, “I owe the most to the late A. Graham Maxwell.” The great controversy was the center of Maxwell’s theology, and some will hear echoes of Maxwell as they read this book. “God is not the kind of person his enemies say he is,” I remember Maxwell often saying. He was also fond of quoting this statement from “Steps to Christ”: “God never asks us to believe, without giving us the evidence of which we must base our faith.” When Maxwell declared that God’s true character is the central issue in the cosmic conflict that occupies Tonstad, and the conflict is finally resolved when we accept the evidence that love stands behind all that God says and does.

Memorable theological proposals not only inform, they stimulate thought, and I found myself asking a number of questions as I read. I wonder, for example, if Tonstad has overemphasized the rational dimension of faith. To be sure, finding evidence to support our beliefs is an important aspect of religious commitment. But I am equally impressed with the fact that religious commitment goes beyond the available evidence. From my own examination of their relation, I concluded that faith is “a reasonable but not a reasoned decision.”

While attentive to rational considerations, faith, to a certain extent, involves a trust that surpasses what reason can provide. I think this is what Ellen White’s position, too. While assuring us that God’s existence, character, and truthfulness are established by evidence that appeals to our reason, she states, “Yet God has never removed the possibility of doubt. Our faith must rest upon evidence, not demonstration.”

The concept of a cosmic conflict between God and Satan also raises interesting questions. One is how a superior intelligence, indeed the highest of created beings, could possibly think of himself as a plausible rival to God. After all, as creator, God not only brought the universe into being. God’s power sustains all that exists, moment by moment. Lucifer must have realized that God could, in an instant, completely annihilate him. So, what did he hope to gain by contesting God’s supremacy? We also have to ask how other intelligent beings could be capable of entering into God’s holy presence. What was decisive about their powers of perception? Did they not realize that there was no possibility of deposing God? That God’s infinite wisdom and resourcefulness would ultimately destroy their rebellion?

Do concerns like this detract from Tonstad’s accomplishment? I doubt it. Viewed alongside the sweeping scope of his project, I suspect that such questions may be nothing more than quibbles. After all, a grand narrative does not stoop to answer questions, it transcends them. In the final analysis, what “God of Sense” provides is not a sustained argument, not an exercise in disserptive reasoning—however admirable the author’s forensic skills may be—but a powerful narrative—a multifaceted story of the greatest Love in the universe relentlessly pursuing the objects of its affection until they—we—we can no longer wonder, or can only wonder, that we are cared for in ways that can only be imagined, but never adequately conceived. It is no wonder our friend and colleague Dr. Maxwell, whose cosmic story he so eloquently portrays in the stunned silence of the heavenly court. ■

Dr. Rice holds both a master’s degree and PhD from the University of Chicago Divinity School. He earned his MDiv degree from Andrews University and began his career pastoring in Southern California. He has taught religion at Loma Linda University at different times since 1974.
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MISSION TRIP MAN

(Continued from page 16)

none of the modern medicines that at least extend life for thousands of women in Russia. We called Richard L. Sheldon ‘68, a pulmonologist in Loma Linda who had agreed to be part of the trip, and he brought with him a lot of these medicines she needed.

When we arrived in St. Petersburg, our first stop was at the church where we had the chance to meet the vice mayor. When we introduced ourselves the man began to cry. We were 48 hours later. His daughter had just died. Oh, how we wished that Christ had been there.

We had a good cry with him and prayed with him. I’ll never forget what he told me as we turned to leave. He said, “You know, you people are what Russia needs. We’re without hope and you Adventists bring us hope that Jesus has forgiven us and there will be a hereafter.” Here he was, a card-carrying Communist who made no bones about the fact that he believed in God and the hope we brought him. Even in the throes of grief for his daughter, he spoke encouraging words that affirmed our mission.

What are some common diseases or injuries you’ve seen overseas?

As an obstetric-gynecologist, I would say that overseas every married woman is either pregnant or trying to get pregnant. We see the whole spectrum of pregnancy-related illnesses. If they’re not pregnant and can’t get pregnant, then we’re treating them for infertility. That was one of the earlier surprises to me in going on short-term missions. You would think people were more interested in contraception; they’re not. They want why they haven’t gotten pregnant this year. That’s a big thing when we go abroad and they find out I’m an obstetrician-gynecologist. The word gets around that I can help them get pregnant and they line up!

In central Africa, for instance, they don’t have running water in their homes. They carry water. So water is precious. They don’t take very many baths. And from a woman’s standpoint, these women almost perpetually have a vaginal infection. In this country it’d be an inconvenience, but you’d go to the doctor and get a prescription and you’d be okay. Much of the time, women in Africa have to put up with untreated infections.

And work is hard for them. There’s a lot of arthritis, even at a relatively young age, because they’re doing backbreaking work. They often don’t wear shoes because they don’t have shoes. So you see all sorts of minor injuries to feet and extremities, simply because they don’t have protection. They don’t have the shoes or the gloves that you and I use to keep our hands and toes from getting injured. Then, of course, in tropical South America and Africa both, there are tropical illnesses we rarely see in this country.

What’s the greatest physical need you encountered?

Again, as an obstetrician-gynecologist, the problem I perceive as the biggest blight on this earth is postpartum hemorrhage and the deaths that result from it. So many women are poor, without prenatal care, and malnourished; they’ve had malaria and typhoid and the strand that breaks the camel’s back is a difficult delivery. If a woman has a postpartum hemorrhage she often has no reserve, there is no blood bank, and she dies.

I’ll never forget what he told me as we turned to leave. He said, “You know, you people are what Russia needs. We’re without hope and you Adventists bring us hope that Jesus has forgiven us and there will be a hereafter.”

We think that up to half a million women a year in this world are dying because of postpartum hemorrhage. That’s about 16,000 deaths in this country, but even here postpartum hemorrhage is the number one preventable death related to pregnancy. The maternal death rate in the United States currently is about 16 per 100,000 women who deliver. When I was in Zambia they were proud of the fact that the rate had dropped to under 1,000 per 100,000. That’s one percent. In a lot of the world one or two percent of women who deliver die from postpartum hemorrhage.

What is it about mission work that continues to be rewarding for you?

I’m thrilled when I see the work of God going forward. From a human perspective it’s hard to see how this work will ever be finished; we just can’t picture it. But Ellen White tells us it’s what we do individually that counts; God will make up the difference. He knows who’s safe to take care of. Our job is to be one of the workers. As the Bible says in Matthew 9:37: “The harvest is plentiful but the workers are few.”

I’m excited about being part of that. This is God’s church and I see the hand of God watching over it. Our church is made up of humans and it’s not always correct. I don’t get hung up on that, it’s still God’s church. God has blessed and is blessing His church.

Ed. note: Read an expanded version of this interview—including several additional questions and photos—at www.thecentralline.llusmaa.org/petersen-interview.
**Alumni News**

**1950s**

Donald E. Casebolt '53-B updated us on his career, saying he is a proud alumnus and grateful for the privilege of attending this School. He retired in 2007 from the active practice of medicine after nearly 50 years of practice, the last 22 on the Navajo Indian Reservation. Over the years, an interest in preventive medicine due to the writings of Ellen G. White, and which began before medical school, has continued to grow. During retirement, Dr. Casebolt has written 87 health articles for his local newspaper, and he and his wife have developed a brochure for distribution on the benefits of the vegetarian diet. He may be reached by email at decasebolt0578@gmail.com.

A product of George T. Harding IV’s ‘53-B grandfather’s pioneering work in psychiatry celebrated its 100th anniversary in 2016. Harding Hospital, named thus in 1940, was initially envisioned and opened in 1916 by George T. Harding II, MD, as a hospital in the Kumasi region of Ghana. Hart Adventist University, completed in Kumasi, attended the inauguration of its new campus buildings and had several other new buildings opened this past summer. He is a family medicine physician and has worked with the Adventist Health System for 23 years.

**Tamarah L. Thomas’97** has accepted the role of interim chair of the department of emergency medicine at LLUSM as of September 2016. Dr. Thomas is vice dean of academic affairs for the School.

**1990s**

Ralph A. Alvarado ’94, elected state senator for Kentucky in 2014, was asked to speak at the Republican National Convention in July. He said he was honored to represent Kentucky on the national stage. Dr. Alvarado is trained in internal medicine and pediatrics and works with KentuckyOne Medical Group.

Soo Yoon Kim ’95, assistant professor of pediatrics at LLUSM, was presented the Teacher of the Year Award by the Walter E. MacPherson Society in May.

**2000s**

Jasiah Lohr ’01, chief medical officer at the Social Action Community Health System (SACHS) and Richard G. Rajaratnam ’95-res, chief operations officer at SACHS, played important roles in a year-long process that culminated in the SACHS-Norton clinic being awarded Level Three Patient-Centered Medical Home (PCMH) by the National Committee for Quality Assurance (NCQA) in August. Only some 10 percent of clinics nationally are able to attain this top PCMH recognition by the NCQA.

Kamal R. Woods ’95, director of the Comprehensive Spine Center at LLU Medical Center-Murrieta, was recently recognized as a Pinnacle Professional in health care by Continental Who’s Who. Dr. Woods completed his neurosurgery residency at LLUSM and an enfolded complex spine fellowship at Cedars-Sinai Medical Center.

**What’s new?** Have you relocated? Changed careers? Started a fellowship? Served overseas? Received an award? Send us a note about what’s happening lately. Call, email, write, or visit. Refer to our contact information on page one.

**Alumni Remembered**

**1940s**

Sherman A. Nagel ’40 was born in Burbank, California, on May 26, 1915, and died in British Columbia, Canada, on July 31, 2016.

Dr. Nagel was raised in China by missionary parents. He graduated from Pacific Union College. Following medical school, he served with the U.S. Army in WWII. After further surgical training at the White Memorial Hospital, he and his wife, Edith, spent 23 years serving in Nigeria. There he helped to greatly increase the number of deliveries, outpatient visits, and campus buildings of Ille-Ife Hospital. During the nation’s famine-inducing Biafran War, he kept the Northern Ngwa County Hospital fully operational. By the time he returned to the U.S., he had built a church and helped found three hospitals, several clinics, and a nursing program.

For 26 years, Dr. Nagel taught anatomy and physiology and neuroanatomy at PUC. By the time he retired at age 82, he had taught more than 7,000 students. He and his wife continued to help their daughter run the Coronary Health Improvement Project, conducting dozens of seminars across the world. Throughout his lifetime, Dr. Nagel received various awards including the Alumni Association’s Honored Alumnus award in 1964, the Alumnus of the Year award from PUC in 1989, and the Medal of Distinction from the General Conference of Seventh-day Adventists for 70 years of service to the church.

Dr. Nagel loved serving his Lord and church, and it was important to him more than family. Nothing of an earthly nature was more important to his family than his church and community. His wife passed away in 2008; they were married 65 years. She loved to spend time with her children and grandchildren and nothing of an earthly nature was more important to her than family.

Dr. Nagel is survived by his children Carl, J. Earl Jr., M. June Gardner, and Frank Chung; his grandchildren, Merrill, Linda, and Bruce; and his great-grandchildren.

**1950s**

Frank Chung ’54 of Loma Linda died peacefully in Santa Barbara on May 26, 2016. He was born in Sydney, Australia, the youngest of 14 children. At 7, he moved to Hong Kong, where he became a Seventh-day Adventist. When World War II began, he fled to mainland China. He attended Pacific Union College and Walla Walla College before completing medical school. He took further OB-GYN training at Yale University, where he worked with the father of the fetal heart monitor, Edward H. Hon ’50, and met his future wife Helen Chen.

Dr. Chung practiced OB-GYN for 25 years in Oxnard, California. He was an active layman in the church and chairman of two church building committees—Camarillo and San Marcos. For 18 years,
Nelson was born in Detroit on August 18, 2016.

Stuart Lemuel Nelson ’56 was born in Detroit on November 25, 1926, and died at his home in Keene, Texas, on August 18, 2016.

Dr. Nelson was born to Harry and Mabel Wilcox Nelson. He graduated in 1951 from Union College in Lincoln, Nebraska, before completing medical school. He practiced family medicine and was an emergency room doctor in Takoma Park, Maryland. In January 1977, he moved to Keene and became the first emergency room doctor at Huguley Memorial Hospital in Fort Worth.

On September 9, 1979, he married Lillian Katherine Smith Garner. He continued to practice medicine in Silver Spring, Maryland, and Keene and Alvarado, Texas, for nearly 40 years.

Dr. Nelson was survived by his beloved wife Lillie Katherine; his children, Jennifer Garber Montoya, Jeffrey Nelson, Alisa Garner Hill, Greg Nelson, Todd Nelson, Marlon Nelson, Bob Nelson, Chris Garner, Lianne Nelson, Colleen Racine, and 12 great-grandchildren.

1960s

Charles H. Bringer ’63 was born on November 4, 1936, in Lajolla, California, and died in Cherry Valley, California, on June 15, 2016.

Dr. Bringer was known as a gentleman, respected and admired by students, colleagues, and patients alike. His personal relationship with his God and church was a motivating factor for him, and he served as deacon, elder, and youth director.

He is survived by his wife Meredith, his brother Mack; his daughter Lisa Meter; his son Jeff and his spouse; Carin; his four grandchildren; and his loving dog Abbey.

Malcolm E. Heppenstall ’66 was born on June 10, 1940, in Charlotte, Michigan, where he passed away on March 31, 2016, in Redlands, California.

After medical school in Loma Linda, Dr. Heppenstall took an orthopedic surgery residency in Memphis, Tennessee. He was a major in the U.S. Air Force and on staff at Loma Linda University Medical Center. He went into private practice and then joined Beaver Medical Group, retiring in 2010.

Dr. Heppenstall cared about his patients very much. He was a physician for the Redlands High School football team for many years. He supported Family Life Ministries, the Blessing Center, and Youth Hope. He enjoyed taking his family on ski vacations and planning the next biking trip with his mountain biking friends.

Dr. Heppenstall loved his family and will be greatly missed. He is survived by his wife, June, the love of his life; his eight sons Edward, Jason (Mary), Taylor, Griffin, Curran, Stafford, Davis, and Bailey. His son, Dylan, passed away January 1, 2016. He is also survived by his three daughters Anne (John), Gillian, and Jordan (Bobby), and nine grandchildren.

J. Gerald Manus ’67 died on July 4, 2016, in McCall, Idaho. He grew up on a farm in Wyoming and as a child came down with rheumatic fever in 1949. He was told not to run, which he characteristically did anyway. He graduated from Campion Academy and Union College, where, as editor for the school paper, he interviewed Eleanor Roosevelt. During medical school, he met and married his first wife Joelle M. Anderson ’64.

After further training in orthopedic surgery at the University of Texas Medical Branch, Dr. Manus began cancer research at Rancho Los Amigos Medical Center and Long Beach Naval Station. He started the stroke rehabilitation service at LLU Medicine in 1982. His practice began as a private practice in Redlands, California, until his retirement in 2009. He was a man of varied talents: a beautiful singing voice (he loved male chorus and the King’s Herald), car and tractor restoration, woodworking, and carpentry.

Dr. Manus’ brother Edwin “Bud,” his daughter Judy, his parents and his siblings, William, Raymond E. Ryckman, PhD, and ProfessorBatchelor, Dr. Manus began his career in medicine in the 1950s. He conducted research on the effects of drugs on the immune system, and was one of the pioneers in the field of orthopedic surgery.

In 1983, Dr. Manus married his second wife Juliana Saldana. Five years later he visited McCall, Idaho, fell in love with the place, and relocated his practice there the following year. He relieved extending the range of orthopedic surgery care to the people of the McCall area as a flying doctor. Retiring in 2003, he built a house on the Salmon River. He continued to enjoy time with his family and friends and in his beloved Idaho wilderness until his death. He is survived by his wife Julie, his sister Cathy (Gage); his sons Mark and Tony; and his grandchildren Andrew, Ace, Ava, Lily, Namiko, and Ella.

Harold V. Raciné ’68 was born on February 3, 1937, in Pontiac, Michigan, and died on August 18, 2016, in Loma Linda.

Dr. Raciné was born to William Clyde and Marguerite Raciné, a milkman and a school teacher, who had come into the Seventh-day Adventist church just prior to his birth. Sacrifice and an emphasis on education in the home resulted in his graduation from Adelphi Academy and then Andrews University in 1964. Following medical school he completed an internship in Hinsdale, Illinois.

Moved by his pacific, Michigan, Dr. Raciné functioned as the quintessential country family doctor until 2007 when he returned to Loma Linda to take an OB-GYN residency. He went into private practice in Redlands, California, until his retirement in 2009. He was a man of varied talents: a beautiful singing voice (he loved male chorus and the King’s Herald), car and tractor restoration, woodworking, and carpentry.

Dr. Raciné was preceded in death by his parents and his siblings, William, Joyce and Aileen Aileda. He is survived by his sister Helen Jacobs, his brother Edwin “Bud,” his daughter Judy, his sons Jeffrey, three grandchildren, and three great-grandsons.

1970s

Dennis L. Watkins ’78-A was born on September 23, 1953, in Glendale, California, and died on March 30, 2016, in Kailua, Hawaii.

Dr. Watkins graduated from Glendale Adventist Academy and La Sierra College in 1975 before attending medical school. After a five-year ENT residency, he joined Riverside Medical Clinic, serving as director in the department of head and neck and full vocal plastic surgery.

In 1989, Dr. Watkins established his practice in Hawaii, enjoying 30-plus years perfecting the art of reconstructing and rebuilding the beauty of the human body. He had great interest in hair restoration, with over 22 years of experience in hair transplant procedures. His experience included work at Advanced Hair Restoration and Bosley Hair Restoration.

He also performed over 2,000 liposuction procedures, working also at Sono Bello Liposuction Center.

Dr. Watkins treasured his time at Loma Linda University and felt honored to be an alumnus. He served on two mission trips to Micronesia, the last only a few months before his death. He was assistant pathfinder leader and Sabbath School leader at his church in Kailua. He had a great sense of humor with a positive outlook on life, and his view of life was simple: love and accept Jesus into your heart and salvation is yours.

Dr. Watkins is survived by his wife Elaine; his daughters Shannon Chudasama, Krystal Chiatello, Renee Watkins, his two grandchildren Nico Chiatello and Kaila Martin, Michelle Beach, and Nancy Robson.

Faculty

Raymond E. Ryckman, PhD, died on July 18, 2016. He was a pioneer of research and professor of basic sciences at Loma Linda University for more than 30 years. He chaired the department of microbiology from 1960 to 1987. Trained at the University of California, Berkeley, his dissertation focused on Trisomine vectors of Chagas disease in Western North America. During the 1950s, he conducted U.S. Army, grant-funded, original research to determine plague vector populations. This research helped protect military troops from plague and resulted in the Army’s flea control program in Vietnam.

Dr. Ryckman is best known throughout the Americas for his contributions in the field of Chagas disease from the vector Triatoma, bloodsuckers also known as “Kissing Bugs.” According to the World Health Organization, he is the foremost respected and accomplished North American entomologist in the field of Chagas disease. Over his lifetime he authored or co-authored 120 publications. In 2008, he received the Loma Linda University Distinguished Service Award.

R. Bruce Wilcox, PhD, died on July 29, 2016. He was professor of biochemist and associate dean for research. He was an extraordinary and passionate advocate for his significant contributions to the School of Medicine. After joining the faculty in 1965, he filled administrative posts in the department of biochemistry, including three years as executive secretary and 10 years as chair. Under his leadership, the number of faculty in the department doubled.

Both as teacher and administrator, Dr. Wilcox had a major role in the development of the School of Medicine’s curriculum and the shaping of its basic sciences programs. He was a member of the Loma Linda University Academic Senate and the university Academic Affairs Committee.

In 1989, when Loma Linda University became a health sciences institution, Dr. Wilcox served as first chair of the Internal Affairs Faculty Advisory Council, the faculty governance body of the University.

In 2000, Dr. Wilcox was the recipient of the Distinguished University Service Award for “his contributions—characterized always by excellence—in teaching, research, and administration.”

Notice us of an alumnus who has passed at www.llusmaa.org/inmemoriam or by using our contact information on page one.
S. as co-managing editor. One of his principal research interests was anoxia, and he was the first to call attention to it as a consequence of nitrous oxide anesthesia.

This recipient of numerous awards and accolades was furthermore an artist and student of history, archaeology, and music. Medical students who visited his home recall observing his collection of weapons, helmets, armor, and skulls demonstrating injury in combat. One student, Samuel M. Chen ’65, snapped this photo in the spring of 1964 while enjoying an afternoon repast with other students at the invitation of this physician and his wife.

Do you know who this couple is? Do you know where the collection of combat paraphernalia can be viewed today? The answers are found at the bottom of the page.
Dr. Raymond Ryckman is at rest.
In his quest for knowledge, he found purpose.
In his pursuit of truth, he found meaning.
In making a family, he found love.
In his search for sleep, he found peace.